

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 FIRST MI ANNA M NICKNAME LAST SUFFIX ANN CRUZ	OFFICE USE ONLY RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT 2022 JAN 13 AM 12:00	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 214 W DAVIS ST DUNCANVILLE TX 75116		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 835-0193		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Douglas E NICKNAME LAST SUFFIX Huff		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3300 Arkhawn # 700 Dallas TX 75219		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 564-8360		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2021 THROUGH 12 / 31 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 2022	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas County Clerk	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT

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

15 C/OH NAME Ann M Cruz 2022 JAN 13 PM 1:57 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8282.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5009.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5227.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ann M. Cruz this the 13th day of January

20 22 to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

DEATRICE E. KIRK
Printed name of officer administering oath

Administrative
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

RECEIVED FROM FILER
DALLAS COUNTY
ELECTIONS DEPARTMENT

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Andrew M Cruz</i>		2022 JAN 13 PM 1:56	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>8282.61</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS		\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>5889.69</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COUNTY CLERK
ELECTIONS DEPARTMENT
SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:56

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **ANN M CRUZ** 3 Filer ID (Ethics Commission Filers)

4 Date **12/31/21** 5 Payee name **STURGE**

6 Amount (\$) **266.01** 7 Payee address; City; State; Zip Code

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **CAMPAIGN EXPENSE** (b) Description **FEES**
(c) 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 Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) 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 Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
 DALLAS SCHEDULE F1
 ELECTIONS DEPARTMENT

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:56

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME: ANN M. CRUZ 3 Filer ID (Ethics Commission Filers)

4 Date: 12/16/21 5 Payee name: NORTH DALLAS DEMOCRATS

6 Amount (\$): \$ 500.00 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): MEMBERSHIP (b) Description: (c) 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: 12/22/21 Payee name: DALLAS COUNTY DEMOCRATIC PARTY

Amount (\$): \$ 500.00 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): DONATION 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: 12/22/21 Payee name: EDWARD PATTERSON PRINTING

Amount (\$): \$ 119.08 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): PRINTING EXPENSE Description: PUSH CARD 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
 DALLAS COUNTY ELECTIONS DEPARTMENT
SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:56

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME: **ANN M. CRUZ** 3 Filer ID (Ethics Commission Filers)

4 Date: **12-13-21** 5 Payee name: **YOUNG TEJANO DEMOCRATS**

6 Amount (\$): **\$ 300⁰⁰** 7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **Membership** (b) Description: (c) Check if travel outside of Texas. Complete Schedule I. 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: **12-13-21** Payee name: **YOUNG TEJANO DEMOCRATS**

Amount (\$): **\$ 100⁰⁰** Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Donation** Description: (c) Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **12-15-21** Payee name: **DALLAS COUNTY DEMOCRATIC PARTY**

Amount (\$): **\$ 50⁰⁰** Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **DONATION** Description: (c) Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

2021 JAN 13 PM 1:56

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>ANN M CRUZ</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12321</i>	5 Payee name <i>DALLAS COUNTY DEMOCRATIC PARTY</i>
------------------------	---

6 Amount (\$) <i>1250⁰⁰</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FILING FEES</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12321</i>	Payee name <i>LAKE HIGHLANDS WHITE ROCK DEMOCRATS</i>
----------------------	--

Amount (\$) <i>25⁰⁰</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-5-21</i>	Payee name <i>MEXICAN AMERICAN BAE ASSOCIATION</i>
------------------------	---

Amount (\$) <i>50⁰⁰</i>	Payee address; City; State; Zip Code
---------------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>MEMBERSHIP</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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 MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS SCHEDULE F1
ELECTIONS DEPARTMENT

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:56

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME ANN M CRAW 3 Filer ID (Ethics Commission Filers)

4 Date 102521 5 Payee name HAZZLE

6 Amount (\$) \$ 6246 7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (b) Description Post Cards (c) 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 102821 Payee name EDWARD PATTERSON PRINTING

