

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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI ANN MARIE NICKNAME LAST SUFFIX CRUZ	OFFICE USE ONLY	
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	Date Received BY SD JOSEPH E. BROWN COUNTY CLERK DALLAS COUNTY 2026 MAY 18 AM 9:08 FILED	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 835 0193	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI DOUGLAS NICKNAME LAST SUFFIX HUFF		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3300 OAKHAWN #700 DALLAS TEXAS 75219		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 584 8360		
9 REPORT TYPE	<input 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 2 / 22 / 26 THROUGH 5 / 16 / 26		
11 ELECTION	ELECTION DATE Month Day Year 5 / 26 / 26	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" 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)	
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

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: 7
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 2-23-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN HENOUR	7 Amount of contribution (\$) \$ 518.00
6 Contributor address; City; State; Zip Code 3300 OAK LAWN AVE SUITE 60 DALLAS TX 75219		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 3-3-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORNWYN DAVIS	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 2626 Cde AVE Suite 300 DALLAS TX 75204		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 3-4-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK WATSON	Amount of contribution (\$) \$ 514.00
Contributor address; City; State; Zip Code 5851 McCommas Blvd DALLAS TX 75206		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 3-7-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS MUNDOR	Amount of contribution (\$) \$ 514.00
Contributor address; City; State; Zip Code 6938 EHEWORTH AVE DALLAS TEXAS 75214		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

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: 7
2 FILER NAME ANNMARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 3-7-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT PALMER	7 Amount of contribution (\$) \$ 514.00
6 Contributor address; City; State; Zip Code 5530 NESTROPE DR DALLAS TX 75248		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 3-11-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSHUA ABRAMS	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 10300 N. CENTRAL EXPWY Suite # 283 DALLAS TX 75231		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self
Date 3-11-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESSER & HESSER	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 8035 E. K. THORNTON Suite E 3107 DALLAS TX 75228		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self
Date 3-17-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE GOLDEN	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 5501 ASPEN LN FT WORTH TX 76112		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self

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: 7
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEMAJ GARRETT	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 325 N. ST PAUL ST SUITE 3100-8104 DALLAS TX 75201		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 3/30/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN GULLO	Amount of contribution (\$) \$ 206.10
Contributor address; City; State; Zip Code 3412 Mockingbird Ln DALLAS TX 75205		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 3/31/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM KNOX	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 900 JACKSON ST DALLAS TX 75202		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 4/1/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE MARQUEZ	Amount of contribution (\$) \$ 514.00
Contributor address; City; State; Zip Code 1505 Elm Street # 805 DALLAS TX 75201		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

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: 7
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 4-2-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIC SALES	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 15150 PRESTON RD DALLAS TX 75248		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 4-2-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL ALLEN	Amount of contribution (\$) \$ 206.40
Contributor address; City; State; Zip Code 6738 CNO SETTLEWAY DALLAS TX 75236		
Principal occupation / Job title (See Instructions) SENIOR DIRECTOR		Employer (See Instructions) SELF
Date 4-2-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BARR	Amount of contribution (\$) \$ 103.20
Contributor address; City; State; Zip Code 6521 TRAMMEL DR DALLAS TX 75214		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 4-7-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELVIN ROSA	Amount of contribution (\$) \$ 257.54
Contributor address; City; State; Zip Code 155 PARKHOUSE ST SUITE 100 DALLAS TX 75207		
Principal occupation / Job title (See Instructions) RAUL BONDREMAN		Employer (See Instructions) SELF

