OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Comm	lssion Filers)	2 Total pages filed:	OFFICE USE ONLY			
3	CANDIDATE / OFFICEHOLDER NAME	Date Received CSO REC'D MAY 1'23 AM8:28					
4	ORIGINAL REPORT TYPE	Date Hand-delivered or Date Postmarked Receipt # Amount S					
5	ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year HROUGH 04 26 2023	Date Processed Date Imaged			
Re	6 EXPLANATION OF CORRECTION Report is corrected to update amounts reported for inkind contributions on Schedule A2. Corrected report is filed on 4/28/2023, the same date as the original report was filed.						
•	Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report. 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 Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by						
Si	gnature of officer administ	ering oath Printed name	e of officer administering oath	Title of officer administering oath			
			OR				
M	Unsworn Declaration My name is						
	Remember To Atta	ach Any Part Of The Campaign	Finance Report Form Needed To Re	eport And Explain Corrections			

	TE / OFFICEHOLDER N FINANCE REPORT				FORM C/OH SHEET PG 1		
The C/OH Instruction	Guide explains how to complete thi	is form.		2 Total pages f			
GANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS		MI	OFFICE USE ONLY			
	NICKNAME LAS	T La Cruz	SUFFIX	- Date Medalled			
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT 4249 Summersweet Lane	FE#; CITY;	ZIP CODE	Date Hand-delivered Receipt #	or Date Postmarked		
Change of Address	Crowley, TX 76036	Date Processed					
				Date Imaged			
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRS	oriela	MI				
	NICKNAME LAST	dillo	SUFFIX				
G CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX	•	NRH TX	STA	TUISO		
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU 526	MBER EXTENSION			·		
REPORT TYPE		th day before election	Runoff Exceeded modified reporting limit	15th day after ca appointment (offi Final Report (Att	iceholder only)		
PERIOD COVERED	Month Day Year 03/28/2023	THROUGH	Month Day 04/26/2023	Year B			
LO ELECTION	ELECTION DATE Month Day Year 05/06/2023	Primary X General	ELECTION TYPE Runoff Special	Other			
1 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT Fort Worth City C	•	;		
		GO TO PAGE 2			-		
orms provided by Te	exas Ethics Commission	www.ethics.state.tx,	us	Vers	ion V3.5.1.7bd706d		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	R TOTALO			2 of 35			
13 C / OH NAME	De La Cruz, Italia	1	4 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the difficeholders are required to report this information of	e candidate's or officeh	holder's knowledge or			
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		-			
	X GENERAL	Fort Worth Excellence PAC					
i i		COMMITTEE ADDRESS					
	SPECIFIC	P.O. Box 953					
		Colleyville, TX 76034	·				
		COMMITTEE CAMPAIGN TREASURER NAME Tate, Fred					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		P.O. Box 953					
		Colleyville, TX 76034					
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECT	PLEDGES, LOANS, IRONICALLY)	\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 120,968.41			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
1	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 4,138.69			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS ERIOD	ST DAY OF THE	\$ 1,911.23			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS O RTING PERIOD	F THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		l swear, or affirm, under penalty o	of perjury, that the acco	ompanying report is			
		true and correct and includes all i under Title 15, Election Code.	nformation required to	be reported by me			
		Signature of C	Candidate or Officehold	er			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
		Delated name of officer administration	Till1 -16	- d1-i-1-1			
Signature of offi	cer administering	Printed name of officer administering	i lue of omcer a	administering oath			

FORM CIOH CANDIDATE / OFFICEHOLDER REPORT **ADDENDUM SUPPORT & TOTALS** Page 3 of 35 C / OH NAME De La Cruz, Italia Filer ID 17 NOTICE .. This box is for notice of political expenditures 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 .. **FROM POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME Fort Worth Republican Women GENERAL COMMITTEE ADDRESS P.O.Box 101613 SPECIFIC Fort Worth, TX 76185 COMMITTEE CAMPAIGN TREASURER NAME Cole, Patricia COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. Box 101613 Fort Worth, TX 76185

