

# 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 <i>MS</i>	FIRST <i>Ana</i>	MI <i>Marie</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Cruz</i>	SUFFIX	Date Received <i>BY 11</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>214 W. DAVIS ST TX Duncanville 75116</i>			2026 JAN - 7 PM <i>143</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>835-0193</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>143</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Douglas</i>	FIRST <i>D</i>	MI <i>EE</i>	Receipt # Amount \$		
	NICKNAME <i>Huff</i>	LAST	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>33000 Oakhawn Ave #700 Dallas TX 75219</i>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>5848360</i>	EXTENSION			
9 REPORT TYPE	<input checked="" 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 <i>7</i>	Day <i>11</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE <i>3/3 2026</i>	ELECTION TYPE <input checked="" 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) <i>Dallas County Clerk</i>				
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		GENERAL				
		SPECIFIC				
		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: <i>4</i>
2 FILER NAME <i>Ann Marie Cenz</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/15/25</i>	5 Full name of contributor <i>DANIEL CHANCE</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$103.20</i>
6 Contributor address; <i>12402 Montego Place Dallas Texas 75230</i>	City: State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>	9 Employer (See Instructions) <i>Self</i>		
Date <i>12/18/25</i>	Full name of contributor <i>Bill Price</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100</i>
Contributor address; <i>2603 Dawnawn AVE</i>	City: <i>DALLAS TEXAS</i>	State; Zip Code <i>75219</i>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>	Employer (See Instructions) <i>Self</i>		
Date <i>12/18/25</i>	Full name of contributor <i>Johnny Hernandez</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; <i>529 Salem Richardson TX 75080</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>	Employer (See Instructions) <i>Self</i>		
Date <i>12/19/25</i>	Full name of contributor <i>Brook Bulby</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$103.20</i>
Contributor address; <i>1146 N Clinton AVE. DALLAS TX 75208</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>	Employer (See Instructions) <i>Self</i>		

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: <i>4</i>
2 FILER NAME <i>Ann MARIE Cruz</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/21/25</i>	5 Full name of contributor <i>JAY BISHOP</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>\$10320</i>
6 Contributor address; <i>2626 Coleraine</i>		City; State; Zip Code <i>DALLAS TX 75204</i>	
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions) <i>Self</i>	
Date <i>12/31/25</i>	Full name of contributor <i>CHARLES MADUKA</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$257 74</i>
Contributor address; <i>3917 W Seablet Rd Arlington TX 76017</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>Self</i>	
Date <i>12/31/25</i>	Full name of contributor <i>Georgena Garcia</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$150</i>
Contributor address; <i>200 N. LAMAR Suite 270 DALLAS TX 75202</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>Self</i>	
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)	

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>			
<p>1 Total pages Schedule A1: <u>4</u></p>			
<p>2 FILER NAME <u>ANN Marie Cruz</u></p>			
<p>4 Date <u>12/22/25</u> 5 Full name of contributor <u>Grant St Julian III</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>			
<p>6 Contributor address; <u>8144 WALNUT HILL</u> City; <u>DALLAS TX</u> State; <u>75281</u> Zip Code</p>			
<p>7 Amount of contribution (\$) <u>\$ 500</u></p>			
<p>8 Principal occupation / Job title (See Instructions) <u>ATTORNEY</u></p>		<p>9 Employer (See Instructions) <u>SELF</u></p>	
<p>Date <u>12/15/25</u> Full name of contributor <u>JENNIFER CASTILLO</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) <u>\$ 250</u></p>	
<p>Contributor address; <u>1547 WATERLOO</u> City; <u>DALLAS TX</u> State; <u>75218</u> Zip Code</p>			
<p>Principal occupation / Job title (See Instructions) <u>ATTORNEY</u></p>		<p>Employer (See Instructions) <u>SELF</u></p>	
<p>Date <u>12/15/25</u> Full name of contributor <u>Julie Hallen</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) <u>\$ 500</u></p>	
<p>Contributor address; <u>8035 E RL THOMAS</u> City; <u>DALLAS TX</u> State; <u>75228</u> Zip Code</p>			
<p>Principal occupation / Job title (See Instructions) <u>ATTORNEY</u></p>		<p>Employer (See Instructions) <u>SELF</u></p>	
<p>Date <u>12/23/25</u> Full name of contributor <u>CHARLIE HUMPHREYS</u> <input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) <u>\$ 210</u></p>	
<p>Contributor address; <u>11300 N. CENTRAL EXPWY</u> City; <u>Fort Worth</u> State; <u>430</u> Zip Code</p>			
<p>Principal occupation / Job title (See Instructions) <u>ATTORNEY</u></p>		<p>Employer (See Instructions) <u>Self</u></p>	

