## 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 Filer)

### 2 Total pages filed

### 3 CANDIDATE / OFFICEHOLDER NAME

- **Music**
- **First Name:** Ann
- **Last Name:** Cruz

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

- **Address:** 214 W Davis St
- **City:** Duncanville
- **State:** TX
- **Zip Code:** 75116

### 5 CANDIDATE / OFFICEHOLDER PHONE

- **Area Code:** 972
- **Phone Number:** 835-0193

### 6 CAMPAIGN TREASURER NAME

- **Music**
- **First Name:** Douglas
- **Last Name:** Huff

### 7 CAMPAIGN TREASURER ADDRESS

- **Address:** 3300 Oak Lawn Ave #700
- **City:** Dallas
- **State:** TX
- **Zip Code:** 75219

### 8 CAMPAIGN TREASURER PHONE

- **Area Code:** (214)
- **Phone Number:** 584-8360

### 9 REPORT TYPE

- **January 15**
- **July 15**

### 10 PERIOD COVERED

- **Month:** 1
- **Day:** 1
- **Year:** 2023

- **Month:** 7
- **Day:** 14
- **Year:** 2023

### 11 ELECTION

- **Month:** / / 
- **Day:** / 
- **Year:** / 

- **Election Date:** / / 
- **Election Type:** / / 

### 12 OFFICE

- **Office Held:** (if any) 

### 13 OFFICE SOUGHT (if known)

### 14 NOTICE FROM POLITICAL COMMITTEE(S)

- **Committee Type:** General
- **Committee Address:** 
- **Committee Campaign Treasurer Name:** 
- **Committee Campaign Treasurer Address:**

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**GO TO PAGE 2**

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1: 1
2. Filer Name: AM M CRUZ
3. Filer ID (Ethics Commission Filers)
4. Date: 5-24-21
5. Payee name: PAYLAH

6. Amount ($): 500

7. Payee address: City; State; Zip Code

8. PURPOSE OF EXPENDITURE
   (a) Category (See Categories listed at the top of this schedule)
   (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: 5-18-23

Amount ($): 762

Payee name: GOOCH

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

Amount ($)

Payee name

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission
www.ethics.state.tx.us
Revised 11/15/2022
## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH

**Cover Sheet PG 2**

### 15 C/OH NAME

- **Ann M. Cruz**

### 16 Filer ID (Ethics Commission Filers)

- **Blank**

### 17 CONTRIBUTION TOTALS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Unitemized Political Contributions (other than pledges, loans, or guarantees of loans, or contributions made electronically)</td>
<td>$</td>
</tr>
<tr>
<td>2. Total Political Contributions (other than pledges, loans, or guarantees of loans)</td>
<td>$</td>
</tr>
</tbody>
</table>

### EXPENDITURE TOTALS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Total Unitemized Political Expenditure</td>
<td>$</td>
</tr>
<tr>
<td>4. Total Political Expenditures</td>
<td>$</td>
</tr>
</tbody>
</table>

### CONTRIBUTION BALANCE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total Political Contributions Maintained as of the Last Day of Reporting Period</td>
<td>$12,345,678</td>
</tr>
</tbody>
</table>

### OUTSTANDING LOAN TOTALS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Total Principal Amount of All Outstanding Loans as of the Last Day of the Reporting Period</td>
<td>$</td>
</tr>
</tbody>
</table>

### 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:**

#### (1) Affidavit

**NOTARY STAMP/SEAL**

Sworn to and subscribed before me by **Ann Cruz** this the 13th day of **July** 2023, to certify which, witness my hand and seal of office.

- **Signature of officer administering oath**
- **Printed name of officer administering oath**
- **Title of officer administering oath**

#### (2) Unsworn Declaration

My name is **Ann Cruz**, and my date of birth is **January 1, 1990**. My address is **123 Main St., Anytown, TX 78201**. Executed in **Hidalgo** County, State of **Texas**, on the **25th** day of **January** 2023.

- **Signature of Candidate/Officeholder (Declarant)**

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*Revised 11/15/2022*