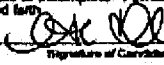


**CORRECTION/AMENDMENT AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER**

**FORM COR-C/OH**

1. File ID (This is Applicant's File)		2. Total pages filed		<b>OFFICE USE ONLY</b>	
3. CANDIDATE / OFFICEHOLDER NAME		MR / MRS / MS / FIRST LAST MIDDLE SUFFIX Initials		Date Received	
4. ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 90th day before election <input type="checkbox"/> Period <input type="checkbox"/> Expanded monthly reporting and <input type="checkbox"/> 150 day after business day after election (candidate only)		Date first accepted or Date Rejected Receipt #      Amount \$ Date Presented Date Imaged	
5. ORIGINAL PERIOD COVERED		Month Day Year      THROUGH      Month Day Year 1 / 18 / 23      THROUGH      3 / 27 / 23			
6. EXPLANATION OF CORRECTION					
7. SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
Check ONLY if applicable: <input type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. <input checked="" type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
Signature of Candidate/Officeholder  Signature of Candidate/Officeholder					
Please complete either option below: Sworn to and subscribed before me by <u>Carla Miranda</u> this the <u>19th</u> day of <u>April</u> in and for the County of _____ State of _____ I, <u>Carla Alexander</u> , Notary Public do hereby certify, whose my hand and seal of office Witness my hand and seal of office this _____ day of _____, 20____.					
(2) Unsworn Declaration My name is _____ and my date of birth is _____ My address is _____ Executed in _____ County, State of _____ on the _____ day of _____, 20____. Signature of Candidate/Officeholder (Declarant)					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

CSD REC'D  
APR 19 '23 PM 1:14

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

FORM CIOH  
**COVER SHEET PG 1**

The CIOH Instruction Guide explains how to complete this form.		1. Filer ID		2. Total pages Recd: 32		
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY				
	Italia		Date Received			
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	NICKNAME LAST SUFFIX	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		Date Hand-delivered or Date Postmarked		
	De La Cruz		4249 Summersweet Lane Crowley, TX 76036		Receipt # Amount Date Processed Date Imaged	
5. CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI					
	Ms. Gabriela Cedillo		Date Received			
6. CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	NICKNAME LAST SUFFIX	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	Cedillo		6704 Victoria Ave. North Richland Hills TX 76180			
7. CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	517-526-9182				
8. REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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"/> 60th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach CIOH-FR)					
	9. PERIOD COVERED	Month Day Year		Month Day Year		
01/18/2023		THROUGH		03/27/2023		
10. ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
05/06/2023						
11. OFFICE	OFFICE HELD (if any)		12. OFFICE SOUGHT (if known)			
None District 6 Tarrant					Fort Worth City Council District 6	

GO TO PAGE 2

**CANDIDATE / OFFICERHOLDER REPORT:  
SUPPORT & TOTALS**

**COVER SHEET PG 2**

2 of 32

13 C / ORI NAME De La Cruz, Italia		14 Filer ID
15 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 / officerholder. These expenditures may have been made without the candidate's or officerholder's knowledge or consent. Candidates and officerholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,148.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,181.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,920.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

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.



Italia De la Cruz  
Signature of Candidate or Officerholder

Sworn to and subscribed before me, by the said Italia Delacruz, this the 19th day of Apr, 2023, to certify which, witness my hand and seal of office.

Carla Miranda Signature of officer administering  
Carla Miranda Printed name of officer administering  
Notary Public Title of officer administering oath

<b>18 FILER NAME</b> De La Cruz, Itala		<b>19 Filer ID</b>	
<b>20 SCHEDULE SUBTOTALS</b>			
NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,148.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 9,327.60
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 853.56
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CICH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

21 FILER ADDRESS Address Street, City Complete address, City, State, Zip Code 4000 Woodland Plaza Dr A North Houston, TX 77060		22 FILER PHONE Telephone Number (Area Code) Number (713) 261-1111
23 FILER CONTACT Name Complete address, City, State, Zip Code 4000 Woodland Plaza Dr North Houston, TX 77060		24 FILER CONTACT Telephone Number (Area Code) Number (713) 261-1111