FORM C/OH **SUBTOTALS - CIOH COVER SHEET PG 3** 4 of 35 18 FILER NAME 19 Filer ID De La Cruz, Italia 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE $|\mathbf{x}|$ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2,100.00 \$ 2. $|\mathbf{x}|$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 118,868.41 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ X 2,271.38 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 1,867.31 \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDUL	E A1
	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/35	
P FILER NAME De La Cruz,	itolio		3 Filer ID	
Date	5 Full name of contributor Out-of-state PAC (II	O#:)	7 Amount of Contribution (\$)	· · · ·
04/12/2023	Acevedo, Lili 6 Contributor address; City; State; Zip Code 201 Afton Rd Fort Worth, TX 76134		\$250.00	
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	s)	
Homemaker	_	Not employed		
Date 04/16/2023	Full name of contributor		Amount of Contribution (\$)	\$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Personal Ass	sistant	The Bakers		
Date 04/07/2023	Full name of contributor out-of-state PAC (III Cook, Carolyn Contributor address; City; State; Zip Code 5432 Wales Ave Fort Worth, TX 76133		Amount of Contribution (\$)	\$100.00
Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions E-Tech Galaxy LLC	s)	
Date Full name of contributor out-of-state 04/05/2023 Granados, Karen Contributor address; City; State; Zip Code 701 Smyth St Aledo, TX 76008			Amount of Contribution (\$)	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions CH4	3)	
Date 04/07/2023	Full name of contributor		Amount of Contribution (\$)	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction:	s)	

MONETA	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDUL	E A1
The Instruc	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/35	
2 FILER NAME			3 Filer ID	
De La Cruz, II				
04/16/2023	5 Full name of contributor out-of-state PAC (ID#: Hardgrove, Sam 6 Contributor address; City; State; Zip Code 7956 Buttercup Circle North	7 Amount of Contribution (\$)	\$50.00	
	Fort Worth, TX 76123			
8 Principal occup HVAC	ation / Job title (See Instructions)	Employer (See Instructions Self)	
Date 04/20/2023	Full name of contributor out-of-state PAC (ID#:_ Hebert, Sara Contributor address; City; State; Zip Code 8404 Whippoorwill Dr Fort Worth, TX 76123		Amount of Contribution (\$)	\$300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 04/07/2023			Amount of Contribution (\$)	\$50.00
Principal occu Owner	Fort Worth, TX 76123 pation / Job title (See Instructions)	Employer (See Instructions A. Miranda)	<u> </u>
Date 04/21/2023	Full name of contributor out-of-state PAC (ID#:_Nunez, Juan Contributor address; City; State; Zip Code P.O BOX 241132		Amount of Contribution (\$)	\$100.00
	San Antonio, TX 78224			N.
•	Principal occupation / Job title (See Instructions) Project Manager)	
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#:_Paredes, Vilma Contributor address; Clty; State; Zip Code 7613 Four Winds Dr Fort Worth, TX 76133)	Amount of Contribution (\$)	\$50.00
Principal occur Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)	
Reurea		Retired		