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: 7
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 4-9-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC PUENTE	7 Amount of contribution (\$) \$ 25754
6 Contributor address; City; State; Zip Code 601 HAINES AVE DALLAS TX 75208		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 4-13-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKLEY CHAPPELL	Amount of contribution (\$) \$ 1000⁰⁰
Contributor address; City; State; Zip Code 3103 ABSTON DR MESQUITE TX 75150		
Principal occupation / Job title (See Instructions) BAU BOU OSMAN		Employer (See Instructions) SELF
Date 4-25-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNNY LANZILLO	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code 529 SALOMON RICHARDSON TX 75080		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 4-23-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UFCW 540 LOCAL	Amount of contribution (\$) \$ 2500⁰⁰
Contributor address; City; State; Zip Code 17780 PRESTON RD DALLAS TX 75252		
Principal occupation / Job title (See Instructions) UNITED FOOD + COMMERCIAL WORKERS		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: 7
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY KIMBLE	7 Amount of contribution (\$) \$50⁰⁰
6 Contributor address; City; State; Zip Code 6909 Custer Rd ARAWO TX 75023		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 4/29/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIC SABELLO	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 1112 COPPER HILLS DR DALLAS TX 75248 SUITE 100		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 5/1/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONATHAN MICHELL	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 9523 BONNY BRIDGE SAN ANTONIO TX 78240		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 5/7/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOX FITZPATRICK	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 3633 ROSEDALE DALLAS TX 75205		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

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: 7
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 5-7-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN HE NOIR	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 3300 OAK LAWN AVE DALLAS TX 75219 SUITE 600		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 5-7-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL ALLEN	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 6738 OLD LETTICEWAY DALLAS TX 75236		
Principal occupation / Job title (See Instructions) SENIOR DIRECTOR		Employer (See Instructions)
Date 5-7-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) READY WYATT	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code 3300 OAK LAWN AVE DALLAS TX 75219 SUITE 600		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 5-16-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAWNA KIM	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 8311 WYNDAV B JOHNSON FERRY SUITE 770 DALLAS TX 75251		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 10	2 FILER NAME ANN MARIE CRUZ	3 Filer ID (Ethics Commission Filers)
4 Date 2-22-26	5 Payee name Poll Workers	
6 Amount (\$) 720 ⁰⁰	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	
	(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 2-22-26	Payee name SUGA SHACK	
Amount (\$) 11453	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	
	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 2-22-26	Payee name FACE BOOK	
Amount (\$) 740 ⁰⁰	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	
	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 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: 18	2 FILER NAME ANN MARIE CRUZ	3 Filer ID (Ethics Commission Filers)
4 Date 2-25-26	5 Payee name SUBWAY	
6 Amount (\$) \$26.23	7 Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(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 2-25-26	Payee name FACE BOOK	
Amount (\$) \$100.	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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 2-26-26	Payee name WINGSTOP	
Amount (\$) \$16.33	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	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 | 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: 18	2 FILER NAME ANN MARIE CRUZ	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---------------------------------------	---------------------------------------

4 Date 2-27-26	5 Payee name Poll Worker
--------------------------	------------------------------------

6 Amount (\$) \$3600⁰⁰	7 Payee address; City; State; Zip Code	<input type="checkbox"/> Check if individual's residence address.
---	--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE	(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 2-26-26	Payee name ROMA
------------------------	---------------------------

Amount (\$) \$3937	Payee address; City; State; Zip Code	<input type="checkbox"/> Check if individual's residence address.
------------------------------	--------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	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 2-27-26	Payee name POPEYES
------------------------	------------------------------

Amount (\$) \$4638	Payee address; City; State; Zip Code	<input type="checkbox"/> Check if individual's residence address.
------------------------------	--------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	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 | 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: 18	2 FILER NAME ANN MARIE CRUZ	3 Filer ID (Ethics Commission Filers)
4 Date 2-23-20	5 Payee name STRIPE	
6 Amount (\$) \$ 771	7 Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(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 3-3-20	Payee name STRIPE	
Amount (\$) \$ 755	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	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 3-4-20	Payee name STRIPE	
Amount (\$) \$ 1523	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	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 | 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: 18	2 FILER NAME ANJMARIE CRUZ	3 Filer ID (Ethics Commission Filers)
4 Date 2-28-26	5 Payee name BLAUMS	
6 Amount (\$) \$1990	7 Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(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 2-27-26	Payee name Facebook	
Amount (\$) \$211.00	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AD EXPENSE	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 2-28-26	Payee name Facebook	
Amount (\$) \$211.00	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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