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/32
2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 02/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Acosta, Diana 6 Contributor address; City, State; Zip Code 528 South Heights Dr Crowley, TX 76036	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Cosco
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akowski, Melinda 6 Contributor address; City, State; Zip Code 10313 Bluebonnet Cir Fort Worth, TX 76126	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self employed
4 Date 01/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alma, Aljaberi 6 Contributor address; City, State; Zip Code 7225 Meadowbrook Dr. Fort Worth, TX 76112	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Hair Dresser		9 Employer (See Instructions) Danny's Hair Salon
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvarez Florez, Erika 6 Contributor address; City, State; Zip Code 6305 Richland Plaza Dr A North Richland Hills, TX 76180	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Customer Service Rep		9 Employer (See Instructions) SBB Community Management
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrade, IZZA 6 Contributor address; City, State; Zip Code 7013 Greenview Cir North Fort Worth, TX 76120	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacy Assistant		9 Employer (See Instructions) Costco



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Andrade, IZZA	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 7013 Greenview Cir North Fort Worth, TX 76120		
8 Principal occupation / Job title (See Instructions) Pharmacy Assistant		9 Employer (See Instructions) Costco
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Andrade, IZZA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7013 Greenview Cir North Fort Worth, TX 76120		
Principal occupation / Job title (See Instructions) Pharmacy Assistant		Employer (See Instructions) Costco
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Arauz, Ebelin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10324 Tammaron Tr. Fort Worth, TX 76140		
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) Bank of America
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Arellano, Rosio Cristal	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code 5009 Sabelle Lane Haltom City, TX 76117		
Principal occupation / Job title (See Instructions) Specialist		Employer (See Instructions) Neurology Partners of North Texas
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Arellano, Rosio Cristal	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code 5009 Sabelle Lane Haltom City, TX 76117		
Principal occupation / Job title (See Instructions) Specialist		Employer (See Instructions) Neurology Partners of North Texas

**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/32</p>
<p>2 FILER NAME De La Cruz, Italia</p>		<p>3 Filer ID</p>
<p>4 Date 02/17/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arredondo, Stephanie</p> <p>6 Contributor address; City; State; Zip Code 8401 County Rd 1016A Burleson, TX 76028</p>	<p>7 Amount of Contribution (\$) \$25.00</p>
<p>8 Principal occupation / Job title (See Instructions) Senior Project Manager</p>		<p>9 Employer (See Instructions) JP Morgan</p>
<p>Date 02/27/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Atkins, Bill</p> <p>Contributor address; City; State; Zip Code 7005 Sparrow Point Fort Worth, TX 76133</p>	<p>Amount of Contribution (\$) \$150.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Retired</p>
<p>Date 02/05/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Avila, Tabitha</p> <p>Contributor address; City; State; Zip Code 11832 Mesa Blanco Trl Haslet, TX 76052</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions) Escrow Officer</p>		<p>Employer (See Instructions) Ghrist Law Firm</p>
<p>Date 02/24/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byrd, Brian</p> <p>Contributor address; City; State; Zip Code 6608 Long Cove Cr. Fort Worth, TX 76132</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions) Physician</p>		<p>Employer (See Instructions) Brian Byrd</p>
<p>Date 03/08/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cadena, Annette</p> <p>Contributor address; City; State; Zip Code 300 Thompson Dr. Saginaw, TX 76179</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions) Assistant</p>		<p>Employer (See Instructions) Self Employed</p>

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch. 4/16 Rpt. 7/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 01/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cadena, Clarisa 6 Contributor address: City; State; Zip Code 1701 Gill St Fort Worth, TX 76131	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Reluch Church
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cadena, Noe Contributor address: City; State; Zip Code 1701 Gill St Fort Worth, TX 76131	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Assistant		Employer (See Instructions) Self Employed
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cadena, Noe Contributor address: City; State; Zip Code 1701 Gill St Fort Worth, TX 76131	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Assistant		Employer (See Instructions) Self Employed
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cedillo, Gabriela Contributor address: City; State; Zip Code 6704 Victoria Ave North Richland Hills, TX 76180	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CSR		Employer (See Instructions) Keith Bland Agency
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cedillo, Gabriela Contributor address: City; State; Zip Code 6704 Victoria Ave North Richland Hills, TX 76180	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) CSR		Employer (See Instructions) Keith Bland Agency