	IONETARY (IN-KIND) POLITICAL RIBUTIONS	SCHEDULE A2				
The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/9 Rpt: 8/35				
2 FILER NAME		3 Filer ID				
De La Cruz	, Italia					
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 03/29/2023	6 Full name of contributor ut-of-state PAC (ID#: Fort Worth Excellence PAC 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$500.001 Political Consultant-Kenya			
	P.O. Box 953					
	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description			
04/03/2023	Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953		\$1,250.00 Vantage ROI Opposition Research			
D-inning Language	Colleyville, TX 76034	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution			
04/04/2023	Fort Worth Excellence PAC	***********************************	contribution (\$) description \$500.00 Political Consultant-Kenya			
	Contributor address; City; State; Zip Code P.O. Box 953					
· ·	Colleyville, TX 76034					
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas, Complete Schedule T. -JUDICIAL) (See instructions)			
Contributor's p	orincipal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. Sch: 3/9 Rpt: 10/35 3 Filer ID 2 FILER NAME De La Cruz, Italia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS In-kind contribution Date 6 Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 04/10/2023 Fort Worth Excellence PAC \$500.00 | Political Consultant-Contributor address; City; State; Zip Code Kenya P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date In-kind contribution Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 04/10/2023 Fort Worth Excellence PAC \$5,465.001 Axiom Mailer Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) out-of-state PAC (ID#: Full name of contributor Amount of In-kind contribution contribution (\$) description 04/10/2023 Fort Worth Excellence PAC \$4,285.00 | Axiom Mailer Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	MONETARY (IN-KIND) POLITICAI RIBUTIONS	L	SCHEDULE A2		
The Instri	uction Guide explains how to complete this f	1 Total pages Schedule A2; Sch: 4/9 Ppt: 11/35			
2 FILER NAME	F		Sch: 4/9 Rpt: 11/35		
De La Cruz		13 Filer ID			
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date 04/10/2023	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,582.00 Axiom Palm Cards		
	Colleyville, TX 76034	!	Total de la constant		
10 Principal occi	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. N-JUDICIAL) (See instructions)		
	principal occupation (FOR JUDICIAL)	13 Contributor's job title ((FOR JUDICIAL) (See instructions)		
	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution		
04/12/2023	Fort Worth Excellence PAC		contribution (\$) description		
1	Contributor address; City; State; Zip Code P.O. Box 953	119-0 0-00 09-00-00-00-00-00-00-00-00-00-00-00-00-0	\$1,800.00 Axiom Video Production		
	Colleyville, TX 76034		1 <u> </u>		
Principal occi	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (l	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution		
04/13/2023			contribution (\$) description		
	Contributor address; City; State; Zip Code P.O. Box 953	***************************************	\$1,287.50 Vantage ROI Opposition Research		
	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	-JUDICIAL) (See Instructions)		
Contributor's p	principal occupation (FOR JUDICIAL)	Contributor's job title (i	(FOR JUDICIAL) (See instructions)		
Contributor's e	employer/law firm (FOR JUDICIAL)	Law firm of contributor	or's spouse (if any) (FOR JUDICIAL)		
If contributor is	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
 I					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 5/9 Rpt: 12/35 3 Filer ID 2 FILER NAME De La Cruz, Italia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Date 6 Full name of contributor out-of-state PAC (ID#. Amount of In-kind contribution contribution (\$) description 04/14/2023 Fort Worth Excellence PAC \$5,465.00 | Axiom Mailer Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule 7. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of ut-of-state PAC (ID#: contribution (\$) description 04/16/2023 Fort Worth Excellence PAC \$4,285.00 | Axiom Mailer Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Full name of contributor out-of-state PAC (ID#: Date contribution (\$) description 04/16/2023 Fort Worth Excellence PAC \$4,359.50 Axiom Mailer Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	MONETARY (IN-KIND) POLITICAL RIBUTIONS	L	SCHEDULE A2
The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2:	
2 FILER NAME	=	Sch: 6/9 Rpt: 13/35 3 Filer ID	
De La Cruz,		3 Filer IU	
4			
	UNITEMIZED IN-KIND POLITICAL CONTRIB	JUTIONS	\$
5 Date 04/16/2023	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
UTILUICUCU	Port Worth Excellence PAC	***************************************	contribution (\$) description \$16,205.001 Vanguard Field Services-
	7 Contributor address; City; State; Zip Code P.O. Box 953	Blockwalking	
	Colleyville, TX 76034	į	Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON	
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution
04/18/2023	Fort Worth Excellence PAC	444 244 000 000 000 000 000 000 000 000	contribution (\$) description \$500.00 Political Consultant-
	Contributor address; City; State; Zip Code P.O. Box 953		Kenya
	Colleyville, TX 76034		The state of the s
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor	r's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution
04/25/2023	***************************************		contribution (\$) description \$1,000.00 Political Consultant-
	Contributor address; City; State; Zip Code P.O. Box 953		Kenya
	Colleyville, TX 76034		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
Contributor's p	principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)
Contributor's €	employer/law firm (FOR JUDICIAL)	Law firm of contributor	r's spouse (if any) (FOR JUDICIAL)
If contributor is	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
i			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 7/9 Rpt: 14/35						
2 FILER NAME			3 Filer ID						
De La Cruz,	Italia								
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
i	6 Full name of contributor Out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution						
04/26/2023	Fort Worth Excellence PAC		contribution (\$) description \$1,750.001 Red Productions						
·	7 Contributor address; City; State; Zip Code P.O. Box 953		\$2,700.00 Not 1 10000000						
	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule 7.						
10 Principal occu	10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions)								
12 Contributor's p	orincipal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)						
16 If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor ut-of-state PAC (ID#:) Amount of In-kind contribution							
04/26/2023	Fort Worth Excellence PAC		contribution (\$) description \$1,582.001Axiom Palm Cards						
	Contributor address; City; State; Zip Code P.O. Box 953								
	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)						
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution						
04/26/2023	Fort Worth Excellence PAC	. D P G T T G G T S A D P S L L L L L L COM JOHN Q M H L L L L L L L L L L L L L L L L L L	contribution (\$) description \$5,187.001 Axiom Mailers						
	Contributor address; City; State; Zlp Code P.O. Box 953								
	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See Instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

