

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Eric MI: J NICKNAME: _____ LAST: Cantu SUFFIX: _____	<div style="border: 1px solid black; padding: 5px;"> FILED FOR RECORD Date Received: 2:20 P.M. FEB 06 2014 DIANA J. BARRERA Clark County Clerk, Tarrant County, Texas Deputy (Signature) </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: PO Box 211477 CC TX 78427 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____	Receipt #	Amount
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (301) PHONE NUMBER: 696 2500 EXTENSION: _____	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Kimberly MI: _____ NICKNAME: _____ LAST: Spitzer SUFFIX: _____	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PO Box 707 Robstown, TX 78380		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (301) PHONE NUMBER: 728-6666 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year JAN / 01 / 2014 FEB / 4 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 14	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) PIA	13 OFFICE SOUGHT (if known) Justice OF The Peace Pct. 1, P13	

GO TO PAGE 2

2014-063

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Eric J. Cantu 15 ACCOUNT # (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,200. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,809. ⁵¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,090. ⁴⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000. ⁰⁰

18 AFFIDAVIT

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eric J. Cantu, this the 06 day of February 2014, to certify which, witness my hand and seal of office.

[Signature] H. E. LAWRENCE Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Eric J. Canty	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/28/14	5 Payee name Platinum wraps
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6 Amount (\$) \$2041.25	7 Payee address; City; State; Zip Code 5121 Carroll Ln. Corpus Christi, TX 78415
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/24/14	Payee name Jeff Butler
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Amount (\$) 2,500.00	Payee address; City; State; Zip Code 702 Chase Corpus Christi, TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/21/14	Payee name Gulf Coast Mailing Service
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Amount (\$) \$927.70	Payee address; City; State; Zip Code PO. BOX 9312 Corpus Christi, TX 78416
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisins Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/16/14	Payee name Applied Advertising Agency Inc
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Amount (\$) \$1291.06	Payee address; City; State; Zip Code 3700 Blanco Rd. San Antonio TX 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisins Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Eric J. Cantu	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/4/14	5 Payee name Home Depot Store
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6 Amount (\$) \$493.01	7 Payee address; City; State; Zip Code Corpus Christi, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/2/14	Payee name Roland Garza
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Amount (\$) \$500.00	Payee address; City; State; Zip Code Corpus Christi, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Block walking	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/6/14	Payee name Sign Solutions
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Amount (\$) \$1856.49	Payee address; City; State; Zip Code Corpus Christi, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Signs	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Eric S. Cantu		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Cano	7 Amount of contribution (\$) 2,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3617 Austin CC TX 78411		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) SELF EMPLOYED		10 Employer (See Instructions)	
Date 11/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elda G Lomas	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7209 Sparkle Sea #U CC TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar R. Lomas	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7209 Sparkle Sea #U CC TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Pilot / Retired		Employer (See Instructions)	
Date 11/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Lawrence	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)	
Date 11/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarissa Gonzalez	Amount of contribution (\$) 4,200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8913 Marauder Dr CC TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SELF EMPLOYED		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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME ERIC J. CANTU		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 01/27/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC J. CANTU	9 Loan Amount (\$) 20,000⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code PO BOX 211477 C.C., TX 78427	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions) SMALL BUSINESS OWNER		13 Employer (See Instructions) SELF-EMPLOYED
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.