

# 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  
MS Ann Marie  
NICKNAME LAST SUFFIX  
Cruz

OFFICE USE ONLY

Date Received

2026 JAN -7 PM 4:48  
FILED  
JOHN F. MARRS  
COUNTY CLERK  
DALLAS COUNTY  
DATE RECEIVED

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
214 W. DAVIS ST TX  
DUNCANVILLE 75116

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(972) 835-0193

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Douglas Huff E  
NICKNAME LAST SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
3300 Oakhawn Ave #700 Dallas TX 75219

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 5848360

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
7 / 1 / 2025 THROUGH 12 / 31 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☒ Primary ☐ Runoff ☐ Other Description  
3 / 3 / 2026 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DALLAS COUNTY CLERK

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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: 4
2 FILER NAME Ann Marie Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL CHANEY	7 Amount of contribution (\$) \$103.20
6 Contributor address; City; State; Zip Code 12402 Montego Place DALLAS TEXAS 75230		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) Self
Date 12/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Price	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2603 Oaklawn Ave DALLAS TEXAS 75219		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self
Date 12/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johnny Lanzillo	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 529 Salom Richardson Tx 75080		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self
Date 12/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brook Bubby	Amount of contribution (\$) \$103.20
Contributor address; City; State; Zip Code 1146 N Clinton Ave DALLAS TX 75208		
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:

4

2 FILER NAME

ANN MARIE CRUZ

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/25

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAY BULTOP

7 Amount of contribution (\$)

\$10320

6 Contributor address;

City;

State;

Zip Code

2626 COLEMAN

DALLAS TX 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/31/25

Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES MADUKA

Amount of contribution (\$)

\$257.74

Contributor address;

City;

State;

Zip Code

3917 W Seabolt Rd ARLINGTON TX 76017

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

12/31/25

Full name of contributor

☐ out-of-state PAC (ID#:

Georgina Garcia

Amount of contribution (\$)

\$150.00

Contributor address;

City;

State;

Zip Code

2001 N. LAMAR Suite 270 DALLAS TX 75202

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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: 4
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grant St Julian III	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 8144 Walnut Hill Dr DALLAS TX 75231 Suite 380		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 12/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JENNIFER CASTILLO	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1547 WATERCLOVER DR DALLAS TX 75218		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 12/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julie Keller	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 8035 ERL THORNTON Fwy DALLAS TX 75228 #310		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 12/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLIE Humphreys	Amount of contribution (\$) \$210.00
Contributor address; City; State; Zip Code 11300 N. CENTRAL EXPY Suite 430		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)
4 Date 12/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDREW GARCIA	7 Amount of contribution (\$) \$5175
6 Contributor address; City; State; Zip Code 2104 COLUMBIAN CLUB CARROLLTON TX 75006		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) Self
Date 12/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARCOUS FEHLMAN	Amount of contribution (\$) \$103.20
Contributor address; City; State; Zip Code 4131 N. CENTRAL EXPRESS DALLAS TX 75214 #900		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self
Date 12/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHELLE FITZENHAGEN	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3824 MARQUETTE DALLAS TX 75228		
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Self
Date 12/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAND GRAY	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3203 BROOKHAVEN CLUB FARMERS BRANCH TX 75234		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: 2 FILER NAME **ANN MAREE CRUZ** 3 Filer ID (Ethics Commission Filers)

4 Date **12/22/25** 5 Payee name **CAMPAIGN PARTNER** City: State: Zip Code

6 Amount (\$) **29.00** 7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **campaign website** (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 **12/18/25** Payee name **Paypal** City: State: Zip Code

Amount (\$) **1.94** Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Service fee** 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 **12/19/25** Payee name **Paypal** City: State: Zip Code

Amount (\$) **\$3.47** Payee address: City: State: Zip Code

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

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 3(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: 2 FILER NAME **ANN MARIE CRUZ** 3 Filer ID (Ethics Commission Filers)

4 Date **12-27-25** 5 Payee name **Preston Hollow Democrats**

6 Amount (\$) **3500** 7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **MEMBERSHIP FEE** (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 **12-23-25** Payee name **PAY PAK**

Amount (\$) **\$6.27** Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Service Fee** 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 **12-29-25** Payee name **STAP**

Amount (\$) **43.29** Payee address: City: State: Zip Code

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



# 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 3(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: 2		2 FILER NAME AND MARCE CRUZ		3 Filer ID (Ethics Commission Filers)	
4 Date 12/19/25		5 Payee name Pay Pal			
6 Amount (\$) \$1.99		7 Payee address: <del>Service Fee</del> @			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Service 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 12/20/25		Payee name Paypal			
Amount (\$) \$3.47		Payee address: City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Service 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 12/8/25		Payee name Dallas County Democratic Party			
Amount (\$) 1250		Payee address: 1414 N. WASHINGTON AVE DALLAS TX 75204 City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Filing 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	

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# 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 3(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/Memorabilia 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: 2		2 FILER NAME ANN MARIE CRUZ		3 Filer ID (Ethics Commission Filers)	
4 Date 12-29-25		5 Payee name STRIFE			
6 Amount (\$) 329		7 Payee address: City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Service 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 1231-25		Payee name STRIFE			
Amount (\$) 465		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Service 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 1231-25		Payee name STRIFE			
Amount (\$) 777		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Service 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



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

ANN MARIE CRUZ

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2932.29
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	\$ 1350.14
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

ANN MARIE CRUZ

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)

\$

2932.29

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1350.14

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

4571.38

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

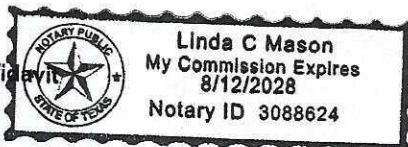
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information  
required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by ANN MARIE CRUZ this the 7<sup>TH</sup> day of JANUARY  
20 26, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

LINDA C. MASON  
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)