	IONETARY (IN-KIND) POLITICA RIBUTIONS	L	SCHEDULE A2			
The Instru	action Guide explains how to complete this	form.	1 Total pages Schedule A2: Sch: 8/9 Rpt: 15/35			
2 FILER NAME			3 Filer ID			
De La Cruz		5 First 10				
4						
	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$			
5 Date 04/26/2023	6 Full name of contributor ut-of-state PAC (ID#)	8 Amount of 9 In-kind contribution			
04/26/2023			contribution (\$) description \$5,187.001 Axiom Mailer			
	7 Contributor address; City; State; Zip Code P.O. Box 953		GO, LOY, SOV, AND IT IN INC.			
	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON				
12 Contributor's	principal occupation (FOR JUDICIAL)	12 Contributoria lab titla	(FOR JUDICIAL) (See instructions)			
·	<u> </u>	13 Contributor's job title	(FOR JUDICIAL) (See institutions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
04/18/2023	Fort Worth Excellence PAC		contribution (\$) description			
	Contributor address; City; State; Zip Code P.O. Box 953	1 P1	\$30,344.40 Axiom Television			
	Colleyville, TX 76034		I I Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
04/26/2023	Fort Worth Excellence PAC		contribution (\$) description			
	Contributor address; City; State; Zip Code P.O. Box 953	110 mm	\$1,950.00 Axiom Texting			
	Colleyville, TX 76034					
Principal occu	ipation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		·			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. Sch: 9/9 Rpt; 16/35 2 FILER NAME 3 Filer ID De La Cruz, Italia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Date 6 Full name of contributor Amount of In-kind contribution Out-of-state PAC (ID#: contribution (\$) 04/26/2023 description Fort Worth Excellence PAC \$500.00 | Political Consultant -Contributor address; City; State; Zip Code Kenya P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 13 Contributor's job title (FOR JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date In-kind contribution Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 04/21/2023 Fort Worth Republican Women \$1,064.01 | GOTV Mailers Contributor address; City; State; Zip Code P.O. Box 101613 Fort Worth, TX 76185 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expenso

Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expenso Printing Expenso Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Fees
Food/Beverage Expenso
Gift/Awards/Memorials Expense
Legal Services Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/18 Rpt: 17/35 De La Cruz, Italia Date Payee name 04/05/2023 7-Eleven 6 Amount (\$) Payee address; City: State; Zip Code \$26.92 100 E. Main St Crowley, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/06/2023 7-Eleven Amount (\$) Payee address; City; State; Zip Code \$23.54 100 E. Main St Fort Worth, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Office sought Complete **ONLY** if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 04/17/2023 7-Eleven Amount (\$) Payee address; City; State; Zip Code 100 E. Main St \$36.58 Fort Worth, TX 76036 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Travel In District EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District Printing Expense
Solaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services The instruction Guide explains how to complete this form. Filer ID 1 Total pages Schedule F1: 2 FILER NAME De La Cruz, Italia Sch: 2/18 Rpt: 18/35 Date Payee name 04/17/2023 Amazon State; Zip Code Payee address; Amount (\$) City; \$25.32 410 Terry Ave N Seattle, WA 98109 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Office expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Microphone for Zoom interviews Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 04/20/2023 **BJ's Restaurant** State; Zip Code Payee address; City; Amount (\$) 4720 S. Hulen St \$51.68 Fort Worth, TX 76132 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name Chick Fil A 04/07/2023 State; Zip Code Payee address; City; Amount (\$) 4800 S. Hulen St \$11.53 Fort Worth, TX 76132 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal while campaigning Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS** EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/18 Rpt: 19/35 De La Cruz, Italia Date 5 Payee name 04/24/2023 Chick Fil A Amount (\$) Payee address; City; State; Zip Code