Amount (\$) \$ 2635 7 Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Description Post Cards (c) 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 112321 Payee name EDWARD PATTERSON PRINTING

Amount (\$) \$ 1602.10 7 Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Description SIGNS (c) 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED BY FILING SCHEDULE F1
DALLAS COUNTY
ELECTIONS DEPARTMENT

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:56

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ANN M. CRUZ	3 Filer ID (Ethics Commission Filers)
4 Date 9-29-21	5 Payee name EDWARD PATTERSON SIGNS	
6 Amount (\$) \$894.15	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10-10-21	Payee name WAKE HIGHWAYS WHITELOCK DEMOCRATS	
Amount (\$) \$125.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-15-21	Payee name DOWNS COUNTY DEMOCRATIC PARTY	
Amount (\$) \$200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

JAN 19 PM 1:55

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 2 FILER NAME: ANN M. CRUZ 3 Filer ID (Ethics Commission Filers)

4 Date: 7-13-21 5 Payee name: LAZZHE

6 Amount (\$): \$6050 7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE: (a) Category: PRINTING EXPENSE (b) Description: PUSH CARDS
(c) 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: 8-24-21 Payee name: LAZZHE

Amount (\$): \$4100 Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category: PRINTING EXPENSE Description: PUSH CARDS
 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: 8-23-21 Payee name: DALLAS COUNTY DEMOCRATIC PARTY

Amount (\$): \$200 Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category: DONATION 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:

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS SCHEDULE A1
ELECTIONS DEPARTMENT

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:55

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ann M Cruz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-22-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARWA MCHALHA</i>	7 Amount of contribution (\$) <i>\$ 500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2425 N CENTRAL EXPWY #200 RICHARDSON TX 75080</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:55

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ann M Cruz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dawn K Kim</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>8111 LBT Fwy Ste 480 Dallas TX 75287</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E V MARTIN</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
Contributor address; City; State; Zip Code <i>8828 Greenville Ave Dallas TX 75243</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JONATHAN MARTINEZ</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
Contributor address; City; State; Zip Code <i>331 E. Riverside Blvd Dallas TX 75207</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kirk GERTSONBERG</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
Contributor address; City; State; Zip Code <i>3201 Westminister Dallas TX 75215</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING
DALLAS ELECTIONS DEPARTMENT
SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

