CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr | FIRST: Eric | MI: J | NICKNAME | LAST: Canto | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 271477 Corpus Christi, TX 78427

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 696 2500 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr | FIRST: Herbert | MI | NICKNAME | LAST: Ruhiu | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 271477 Corpus Christi, Tx 78427

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 696 2500 | EXTENSION

OFFICE USE ONLY

Date Received

Date Filed 10/29/18

R Huerta

Rebecca Huerta
City Secretary

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 9 / 28 / 18 THROUGH Month Day Year: 10 / 27 / 18

11 ELECTION

ELECTION DATE — Month Day Year: 11 / 6 / 18

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description

☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): None

13 OFFICE SOUGHT (if known): City Council District 3

GO TO PAGE 2

SCANNED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Eric Cantu

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Itemized
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4500.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ Itemized
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2256.26

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,912.70

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

18 AFFIDAVIT

ALYSHA SARA BERLANGA
ID# 13097332-0
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-19-2021

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Eric Cantu, this the 29th day of October, 20 18, to certify which, witness my hand and seal of office.

Alysha Sara Berlanga — Signature of officer administering oath
Alysha Sara Berlanga — Printed name of officer administering oath
Notary Public — Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4500
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☐	SCHEDULE E: LOANS	$ 0
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 2256.29
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME: Eric Cantu	3 Filer ID (Ethics Commission Filers)
4 Date: 10/8/18	5 Payee name: Grunwald Printing Co.	
6 Amount ($): 906.59	7 Payee address; City; State; Zip Code: 1418 Morgan Ave CC TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertisng Expense	(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 10/22/18	Payee name: Music 104.9	
Amount ($): 500.00	Payee address; City; State; Zip Code: PO Box 270547 CC TX 78427	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertisng Expense	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 10/12/18	Payee name: Stitch'it	
Amount ($): 849.67	Payee address; City; State; Zip Code: 4333 S. Alameda St CC TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertisng Expense	Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME: Eric Cantu

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/9/17	Corpus Christi Firefighters Association/Cope	$2,500.00
	6 Contributor address; City; State; Zip Code: 6014 Ayers St CC Tx 78415	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/11/17	CCPOA GPAC	$2,000
	Contributor address; City; State; Zip Code: 3122 Leopard St CC Tx 78408	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.