\$37.24	4800 S. Hulen St
	Fort Worth, TX 76132
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner after blockwalking with volunteer
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 04/24/2023	Payee name Circle K
Amount (\$) \$13.26	Payee address; City; State; Zip Code 6044 S. Hulen Fort Worth, TX 76132
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks and Drinks for Poll Greeters
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 04/14/2023	Payee name Cisneros, Bella
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2101 County Road 705
PURPOSE OF EXPENDITURE	Joshua, TX 76058 (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photoshoot for family for mailers
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHES (enter a category and listed above)

Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 **FILER NAME** 3 Filer ID Sch: 4/18 Rpt: 20/35 De La Cruz, Italia Date Payee name 04/25/2023 DoorDash Amount (\$) Payee address; City; State; Zip Code \$28.07 116 New Montgomery St San Francisco, TX 94105 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T Food/Beverage Expense **EXPENDITURE** Check If Austin, TX, officeholder living expense Food Delivery from McCalister's while poll greeting/electioneering Complete ONLY if direct Office sought Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 04/24/2023 DoorDash Amount (\$) Payee address; City; State; Zip Code \$36.64 116 New Montgomery St San Francisco, TX 94105 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food while poll greeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **Edgerton Strategies** 04/17/2023 State; Zip Code Payee address; Amount (\$) City: \$300.00 1540 Keller Parkway #108-402 Keller, TX 76248 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Sidekick Services Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expenso Oif//Awards/Memorials Expenso Consulting Expense Contributions/ Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 5/18 Rpt: 21/35 De La Cruz, Italia Date Payee name 04/11/2023 Gillispie, Asher 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 813 Woodmark Dr. Crowley, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check If travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Consulting Campaign** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/29/2023 Gloria's Amount (\$) City; Payee address; State; Zip Code \$53.97 2600 W. 7th St Suite 175 Fort Worth, TX 76107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Dinner with volunteers to plan walk lists. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/19/2023 Jack in the Box Payee address; City; Amount (\$) State; Zip Code \$10.59 800 S Crowley Rd Crowley, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Blockwalking Meal** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Craft Card Personal			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	ns e	Polling Exp Printing Ex	pense pens			Travel in District Travel Out of District	pment & Related Expense t egory not listed above)
	Credit Card Payment			The Instruction Guide	explains l	how to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer 1D	
	Sch: 6/18 Rpt: 22/35	l	De La Cruz	, italia							
4	Date	5	Payee name	·	·						
	04/22/2023		McDonald's								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$9.49		5421 Sycar	more School Rd							
			Fort Worth,	TX 76123							
8	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at the top rage Expense	of this sch	edule)	(b)		, TX,	de of Texas. Complet officeholder living ex (Walking	
9	Complete ONLY if direct expenditure to benefit C/O	н	Candidate/Off	iceholder name	C	Office sou	ght	<u>, , , , , , , , , , , , , , , , , , , </u>		Office held	
	Date	Π	Payee name	·	,		-				
	04/07/2023		Office Dep	ot							
	Amount (\$) \$29.77		Payee addre	DHN JONES DR STI		Zip Co	de				
	PURPOSE OF EXPENDITURE	(a) Category (s Printing Ex	See Categories listed at the top pense	of this sch	edule)	(b)		,τx,	de of Texas. Complete officeholder living exp Ind Greet	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sou	ght			Office held	
┢	Date	Τ	Payee name						_		
	04/18/2023		Office Dep								
	Amount (\$) \$29.77		Payee addre 140 NW JO #136 Burleson,	OHN JONES DR	State;	Zip Co	de				
	PURPOSE OF EXPENDITURE	(a) Category (s Printing Ex	See Calegories listed at the top pense	of this sch	edule)	(b)	=		ide of Texas. Complet , officeholder living ex	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sou	ght			Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Boverage Expense Glft/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Philling Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTAINED (Indian a catagogy and listed about)