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <i>Ann Marie Cruz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/19/25</i>	5 Full name of contributor <i>ANDREW BALDWIN</i>	6 Contributor address; City; State; Zip Code <i>2104 Columbian Club Carrollton TX 75006</i>
7 Amount of contribution (\$) <i>\$5175</i>		
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>12/22/25</i>	Full name of contributor <i>Marcus Feldman</i>	Contributor address; City; State; Zip Code <i>4131 N. Central Expressway #900 Dallas TX 75204</i>
		Amount of contribution (\$) <i>\$10320</i>
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>Self</i>
Date <i>12/23/25</i>	Full name of contributor <i>Michelle Fitzhenry</i>	Contributor address; City; State; Zip Code <i>3824 MARQUETTE Dallas TX 75229</i>
		Amount of contribution (\$) <i>\$200</i>
Principal occupation / Job title (See Instructions) <i>Interior Designer</i>		Employer (See Instructions) <i>Self</i>
Date <i>12/28/25</i>	Full name of contributor <i>Ryan Gray</i>	Contributor address; City; State; Zip Code <i>3203 Brookhaven Club Farmer Branch TX 75234</i>
		Amount of contribution (\$) <i>\$250</i>
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>Self</i>

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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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	6 Amount (\$)		
12/12/25	CAMPAGN PARTNER	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) <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	Payee name			
12/18/25	PayPal			
Amount (\$)	Payee address:	City:	State:	Zip Code
1.94				
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	Payee name			
12/19/25	Paypal			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$3.47				
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	

# 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	GW/Awards/Memorials Expenses	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	6 Amount (\$)
122725	Preston Hollow Democrats	3500
	7 Payee address:	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Membership fee	
	(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	Payee name	
122325	Pay Park	
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code: _____
8621		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Service fee	
	<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	
122625	Group E	
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code: _____
4320	Stonewall P	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Service fee	
	<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

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### 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 Expenses  
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 ALER NAME <i>Ann Marie Cruz</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/19/25</i>	5 Payee name <i>Pay Pal</i>		
6 Amount (\$) <i>\$ 1.99</i>	7 Payee address: <i>Service fee</i>	City: _____ State: _____ Zip Code: _____	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <i>Service fee</i>	(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 <i>12/20/25</i>	Payee name <i>Pay Pal</i>		
Amount (\$) <i>\$ 3.47</i>	Payee address:	City: _____	State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Service fee</i>	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 <i>12/8/25</i>	Payee name <i>Dallas County Democratic Party</i>		
Amount (\$) <i>1250.00</i>	Payee address: <i>1414 N. Washington Ave Dallas TX 75204</i>	City: _____	State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Political Filing fee</i>	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 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:	2 FILER NAME <i>ANN MARIE CRUZ</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-29-25</i>	5 Payee name <i>ROY STRIPE</i>	6 Amount (\$) <i>309</i>	7 Payee address: City: _____ State: _____ Zip Code _____
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Service Fee</i>	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>123125</i>	Payee name <i>STRYPE</i>	Payee address:	City: _____ State: _____ Zip Code _____
Amount (\$) <i>\$ 465</i>			
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Service Fee</i>	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 <i>123125</i>	Payee name <i>STRYPE</i>	Payee address:	City: _____ State: _____ Zip Code _____
Amount (\$) <i>\$777</i>			
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Service Fee</i>	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

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**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**

		<b>SUBTOTAL AMOUNT</b>
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	\$ 1350.44
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

(A)

\$ 1350.14

CONTRIBUTION  
BALANCE

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

\$ 4571.38

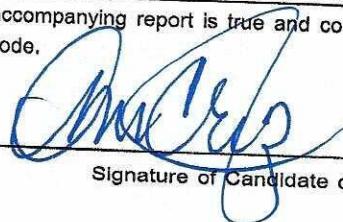
OUTSTANDING  
LOAN TOTALS

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

\$

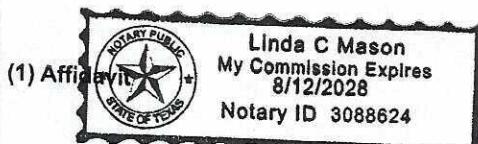
18 SIGNATURE

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 of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by ANN MARIE CRUZ this the 7<sup>TH</sup> day of JANUARY  
20 2024, 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

Linda C. Mason LINDA C. MASON

NOTARY

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_.

Executed in \_\_\_\_\_ (street) (city) (state) (zip code) (country)

County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)