CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	AWW	M	OFFICE USE ONLY
NAME	NICKNAME	CRUZ	SUFFIX	JAN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		W DAVE.	CITY; STATE; ZIP CODE	AS COUNTY IS DEPARTME 13 AM 12: 0
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date ostmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Doughas	E	Date Processed
	NICKNAME	HUFF	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
ADDRESS (Residence or Business)	33000	nhaun #	sawad our	TX 75019
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 564636	extension O	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH \2	Day Year
11 ELECTION	ELECTION DA	Year Primary	ELECTION TYPE Runoff Other	
	- /:	SO23 General	Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	Busty Charle
14 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	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
GO TO PAGE 2				

RECEIVED FOR FILING CANDIDATE / OFFICEHOLDER FORM C/OH CANDIDATE / OFFICEHOLDER DALLA JACOBATY CAMPAIGN FINANCE REPORT ELECTIONS DEPORTMENT **COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 \$ **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS 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. Signature of Candidate or Officeholder Please complete either option below: Deatrice E Kirk My Commission Expires ID No. 128563794 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, with ss my hand and seal of office. PIRICE E. KIRK signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration ____, and my date of birth is ____ My name is My address is (street) (city) (state) (zip code) (country) Executed in _____ County, State of _____, on the ____ day of (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

RECEIVED FOR FREING
DALLA STOCKTY
ELECTIONS DEF. REMENT
FORM C/OH
COVER SHEET PG 3

19	FILER NAME 2022 JAN 13 PM 1: 56 20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6282.6
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5889.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

RECEIVED FOR FILLING DALL 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

Event Expense Fees
Food/Beverage Expense
Gill/Awards/Memorials Expense

Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	al Committee Legal Services	Salaries/Mages/Contract Labo	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide	explains how to complete this form	n.
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Date	Payee name		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	at Office held

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Check if Austin, TX, officeholder living expense

Office held

Office sought

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

4022 JAN 13 PM 1: 56 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment Reimbursement Office Overhead/Rental Expense Advertising Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Gill/Awards/Memorials Expense **Printing Expense** Travel Out Of District Legal Services Candidate/Officeholder/Political Committee s/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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE MAMBERRETIP OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Amount (\$) Payee address: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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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

Event Expense Food/Beverage Expense Polling Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense
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Contributions/Donations Made 8 Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a category not listed above)	
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DALLA SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Advertising Expense Event Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District ane Exp Consulting Expense Polling Expense Contributions/Donations Made By Gill/Awards/Memorials Exp Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee es/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PHRPOSE west Carros OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: Zip Code Category (See Categories listed at the top of this schedule) Description PHRPOSE PULLCARDE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Pavee name ARD PATTERSON PRINTING Amount (\$) Payee address; City: State: Zip Code

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Complete ONLY if direct

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

Description

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Candidate / Officeholder name

Office sought

Office held

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 1022 JAN 13 PM 1: 56

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

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RECEIVED FOR FILING ELECTIONS LE SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. PM 1:55

EXPENDITURE CATEGORIES FOR BOX 8(a)

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DALLA SCHEDULE A1

ELECTIONS ELE REMENT If the requested information is not applicable, **DO NOT include this page in the report** The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Out-of-state PAC (ID#_ 4 Date 7 Amount of contribution (\$) 08021 CAMERICAN DOO CLEHRED LINTY 75080 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date 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 Amount of contribution (\$) out-of-state PAC (ID#__ Contributor address: State; Zip Code City: Principal occupation / Job title (See Instructions) Employer (See Instructions)

DALLA SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission F	
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7 4 4 5 4 5 6 6 6	-ilers)
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Contributor address; City: State; Zip Code 8250 00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)	
11/52/ JONATHAN MALTINEZ Contributor address: City: State: Zip Code 331 Q. RNBRAGAT BNO DALLANTY 75207 (2500)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributorout-of-state PAC (ID#) Amount of contribution (\$)	
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DALLAS SCHEDULE A1

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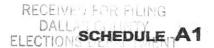
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
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	AUSBURPHOCE DEROTO TY 75/15	
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
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DALLA SCHEDULE A1

