

# 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: <b>10</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MS</b>	FIRST <b>Ann</b>	MI <b>M</b>	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged			
	NICKNAME	LAST <b>CRUZ</b>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>214 W DAVIS ST DUNCANVILLE TX 75116</b>						
	AREA CODE      PHONE NUMBER      EXTENSION <b>(972) 835-0193</b>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3300 OAKHAWN AVE #700 DALLAS TX 75227</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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	Month	Day	Year	
11 ELECTION		ELECTION DATE		ELECTION TYPE			
		Month	Day	Year	<input 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) <b>Dallas County Clerk</b>					
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.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## 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         | Printing 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: <b>4</b>	2 FILER NAME <b>ANN McCLURE</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	------------------------------------	---------------------------------------

4 Date <b>2-22-22</b>	5 Payee name <b>Edward Patterson Printing</b>
--------------------------	--

6 Amount (\$) <b>\$9524</b>	7 Payee address: <b>203 S BIRCHWOOD</b>	City: <b>IRVING</b>	State: <b>TX</b>	Zip Code <b>75060</b>
--------------------------------	--	------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>POST CARD PRINTING</b>	(b) Description <b>POST CARD</b>
	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>3-4-22</b>	Payee name <b>ENOS</b>
-----------------------	---------------------------

Amount (\$) <b>\$2540</b>	Payee address;	City;	State;	Zip Code
------------------------------	----------------	-------	--------	----------

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

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>3-13-22</b>	Payee name <b>DALLAS COUNTY DEMOCRATS</b>
------------------------	--

Amount (\$) <b>\$2500</b>	Payee address;	City;	State;	Zip Code
------------------------------	----------------	-------	--------	----------

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

Complete <b>ONLY</b> 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

**SCHEDULE F1**

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

## 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.

<b>1</b> Total pages Schedule F1: <u>4</u>	<b>2</b> FILER NAME <u>ANN M CRUZ</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>3/6/22</u>	<b>5</b> Payee name <u>DALLAS COUNTY DEMOCRATS</u>	
<b>6</b> Amount (\$) <u>\$ 100.00</u>	<b>7</b> Payee address: <u>DE</u> City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>DONATION</u>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/2/22</u>	Payee name <u>BO DADRY</u>	
Amount (\$) <u>\$3802</u>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>WARRANT FEE</u>	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 <u>3/23/22</u>	Payee name <u>EDWARD PATTERSON</u>	
Amount (\$) <u>\$2500.00</u>	Payee address; City; State; Zip Code <u>203 S BETHUNE IRVING TX 75060</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>PRINTING</u>	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

SCHEDULE F1

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

## 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: <b>4</b>		2 FILER NAME <b>ANON M CRETE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/24/22</b>		5 Payee name <b>EDUARDO PATTERSON</b>			
6 Amount (\$) <b>\$2899</b>		7 Payee address: <b>203 S. BELT LINE IRVING TX 75060</b>		City: State: Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING</b>		(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	
Date <b>5/3/22</b>		Payee name <b>CINCO DE MAYO PARADE</b>			
Amount (\$) <b>\$10772</b>		Payee address:		City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ENTRY FEE DONATION</b>		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	
Date <b>5/15/22</b>		Payee name <b>EDUARDO PATTERSON</b>			
Amount (\$) <b>\$75775</b>		Payee address: <b>203 S BELT LINE IRVING TX 75060</b>		City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### 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: <b>4</b>	2 FILER NAME: <b>ANN M CRUZ</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------	---------------------------------------

4 Date: <b>5/9/22</b>	5 Payee name: <b>GO DAWDY</b>
-----------------------	-------------------------------

6 Amount (\$): <b>48942</b>	7 Payee address;	City;	State;	Zip Code
-----------------------------	------------------	-------	--------	----------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule): <b>WEBSITE</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date: <b>5/9/22</b>	Payee name: <b>STRIPE</b>
---------------------	---------------------------

Amount (\$): <b>\$4935</b>	Payee address;	City;	State;	Zip Code
----------------------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>FEES</b>	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	Payee name
------	------------

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

ANN M CRUZ

3 Filer ID (Ethics Commission Filers)

4 Date

22522

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CORWYN DAVIS

7 Amount of contribution (\$)

\$ 96.82

6 Contributor address;

City;

State;

Zip Code

107 Roman Dr Dallas TX 75116

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

32222

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EDUARDO SPANES

Amount of contribution (\$)

\$ 242.45

Contributor address;

City;

State;

Zip Code

5722 Lebanon Rd Frisco TX 75034

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

33222

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JACOB ELI

Amount of contribution (\$)

\$ 48.25

Contributor address;

City;

State;

Zip Code

201 N. Fitzhugh Dallas TX 75204

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

31822

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DOUGLAS WILDER

Amount of contribution (\$)

\$ 970.20

Contributor address;

City;

State;

Zip Code

5600 Tennyson Plwy Plano TX 75024

Principal occupation / Job title (See Instructions)

ATTORNEY

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

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME ANN McCLURG		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICKI ANN CUNNINGHAM	7 Amount of contribution (\$) \$242.45
	6 Contributor address; City; State; Zip Code 4305 N. CENTRAL EXPWAY DALLAS TX 75205	
8 Principal occupation / Job title (See instructions) ATTORNEY		9 Employer (See instructions)
Date 3/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONNIE DEWEES WAREHOUSE	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1007 SONELLE DALLAS TX 75208	
Principal occupation / Job title (See instructions) <del>ATTORNEY</del> UNION		Employer (See instructions)
Date 4/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN WELTON BERTNER	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 183 PRAETORIAN DALLAS TX 75207	
Principal occupation / Job title (See instructions) ATTORNEY		Employer (See instructions)
Date 4/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD J CORBITT	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code #402 6446 N. CENTRAL EXPWAY DALLAS TX 75206	
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

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>ANON M CRUZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/26/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIO BURELANT</b>	7 Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>4400 STANTON BLVD DALLAS TX 75206</b>	
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions)
Date <b>4/26/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES MAOUBA</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>2201 MAIN ST # 800 DALLAS TX 75201</b>	
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

# 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. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2900 <sup>65</sup>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4041 <sup>64</sup>
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	\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 5900 <sup>65</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4041 <sup>64</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5130 <sup>83</sup>

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.

*Ann Cruz*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit




NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ann Cruz this the 14 day of May, 2022, to certify which, witness my hand and seal of office.

Julia Jaramillo Signature of officer administering oath      Julia Jaramillo Printed name of officer administering oath      Notary 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)