	Credit Card Payment	The instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 7/18 Rpt: 23/35	De La Cruz, Italia
4	Date	5 Payee name
	04/05/2023	Panda Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.70	5625 S. Hulen St
		Fort Worth, TX 76132
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
	•	Check if Austin, TX, officeholder living expense Meal while blockwalking
	!	Wild Willo Diockraming
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/13/2023	Panda Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.06	5369 McPherson Blvd
	ı	
	ļ	Fort Worth, TX 76123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davida marka
	04/06/2023	Payee name QuikTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$46,93	101 W Everman Pkwy
	Ψ10,00	TOT W Evermant Kny
	1	Everman, TX 76134
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check If travel outside of Texas. Complete Schedule T.
	CAT ENDITORE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Salarles/Wagos/Contract Labor Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 8/18 Rpt: 24/35 De La Cruz, Italia Date Payee name 04/10/2023 QuikTrip Amount (\$) Payee address; City: State; Zip Code \$26.19 101 W Everman Pkwy Everman, TX 76134 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/20/2023 QuikTrip Amount (\$) Payee address; City; State; Zip Code \$80.60 101 W Everman Pkwy Everman, TX 76134 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 04/26/2023 QuikTrip State; Zip Code Amount (\$) Payee address; City; \$44.93 12345 S. Freeway Burleson, TX 76028 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel In District Check if travel outside of Texas, Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Transportation Equipment & Related Expense Travel in District Polling Expense Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 9/18 Rpt: 25/35 De La Cruz, Italia Date Payee name 04/26/2023 Revv 6 Amount (\$) Payee address; City; State; Zip Code \$39.60 1776 Wilson Blvd Suite 530 Arlington, VA 22209 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Processing Fees for Revv Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/21/2023 Rosa's Cafe Amount (\$) Payee address; City; State; Zip Code \$8.10 5000 Overton Ridge Blvd Fort Worth, TX 76132 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Blockwalking Meal** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/24/2023 Rosa's Cafe Amount (\$) Payee address; City; State; Zip Code 5000 Overton Ridge Blvd \$17.72 Fort Worth, TX 76132 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal after blockwalking with team. Candidate/Officeholder name Office sought Complete ONLY if direct Office held

expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Foes Fond/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(A) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

	Consulting Expense Contibutions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Co	mmillen	GRVAwards/Mamorials Ex Legal Sarvices The Instruction Guid			pons hges	io /Contract Labor		Travel Out of District OTHER (enter a category not listed above)	·
1	Total pages Schedule F1:	2	FILER NAME	•					3	Filer ID	
	Sch: 10/18 Rpt: 26/35		De La Cruz								
4	Date	5	Payce name								
	04/05/2023		Smoothie K	ling							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	le				
	\$11.90	1	3326 Huler	-		•					
	-	ŀ									
_	·····		Fort Worth,	TX 76107							
8	PURPOSE	(a	Category (s	ieo Categorios listed at tho	top of this scho	odule)	(b)	Description			
	OF EXPENDITURE		Food/Beve	rage Expense		ľ				le of Texas, Complete Schedule T.	
								Blockwalking		officeholder living expense	
		1				1		BIOCKWAIKING	1410		
_		L					_				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	iceholder name	C	Office soug	ght			Office held	
	Date	Γ	Payee name	· · · · · · · · · · · · · · · · · · ·						<u> </u>	
	04/24/2023		Smoothie I	King							
Г	Amount (\$)	T	Payee addre	ess; City;	State;	Zip Co	de				
	\$22,48		3326 Huler	n St							
l											
			Fort Worth	, TX 76107							
Г	PURPOSE	(a) Category (See Categories listed at the	top of this sch	edule)	(b)	Description			
l	OF EXPENDITURE	l		rage Expense		i		<u></u>		e of Texas. Complete Schedule T.	
	En chorone	L				ŀ				officeholder living expense	
1		l				- 1		Food while po	nı g	reeung	
Ļ		1_									
l	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office soug	jht			Office held	
	experientale to belief of	· · ·		——————————————————————————————————————							
	Date	Γ	Payee name	;							
	04/26/2023	İ	Smoothie I	King							
H	Amount (\$)	t	Pavee addre	ess; City;	State;	Zip Co	de	•		·-··	
	\$11.90		3326 Hule			•					
	411.00	l									
		l	\.	TV 76107							
		L	Fort Worth	, TX 76107		,					
	PURPOSE	(a	-	See Categories listed at the	top of this sch	odule)	(b)	Description			
	OF EXPENDITURE	ı	Food/Beve	rage Expense		1				ie of Texas. Complete Schedule T. officeholder living expense	
ĺ						ļ		Meal Poll Gre			
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	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	liceholder name	C	Office sou	ynt			Office held	
	expenditure to benefit C/O	''									
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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS** EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Travel in District Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment Legal Services OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 11/18 Rpt: 27/35 De La Cruz, Italia Date Payee name 04/17/2023 Smoothie King 6 Amount (\$) Payee address; City; State; Zip Code \$11.90 3326 Hulen St Fort Worth, TX 76107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Food while Blockwalking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2023 Sonic Amount (\$) Payee address; City; State; Zip Code \$32,43 105 N Crowley Rd Crowley, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Food while placing yard signs with volunteer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/29/2023 Starbucks City; Amount (\$) Payee address; State; Zip Code \$12.67 5250 Sycamore School Rd Fort Worth, TX 76123 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Coffee during blockwalking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Event Expense Loan Repayment/Relmbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 12/18 Rpt: 28/35 De La Cruz, Italia Date Payee name 04/03/2023 Starbucks Amount (\$) Payee address; City; State; Zip Code \$14.67 626 Crowley Plover Rd Crowley, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Coffee while blockwalking Complete ONLY if direct Office sought Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 04/06/2023 Starbucks Amount (\$) Payee address; City; State; Zip Code \$6.79 5250 Sycamore School Rd Fort Worth, TX 76123 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check If travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Blockwalking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/10/2023 Starbucks Payee address; City; State; Zip Code Amount (\$) \$7.12 5250 Sycamore School Rd Fort Worth, TX 76123 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.