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2 FILER NAME	Ann M CRUZ	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor	7 Amount of contribution (\$)				
1471	6 Contributor address; City; State; Zip Code 400 N. J. Faul Oalhart 7530	448520				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)				
Date	Full name of contributor	Amount of contribution (\$)				
11-4-21	Contributor address; City; State; Zip Code	89680				
	5750 E. Willerery Blo Dle TX 75206					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	Amount of contribution (\$)				
11421	HMY & THOMPSON HOLLING Contributor address; City: State: Zip Code 2405 Southwood DR Dalhasty 7523	82391				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	Amount of contribution (\$)				
1152	Contributor address; City; State; Zip Code	£ 48 25				
Principal assure	201 MUI GORRING W Colley UNETX 76034					
Finicipal occup	ation / Job title (See Instructions) Employer (See Instructions)	UNIS)				
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If the requested information is not applicable, DO NOT include this page in the report JAN 13 PM 1:55

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ltions)
Date	Full name of contributor	Amount of contribution (\$)
164421	Contributor address; City; State; Zip Code	F193 20
	JOEST XTHANDO YWYSTLANTUSD (10440)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/67	Contributor address; City: State; Zip Code	19390
	6440 H Contral EXBUY Dalhar TX 75006	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
K-120)	Contributor address; City; State; Zip Code	£ 9680
	GLEST XTRALLAGO RE GOZINNAD 31P1	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)

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

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DALLA SCHEDULE A1
ELECTIONS DEFORTMENT

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:
2 FILER NAME	Ann M CRUZ	anners place	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
4521	6 Contributor address; City; State 2515 MYCHARY AR DAMS T	e: zip Code X 75201	F24245
8 Principal occu	pation / Job title (See Instructions) 9 Er	mployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
assa		e; Zip Code	€ 485 m
	3161 Bentice & Cred Et Democo B		· ·
Principal occu	pation / Job title (See Instructions)	nployer (See Instruct	eons)
Date	Full name of contributor		Amount of contribution (\$)
Perch	Contributor address; City: State	byeye	8193 90
	17304 PRESTON RO DANASTX 78	7979	
Principal occu		nployer (See Instruct	tions)
Date	Full name of contributor out-ol-state PAC (ID#:		Amount of contribution (\$)
10-421	Contributor address; City; State VBOON, CENTRAL SUITE 370 DALLA	z; Zip Code	848520
Principal occup		nployer (See Instructi	ions)

DALLAS COUNTY HONS DEPUREMENT SCHEDULE A1 MONETARY POLITICAL CONTRIBUTION

If the requested information is not applicable, DO NOT include this thereon.

	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	5 Full name of contributor	7 Amount of contribution (\$)			
	8421	6 Contributor address; City; State; Zip Code	m 242.45			
		3300 Och haws ANE DALLO TX 75219				
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
	Date	Full name of contributor	Amount of contribution (\$)			
(20021	Contributor address; City; State; Zip Code	# 485. au			
		2833 CONBEN DR BARDANOTK 75043				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor	Amount of contribution (\$)			
6	K818	TOOO JHAPIRO Contributor address; City: State; Zip Code	a 242 45			
		701E 1548 Sun 204 PLANOTY 75074				
	Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)			
	Date	Full name of contributor	Amount of contribution (\$)			
0	1-1315	Contributor address; City; State; Zip Code	\$ 485 20			
	and the state of t	2515 MCKILLISM AND DOLLAR TX 75001	705 20			
1	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)			
			1			

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IONS DEPARTMENT SCHEDULE A1

If the requested information is not applicable, DO NOT include this pape in the reports

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	5 Full name of contributor	7 Amount of contribution (S)
7921	6 Contributor address; City; State; Zip Code 3308 M PADOW WOOD BOSTORO TY 7 6001	8 242 45
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
7-1384	Contributor address; City; State; Zip Code 408660000000000000000000000000000000000	89680
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
Date 7.142	Full name of contributor	Amount of contribution (\$)
	ADELA DAVÍS	
7-1421	AOTHA DAW W Contributor address; City; State; Zip Code	8 2397
7-1421	ADEMA DAW W Contributor address; City: State: Zip Code 522 NONEW & RITH BWO DUNGAM 15 75 16 ration / Job title (See Instructions) Employer (See Instructions) Full name of contributor Gout-of-state PAC (ID):	8 2397
7-1421 Principal occup	AOFIA DAVIS Contributor address; City: State: Zip Code 522 Noncowarth BWO Dunant 15 75 16 ration / Job title (See Instructions) Employer (See Instruc	# 2397 tions)
Principal occup Date 1-2421	Contributor address; City: State: Zip Code 522 NONEWORTH BNO DUNGAN 15 75 16 ation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (IDs: CANONAL COULL Contributor address; City: State: Zip Code	and tions) Amount of contribution (\$) And 96