**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/32
2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cedillo, Gabriela	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code 6704 Victoria Ave North Richland Hills, TX 76180		
8 Principal occupation / Job title (See Instructions) CSR		9 Employer (See Instructions) Keith Bland Agency
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cervantes Co.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2812 Gardenia St Fort Worth, TX 76119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Croft, Karen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 7320 Whitewood Dr. Fort Worth, TX 76137		
Principal occupation / Job title (See Instructions) Procurement Specialist		Employer (See Instructions) First Call International
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DE LA CRUZ, Italia	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4249 Summersweet Ln Crowley, TX 76036		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self employed
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DE LA CRUZ, Italia	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4249 Summersweet Ln Crowley, TX 76036		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self employed

**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) De La Cruz, Gabriel	7 Amount of Contribution (\$) \$100.00
	6 Contributor address: City, State; Zip Code 4249 Summersweet Lane  Crowley, TX 76036	
8 Principal occupation / Job title (See Instructions) Diesel Mechanic		9 Employer (See Instructions) Self Employed
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) De La Cruz, Itala	Amount of Contribution (\$) \$10.00
	Contributor address: City, State; Zip Code 4249 Summersweet Ln  Crowley, TX 76036	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) De La Cruz, Vicky	Amount of Contribution (\$) \$100.00
	Contributor address: City, State; Zip Code 1017 Merion Dr.  Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) Go Biz Financial LLC
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) De La Cruz, Vicky	Amount of Contribution (\$) \$100.00
	Contributor address: City, State; Zip Code 1017 Merion Dr.  Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) Go Biz Financial LLC
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) De La Cruz, Vicky	Amount of Contribution (\$) \$100.00
	Contributor address: City, State; Zip Code 1017 Merion Dr.  Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) Go Biz Financial LLC

**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/32
2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunaway, James	7 Amount of Contribution (\$) \$200.00
6 Contributor address: City, State, Zip Code 500 Alta Dr. Fort Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fleet, Tim	Amount of Contribution (\$) \$3,000.00
Contributor address: City, State, Zip Code 3045 Lackland Dr. Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Gladys	Amount of Contribution (\$) \$100.00
Contributor address: City, State, Zip Code 3113 6th Ave. Fort Worth, TX 76110		
Principal occupation / Job title (See Instructions) Customer Service Expert		Employer (See Instructions) Carnet Health
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gomez, Michelle	Amount of Contribution (\$) \$100.00
Contributor address: City, State, Zip Code 3505 Rachel Ct Fort Worth, TX 76137		
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Steve's Certified Auto Repair
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, John	Amount of Contribution (\$) \$25.00
Contributor address: City, State, Zip Code 210 San Jose Ave. Unit 24 San Jose, CA 95125		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/32
2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 02/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granados, Karen 6 Contributor address: City, State, Zip Code 701 Smyth St Aledo, TX 76008	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) AP		9 Employer (See Instructions) CH4
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granados, Karen Contributor address: City, State, Zip Code 701 Smyth St Aledo, TX 76008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) AP		Employer (See Instructions) CH4
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granados, Karen Contributor address: City, State, Zip Code 701 Smyth St Aledo, TX 76008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) AP		Employer (See Instructions) CH4
Date 02/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Granados, Stephanie Contributor address: City, State, Zip Code 701 Smyth St Aledo, TX 76008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) NA Properties
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guijosa, Azalea Contributor address: City, State, Zip Code 715 Rock Springs Dr. Burleson, TX 76028	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hays, Elaine	7 Amount of Contribution (\$) \$100.00
6 Contributor address: City, State; Zip Code 105 Lakeshore Dr.  Roundway Bay, TX 76426		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hellowell, Marissa	Amount of Contribution (\$) \$200.00
Contributor address: City, State; Zip Code 941 Thomas Crossing Dr.  Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) BISD
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Vanessa	Amount of Contribution (\$) \$4.00
Contributor address: City, State; Zip Code 6125 General Store Way  Fort Worth, TX 76179		
Principal occupation / Job title (See Instructions) Baylor Surgery Center		Employer (See Instructions) Medical Assistant
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Angie	Amount of Contribution (\$) \$100.00
Contributor address: City, State; Zip Code 4725 Slippery Rock Dr.  Fort Worth, TX 76123		
Principal occupation / Job title (See Instructions) Preschool Teacher		Employer (See Instructions) Hallmark Baptist Church
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Iglesias, Vilma	Amount of Contribution (\$) \$5.00
Contributor address: City, State; Zip Code 7613 Four Winds  Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions) Customer Service		Employer (See Instructions) Customer Service