Office sought

Check if Austin, TX, officeholder living expense Coffee while campaigning

Office held

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expenso Printing Expenso Salarios/Wages/Contract Labor OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 13/18 Rpt: 29/35 De La Cruz, Italia Date Payee name 04/11/2023 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$13,67 626 Crowley Plover Rd Crowley, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Coffee while blockwalking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/12/2023 Starbucks Amount (\$) Payee address; State; Zip Code \$13,99 626 Crowley Plover Rd Crowley, TX 76036 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal while blockwalking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 04/18/2023 Starbucks Amount (\$) Payee address; City; State; Zip Code \$13.77 626 Crowley Plover Rd

Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held
POLITICAL EXPENDITURES 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 Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID					
	Sch: 14/18 Rpt; 30/35	De La Cruz, Italia						
4	Date 04/19/2023	5 Payee name Starbucks						
6	Amount (\$) \$13.12	7 Payee address; City; State; Zip Code 626 Crowley Plover Rd Crowley, TX 76036						
8	PURPOSE OF EXPENDITURE	1 agging a cybelline	ide of Texas. Complete Schedule T. , officeholder living expense 9 2 i					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
l	04/25/2023	Starbucks						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$13.67	626 Crowley Plover Rd Crowley, TX 76036						
\vdash	PURPOSE							
	OF EXPENDITURE	1 Octaborologo Expoliso	de of Texas. Complete Schedule T. officeholder living expense for poli greeting					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Рауее пате						
	04/17/2023	Starbucks						
	Amount (\$) \$13.34	Payee address; City; State; Zip Code 626 Crowley Plover Rd						
		Crowley, TX 76036						
	PURPOSE OF EXPENDITURE	1.000/Deverage Expense	de of Texas. Complete Schedule T. officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS** EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Event Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Bitt/Awards/Memorials Expense Politing Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) Legal Services Salarles/Wages/Contract Labor The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/18 Rpt; 31/35 De La Cruz, Italia Date Payee name 04/15/2023 **Sweet Donuts** 6 Amount (\$) Payee address; City; State; Zip Code \$15.34 5228 Sycamore School Rd Fort Worth, TX 76123 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Donuts for blockwalkers Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/21/2023 Truist Bank Amount (\$) Payee address; City; State; Zip Code \$16.28 2820 S Hulen St. Fort Worth, TX 76109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense **Banking Fees** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/28/2023 Walmart Super Center Amount (\$) Payee address; City; State; Zip Code \$50.62 1221 FM-1187 Crowley, TX 76036 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Rainted Expense Food/Beverage Expense
GRI/Awards/Alemorials Expense Polling Expense Travel Out of District
OTHER (enter a category not listed above) Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Mages/Contract Labor Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 16/18 Rpt; 32/35 De La Cruz, Italia Date Payee name 03/31/2023 Walmart Super Center Amount (\$) Payee address; City: State; Zip Code \$46.78 1221 FM-1187 Crowley, TX 76036 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/07/2023 Walmart Super Center Amount (\$) Payee address; City; State; Zip Code \$18,38 1221 FM-1187 Crowley, TX 76036 **PURPOSE** (a) Calegory (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check If Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/12/2023 Walmart Super Center Payee address; City; State; Zip Code Amount (\$) \$29.85 1221 FM-1187