2022 JAN 13 PM 1:55

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME AND M CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 11-22-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Coy	7 Amount of contribution (\$) \$ 405.00
6 Contributor address; City; State; Zip Code 325 N. St Paul Dallas TX 75201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER CASTILLO	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 6934 ROCKYTOP CIR DALLAS TX 75252		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES VALUAS	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1374 MONTFORT DR SUITE 250 DALLAS TX 75240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM INGRAM	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1801 N HAMPTON BLVD SUITE 430 DALLAS TX 75215		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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DALLAS COUNTY
ELECTIONS DEPARTMENT
SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ANN M CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 11/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLEGARIO TREASON	7 Amount of contribution (\$) \$ 485.00
6 Contributor address; City; State; Zip Code 5224 W JEFFERSON BLVD DALLAS TX 75211		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT LENZ	Amount of contribution (\$) \$ 242.45
Contributor address; City; State; Zip Code 3341 PUEBUS AVE DALLAS TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID ROYNA	Amount of contribution (\$) \$ 339.55
Contributor address; City; State; Zip Code 1018 ANITA DE ALBUQUERQUE TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM NORMAN	Amount of contribution (\$) \$ 121.07
Contributor address; City; State; Zip Code 405 BUFFALO CE DEPTO TX 75115		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME ANN M CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 11-12-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY OTTAN	7 Amount of contribution (\$) \$ 485.00
6 Contributor address; City; State; Zip Code 400 N. ST. PAUL DALLAS TX 75201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE SHARADU	Amount of contribution (\$) \$ 96.00
Contributor address; City; State; Zip Code 5750 E. UNIVERSITY BLVD DALLAS TX 75206		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNIE THOMPSON HOLLINS	Amount of contribution (\$) \$ 239.7
Contributor address; City; State; Zip Code 2405 Southwood Dr Dallas TX 75233		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-5-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEIDI COSTILLA	Amount of contribution (\$) \$ 48.25
Contributor address; City; State; Zip Code 201 MILL CREEK W COLLEGEVILLE TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>ANN M. CRUZ</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/4/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Colvin Johnson</i>	7 Amount of contribution (\$) <i>\$48.25</i>
6 Contributor address; City; State; Zip Code <i>2305 WORTHINGTON DR DALLAS TX 75204</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Covert</i>	Amount of contribution (\$) <i>\$193.90</i>
Contributor address; City; State; Zip Code <i>6440 CENTRAL EX HWY DALLAS TX 75206</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Covert</i>	Amount of contribution (\$) <i>\$193.90</i>
Contributor address; City; State; Zip Code <i>6440 N CENTRAL EX HWY DALLAS TX 75206</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/19/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Gonzalez</i>	Amount of contribution (\$) <i>\$96.80</i>
Contributor address; City; State; Zip Code <i>1915 DENNISON ST DALLAS TX 75212</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ann M Cruz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEPHANNE OLA</i>	7 Amount of contribution (\$) <i>\$242.45</i>
6 Contributor address; City; State; Zip Code <i>2515 MCKINNEY AVE DALLAS TX 75201</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MICHAEL HEVINE</i>	Amount of contribution (\$) <i>\$485.00</i>
Contributor address; City; State; Zip Code <i>3161 BENTLEY CIRCLE FARMERS BEANCH TX 75234</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NNAMDI EKEH</i>	Amount of contribution (\$) <i>\$193.90</i>
Contributor address; City; State; Zip Code <i>17304 PRESTON RD DALLAS TX 75252</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10-4-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK SCOTT</i>	Amount of contribution (\$) <i>\$485.20</i>
Contributor address; City; State; Zip Code <i>11300N. CENTRAL SUITE 370 DALLAS TX 75243</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ANN M CREW		3 Filer ID (Ethics Commission Filers)
4 Date 8-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETER BARRETT	7 Amount of contribution (\$) \$ 242.45
6 Contributor address; City; State; Zip Code 33000 HAWK AVE DALLAS TX 75219		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUGLAS HUFF	Amount of contribution (\$) \$ 485.20
Contributor address; City; State; Zip Code 2833 COLLEEN DR GARDEN TX 75043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-18-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD STAPIRO	Amount of contribution (\$) \$ 242.45
Contributor address; City; State; Zip Code 701 E 15th St Suite 204 PLANO TX 75074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-13-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRY LOEBEL	Amount of contribution (\$) \$ 485.20
Contributor address; City; State; Zip Code 2515 MCKINNEY AVE DALLAS TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME ANN M CRUZ	3 Filer ID (Ethics Commission Filers)
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4 Date 7-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM PEACE	7 Amount of contribution (\$) \$ 242⁴⁵
6 Contributor address; City; State; Zip Code 3308 MEADOW WOOD BOONVILLE TX 76021		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 7-13-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESHA SMITH	Amount of contribution (\$) \$ 96⁸⁰
Contributor address; City; State; Zip Code 4108 GREEN OAK BLVD ARLINGTON TX 76003		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 7-14-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADJHA DAVIS	Amount of contribution (\$) \$ 2397
Contributor address; City; State; Zip Code 522 HONORWORTH BLVD DUNCANVILLE TX 75116		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 7-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANJAN CHAL	Amount of contribution (\$) \$ 96⁸⁰
Contributor address; City; State; Zip Code 2223 HAWK AVE DALLAS TX 75235		

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