**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 02/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) James, Aaron	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City, State; Zip Code 1107 Mirike Dr.  White Settlement, TX 76108	
8 Principal occupation / Job title (See Instructions) Brick Layer		9 Employer (See Instructions) Bricks
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Lopez, Carolina	Amount of Contribution (\$) \$50.00
	Contributor address; City, State; Zip Code 5109 Rio Blanco Ct.  Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Lozano, Dolores	Amount of Contribution (\$) \$50.00
	Contributor address; City, State; Zip Code 112 Old Tunnel Rd.  Aledo, TX 76008	
Principal occupation / Job title (See Instructions) EB Lead		Employer (See Instructions) LWSD
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Manning, Libby	Amount of Contribution (\$) \$250.00
	Contributor address; City, State; Zip Code 2217 Windsor Place  Fort Worth, TX 76110	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Mason, Aja	Amount of Contribution (\$) \$25.00
	Contributor address; City, State; Zip Code 8501 Old Hickory  Dallas, TX 75237	
Principal occupation / Job title (See Instructions) Stylist		Employer (See Instructions) Self employed

**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Meyers, Ladonna	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City, State; Zip Code 4916 Flamingo Road Fort Worth, TX 76119		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Nolan, Mary Katherine	Amount of Contribution (\$) \$100.00
Contributor address; City, State; Zip Code 6370 Montego Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Retired Mom		Employer (See Instructions) Self employed
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Nunez, Juan	Amount of Contribution (\$) \$100.00
Contributor address; City, State; Zip Code P.O BOX 241132 San Antonio, TX 78224		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) NTX Solutions Group
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Nunez, Juan	Amount of Contribution (\$) \$100.00
Contributor address; City, State; Zip Code P.O BOX 241132 San Antonio, TX 78224		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) NTX Solutions Group
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) Nunez, Juan	Amount of Contribution (\$) \$100.00
Contributor address; City, State; Zip Code P.O BOX 241132 San Antonio, TX 78224		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) NTX Solutions Group

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/32
2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 02/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parades, Carlos	7 Amount of Contribution (\$) \$100.00
	6 Contributor address: City; State; Zip Code 4219 East Pleasant Forest Arlington, TX 76015	
8 Principal occupation / Job title (See Instructions) Technology Director		9 Employer (See Instructions) Life School
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pena, Hedy	Amount of Contribution (\$) \$250.00
	Contributor address: City; State; Zip Code 4101 Aleva Dr Fort Worth, TX 76133	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Armor Texas Insurance Agency
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Sergio M	Amount of Contribution (\$) \$100.00
	Contributor address: City; State; Zip Code 454 San Cristobal Brownsville, TX 78521	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) Retired
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Sergio M	Amount of Contribution (\$) \$100.00
	Contributor address: City; State; Zip Code 454 San Cristobal Brownsville, TX 78521	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) Retired
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perkins, Edward	Amount of Contribution (\$) \$25.00
	Contributor address: City; State; Zip Code 16524 Cowboy Trl Fort Worth, TX 76247	
Principal occupation / Job title (See Instructions) Automotive Technician		Employer (See Instructions) Park Place

**MUNICIPAL POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramos, Gloria	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8108 Carlos St  Fort Worth, TX 76108		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramos, Rosa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4940 Water Ridge Lane  Fort Worth, TX 76179		
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Rosa Ramos
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramos, Rosa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4940 Water Ridge Lane  Fort Worth, TX 76179		
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Rosa Ramos
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramos, Rosa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4940 Water Ridge Lane  Fort Worth, TX 76179		
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Rosa Ramos
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Resendez, Nayomi	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code 2923 Elm Park  Richard Hills, TX 76118		
Principal occupation / Job title (See Instructions) SR Support Services		Employer (See Instructions) Tarrant Appraisal District