Complete ONLY if direct expenditure to benefit C/OH

Date

O4/12/2023

Amount (\$)

Payee name

Walmart Super Center

Payee address; City; State; Zip Code

1221 FM-1187

Crowley, TX 76036

PURPOSE
OF
EXPENDITURE

(a) Category (see categories listed at the top of this schedule)

Travel In District

Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office sought

Office held

Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office Polling pense Primin Salarie	Dverhea Expens Expen s/Wage	se s/Contract Labor		Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer 1D	
	Sch: 17/18 Rpt: 33/35	De La Cru							
4	Date	5 Payee name	;						
	04/14/2023		uper Center			•			
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$65.08	1221 FM-1	.187						
		Crowley, T	X 76036						
8	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In D	District			<u></u>		e of Texas. Complete Schedule T. officeholder living expense	
1						Gas	, 1 , , ,	illositores mand expense	
l	•	l				Gas			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office held	
F	Date	Payee nam	Α						
	04/03/2023	Whataburg							
Г	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$10.59	125 Sycar	nore School Rd						
		Fort Worth	a, TX 76134						
Γ	PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	erage Expense		-			of Texas. Complete Schedule T.	
1	Est Estatione					Food while bl		Miceholder living expense	
						Food Willie Di	UCK	vaiking	
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	ought			Office held	
	expenditure to benefit C/O		meenolder name	Onice	ougiii			Omeo nota	
H	Date	Payee nam	 е			 			
ŀ	04/11/2023	Whatabur							
\vdash	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$9.52		nore School Rd	, _F					
l	Ψ3.32	1200,000	,,,,,,,						
			n, TX 76134		ľ.				
ļ	PURPOSE OF		See Categories listed at the	top of this schedule)	(b)	Description	a, mai d	a at Yayan Gamalata Cabadula Y	
ı	EXPENDITURE	Food/Beve	erage Expense					e of Texas. Complete Schedule T. officeholder living expense	
1								aigning and blockwalking	
							41.	<u> </u>	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office s	ought			Office held	
 									-

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense
Gift/Awards/Momorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Travel in District Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: |2 FILER NAME Sch: 18/18 Rpt: 34/35 De La Cruz, Italia Date Pavee name Whataburger 04/21/2023 6 Amount (\$) Payee address; City; State; Zip Code **6225 HULEN BEND BLVD** \$11.57 Fort Worth, TX 76132 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal while campaigning Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/13/2023 Whataburger Amount (\$) Payee address; City; State; Zip Code \$12.75 6225 HULEN BEND BLVD Fort Worth, TX 76132 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal while blockwalking Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

UNPAID INCUI	RRED OB	LIGATION	S		SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Committee	EXPENDITURE Event Expense Foes Foed/Beverage Expense GN/JAwards/Mermitals Ex Legal Services The Instruction Guid	Office O Polling E xpanse Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense (Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of Oistrict OTHER (enter a category not listed above)
Total pages Schedule F2: Sch: 1/1 Rpt: 35/35	2 FILER NAMI De La Cruz	-	To explains now to c	omplete this torm.	3 Filer ID
TOTAL OF UNITEMIZ	ZED UNPAID	INCURRED OB	LIGATIONS		\$
Date 04/24/2023	6 Payee name Design a S				
Amount (\$) \$1,867.31	8 Payee addre 13409 Cou	ss; Cily; nty Road 511	State; Zip C	ode	
TYPE OF	Venuz, TX	76084			
EXPENDITURE PURPOSE OF EXPENDITURE		Political ee Categories listed at the Expense	Non-Po	(b) Description	ni outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	L Candidate/Off H	iceholder name	Office so	L ught	Office held
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