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 17/32
2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Marco	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City, State; Zip Code 4375 Rota Cir Fort Worth, TX 76133		
8 Principal occupation / Job title (See Instructions) Finance Business Director		9 Employer (See Instructions) Refuge Church
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Marco	Amount of Contribution (\$) \$75.00
Contributor address; City, State; Zip Code 4375 Rota Cir Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions) Finance Business Director		Employer (See Instructions) Refuge Church
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes, Sonia	Amount of Contribution (\$) \$50.00
Contributor address; City, State; Zip Code 4075 Rota Cir Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self employer
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Melinda	Amount of Contribution (\$) \$10.00
Contributor address; City, State; Zip Code 420 W Green Dr Saginaw, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Sophia	Amount of Contribution (\$) \$50.00
Contributor address; City, State; Zip Code 1207 Andrew St Arlington, TX 76011		
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Chase Hospitality



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Salas, Erica	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 368 County Road 4793  Boyd, TX 76023	
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Lonestar Construction
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Schwengler, Ashley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 3625 Wooded Creek Cir  Arlington, TX 76010	
Principal occupation / Job title (See Instructions) Implementation		Employer (See Instructions) Payroll
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Smith, Jeff	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 6727 Canyon Crest Dr.  Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions) Educational Consultant		Employer (See Instructions) Doctor Jeff Smith
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Torres, Juan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7950 Hosta Way  Fort Worth, TX 76123	
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Towers Strategies
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP: _____) Valadez, Desiree	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 5012 Gage St  Haltom City, TX 76117	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/32
2 FILER NAME De La Cruz, Itala		3 Filer ID
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Vallejo, Raquel 6 Contributor address: City, State, Zip Code 3509 Permian Ln Fort Worth, TX 76137	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Cosmetologist		9 Employer (See Instructions) Self employed
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Vela, Elda Contributor address: City, State, Zip Code 3500 Ashland Fort Worth, TX 76107	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Castberry ISD
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Willis, Neana Contributor address: City, State, Zip Code 916 Montcello Dr. Burlison, TX 76028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Godley ISD

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Substantial Fundraising Expense
Accounting/Printing	Fees	Office Overhead/Travel Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By -	Gifts/Events/Memorabilia 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: Sch: 1/11 Rpt: 20/32		2 FILER NAME De La Cruz, Italia		3 Filer ID	
4 Date 02/13/2023		5 Payee name Artworks Embroidery			
6 Amount (\$) \$875.15		7 Payee address; City; State; Zip Code 2528 W Dickson St  Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/14/2023		Payee name Axiom			
Amount (\$) \$1,213.00		Payee address; City; State; Zip Code 800 W. 47TH ST.  Kansas City, MO 64112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Palm cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/27/2023		Payee name Cadena, Annette			
Amount (\$) \$70.00		Payee address; City; State; Zip Code 300 Thompson Dr.  Sagnaw, TX 76179			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Conventions Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/Awards/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Operational 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: Sch: 2/11 Rpt: 21/32		2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 03/23/2023	5 Payee name Chic-Fil-A			
6 Amount (\$) \$11.03	7 Payee address; City; State; Zip Code 3200 Hulen S Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walking meal		
9 Complete ONLY if direct expenditure to benefit COH				
Date 03/27/2023		Candidate/Officeholder name Design a Sign		
Amount (\$) \$2,489.75		Office sought Office held		
Date 02/27/2023		Payee name Dollar Tree		
Amount (\$) \$7.31		Payee address; City; State; Zip Code 1201 E FM-1187, Unit 25 Crowley, TX 76036		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations		
Complete ONLY if direct expenditure to benefit COH				
Date		Candidate/Officeholder name		
Amount (\$)		Office sought		
Date		Payee name		
Amount (\$)		Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Complete ONLY if direct expenditure to benefit COH				



**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                                 |                               |  |
|--|---------------------------------|-------------------------------|--|
| Advertising Expense                        | Event Expense                   | Loan Repayment/Reimbursement  | Solicitation/Fundraising Expense           |
| Accounting/Bookkeeping                     | Fuel                            | Office Overhead/Reimbursement | Transportation/Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense           | Printing Expense              | Travel in District                         |
| Contributions/Donations Made By -          | Gifts/Charity/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 Payments                       |                                 |                               |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/11 Rpt: 22/32	2 FILER NAME De La Cruz, Italia	3 Filer ID
4 Date 03/08/2023	5 Payee name Edgerton Strategies	
6 Amount (\$) \$1,000.00	7 Payee address; City, State; Zip Code 1540 Keller Parkway #106-402  Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and logo
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/23/2023	Payee name FW Republican Women	
Amount (\$) \$30.00	Payee address; City, State; Zip Code P.O. Box 101613  Fort Worth, TX 76185	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/23/2023	Payee name FW Republican Women	
Amount (\$) \$30.00	Payee address; City, State; Zip Code P.O. Box 101613  Fort Worth, TX 76185	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F-1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions Donations Made By -  
Candidate/Officeholder/Public Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/Awards/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Travel Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Substantial Unrelated 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: Sch: 4/11 Rpt: 23/32		2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 03/23/2023		5 Payee name FW Republican Women		
6 Amount (\$) \$125.00		7 Payee address; City; State; Zip Code P.O. Box 101613  Fort Worth, TX 76185		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____			
Date 03/16/2023		Payee name Five Guys		
Amount (\$) \$70.59		Payee address; City; State; Zip Code 4833 S Hulen St Ste 109  Fort Worth, TX 76132		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meeting	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____			
Date 03/06/2023		Payee name Gillsple, Asher		
Amount (\$) \$500.00		Payee address; City; State; Zip Code 813 Woodmark Dr.  Crowley, TX 76036		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____			

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**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  
Gifts/Awards/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Travel Expense  
Printing Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Subscriptions/Printing Expense  
Transportation/Equipment & Rental 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: Sch: 5/11 Rpt: 24/32		2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 02/15/2023	5 Payee name Gillespie, Asher			
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 813 Woodmark Dr.  Crowley, TX 76036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager		
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 03/22/2023	Payee name Jack in the Box			
Amount (\$) \$11.67	Payee address; City; State; Zip Code 800 S Crowley Rd  Crowley, TX 76036			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meal		
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 03/21/2023	Payee name Kokitos			
Amount (\$) \$47.73	Payee address; City; State; Zip Code 6425 McCart Av  Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walking meal		
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(A)**

Advertising Expense Accounting/Banking Consulting Expense Contributor/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorabilia Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Travel Expense Printing Expense Salaries/Wages/Contract Labor	Collaboration/Training Expense Transportation/Equipment & Related Expense Travel In District Travel Out of District OT/OTR (enter a category not listed above)
--	--	---	--

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 25/32		2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 03/27/2023		5 Payee name Revv		
6 Amount (\$) \$243.80		7 Payee address: City: State: Zip Code 1101 K Street NW Washington, WA 20005		
8 PURPOSE OF EXPENDITURE	(A) Category (See Categories listed at the top of this schedule) Fees		(B) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Revv Fees, Processing Fees	
	9 Complete ONLY if direct expenditure to benefit COH Candidate/Officeholder name Office sought Office held			
Date 02/27/2023		Payee name Rosa's Cafe		
Amount (\$) \$170.21		Payee address: City: State: Zip Code 5000 Overton Ridge Blvd Fort Worth, TX 76132		
PURPOSE OF EXPENDITURE	(A) Category (See Categories listed at the top of this schedule) Event Expense		(B) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Launch Party	
	9 Complete ONLY if direct expenditure to benefit COH Candidate/Officeholder name Office sought Office held			
Date 03/10/2023		Payee name Sonic		
Amount (\$) \$11.86		Payee address: City: State: Zip Code 05 N Crowley Rd Crowley, TX 76036		
PURPOSE OF EXPENDITURE	(A) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(B) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal from block walking	
	9 Complete ONLY if direct expenditure to benefit COH Candidate/Officeholder name Office sought Office held			

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(A)**

- |   |  |   |  |
|---|--|---|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gifts/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Printing Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Stipend/Fundraising Expense<br>Transportation/Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|--|---|--|
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 26/32	2 FILER NAME De La Cruz, Italia	3 Filer ID
4 Date 02/16/2023	5 Payee name StickerGiant	
6 Amount (\$) \$184.92	7 Payee address; City, State; Zip Code 880 Weaver Park Rd.  Longmont, CO 80501	
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stickers
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 03/24/2023	Payee name The Justice Reform	
Amount (\$) \$52.00	Payee address; City, State; Zip Code 1701 Oakhurst Scenic Dr.  Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon fee
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 02/06/2023	Payee name Truist Bank	
Amount (\$) \$36.00	Payee address; City, State; Zip Code 2820 S Hulen St.  Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee because my donation portal did not properly connect to my bank
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		



**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |   |  |   |   |
|---|--|---|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gifts/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Printing Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation/Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|--|---|---|
- The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1: Sch: 8/11 Rpt: 27/32	2. FILER NAME: De La Cruz, Italia	3. Filer ID
4. Date: 03/21/2023	5. Payee name: Truist Bank	
6. Amount (\$): \$5.00	7. Payee address; City; State; Zip Code: 2820 S Hulen St.  Fort Worth, TX 76109	
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bank fee
9. Complete ONLY if direct expenditure to benefit C/OH		
Date: 03/22/2023	Candidate/Officeholder name USPS	
Amount (\$): \$25.20	Office sought 200 S Crowley Rd  Crowley, TX 76036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mailing Stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing Stamps for thank you cards
Complete ONLY if direct expenditure to benefit C/OH		
Date: 02/13/2023	Candidate/Officeholder name UZ Marketing	
Amount (\$): \$452.91	Office sought 5900 Bingle Rd  Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
Complete ONLY if direct expenditure to benefit C/OH		

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(A)**

Advertising Expense  
Accounting/Bookkeeping  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/wards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing Expense  
Printing Expenses  
Salaries/Wages/Contract Labor

Substantial/untraining 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: Sch. 9/11 Rpt. 28/32		2 FILER NAME De La Cruz, Itala		3 Filer ID	
4 Date 02/23/2023		5 Payee name UZ Marketing			
6 Amount (\$) \$452.91		7 Payee address: City: State: Zip Code 5900 Bingle Rd  Houston, TX 77092			
8 PURPOSE OF EXPENDITURE		(A) Category (see Categories listed at the top of this schedule) Advertising Expense		(B) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/27/2023		Payee name UZ Marketing			
Amount (\$) \$347.98		Payee address: City: State: Zip Code 5900 Bingle Rd  Houston, TX 77092			
PURPOSE OF EXPENDITURE		(A) Category (see Categories listed at the top of this schedule) Advertising Expense		(B) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard sign stakes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/13/2023		Payee name VistaPrint			
Amount (\$) \$125.54		Payee address: City: State: Zip Code 275 Wyman St  Waltham, MA 02451			
PURPOSE OF EXPENDITURE		(A) Category (see Categories listed at the top of this schedule) Advertising Expense		(B) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |  |  |   |
|--|--|--|---|
| Advertising Expense<br>Accounting/Bookkeeping<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gifts/Awards/Memorabilia Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rent/Lease Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation/Equipment & Related Expense<br>Travel In District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|--|--|--|---|

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/11 Rpt: 29/32	<b>2</b> FILER NAME De La Cruz, Italia	<b>3</b> Filer ID
<b>4</b> Date 02/13/2023	<b>5</b> Payee name VistaPrint	
<b>6</b> Amount (\$) \$77.92	<b>7</b> Payee address; City: State; Zip Code 275 Wyman St  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Thank you cards	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 03/20/2023	Payee name Walmart Super Center	
Amount (\$) \$68.83	Payee address; City: State; Zip Code 1221 FM-1187  Crowley, TX 76036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel in District	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 03/23/2023	Payee name Walmart Super Center	
Amount (\$) \$51.44	Payee address; City: State; Zip Code 1221 FM-1187  Crowley, TX 76036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel in District	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(A)**

- |  |                                    |                               |  |
|--|------------------------------------|-------------------------------|--|
| Advertising Expense                        | Event Expense                      | Loan Repayment/Reimbursement  | Solicitation/Fundraising Expense           |
| Accounting/Bookkeeping                     | Fees                               | Office Overhead/Reimbursement | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense              | Printing Expense              | Travel in District                         |
| Contributions/ Donations Made By           | Gifts/Keepsake/Memorabilia 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.

<b>1</b> Total pages Schedule F1: Sch: 11/11 Rpt: 30/32	<b>2</b> FILER NAME De La Cruz, Italia	<b>3</b> Filer ID
<b>4</b> Date 03/27/2023	<b>5</b> Payee name Walmart Super Center	
<b>6</b> Amount (\$) \$16.11	<b>7</b> Payee address; City; State; Zip Code 1221 FM-1187  Crowley, TX 76036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
	Complete <b>ONLY</b> if direct expenditure to benefit COH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 03/09/2023	Payee name Whataburger	
Amount (\$) \$12.60	Payee address; City; State; Zip Code 125 Sycamore School Rd  Fort Worth, TX 76134	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during block walking
	Complete <b>ONLY</b> if direct expenditure to benefit COH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 03/24/2023	Payee name Whataburger	
Amount (\$) \$11.14	Payee address; City; State; Zip Code 125 Sycamore School Rd  Fort Worth, TX 76134	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walking meal
	Complete <b>ONLY</b> if direct expenditure to benefit COH Candidate/Officeholder name _____ Office sought _____ Office held _____	



POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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	Printing Expense	Travel in District
Contributions/ Donations Made By -	Gifts/Seals/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officerholder/Political Committee	Legal Services	Substance/Agent/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 G: Sch: 1/2 Rpt: 31/32	2 FILER NAME De La Cruz, Italia	3 Filer ID
4 Date 03/14/2023	5 Payee name Design a Sign	
6 Amount (\$) \$340.99 <input type="checkbox"/> Reimbursement from political contributors intended	7 Payee address; City; State; Zip Code 13409 County Road 511 Venuz, TX 76084	
8 PURPOSE OF EXPENDITURE	(A) Category (See Categories listed at the top of this schedule) Advertising Expense	(B) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officerholder name	Office sought      Office held
Date 03/06/2023	Payee name Office Depot	
Amount (\$) \$35.08 <input type="checkbox"/> Reimbursement from political contributors intended	Payee address; City; State; Zip Code 140 NW JOHN JONES DR STE 136 Buelston, TX 76028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense Thank you cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officerholder name	Office sought      Office held
Date 02/07/2023	Payee name UZ Marketing	
Amount (\$) \$434.42 <input type="checkbox"/> Reimbursement from political contributors intended	Payee address; City; State; Zip Code 5900 Bingle Rd Houston, TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officerholder name	Office sought      Office held

**POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| Advertising Expense                         | Event Expense                  | Loan Repayment/Reimbursement   | Salubrious/Wellness Expense                |
| Accounting/Banking                          | Fees                           | Office Overhead/rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                          | Food/Beverage Expense          | Printing Expense               | Travel in District                         |
| Contributions/ Donations Made By            | Gifts/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officerholder/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 G: Sch: 2/2 Rpt: 32/32	2 FILER NAME De La Cruz, Italia	3 Filer ID
4 Date 02/08/2023	5 Payee name VistaPrint	
6 Amount (\$) \$43.07 <input type="checkbox"/> Reimbursement from political contributors intended	7 Payee address, City, State, Zip Code 275 Wyman St Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense Business Cards
9 Complete ONLY if direct expenditure to benefit COH	Candidate/Officerholder name	Office sought      Office held

**POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX (A)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Selection/Unselection Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel in District
Candidate/Officeholder Political Committee	Gifts/Charity/Memorial Expense	Printing Expense	Travel Out of District
Credit Card Payments	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 G: Sch: 2/2 Rpt: 32/32		2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 02/08/2023		5 Payee name VistaPrint		
6 Amount (\$) \$43.07 <input type="checkbox"/> Disbursement from political contributions intended		7 Payee address, City, State, Zip Code 275 Wyman St Waltham, MA 02451		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards	
9 Complete ONLY if direct expenditure to benefit COH				
Candidate/Officeholder name		Office sought		Office held

Form provided by Texas Ethics Commission www.ethics.state.tx.us Revision 1/18 4, 1, 3-2020

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