CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD CITY SECRETARY

FORM C/OH FT. WORTH, TX COVER SHEET PG 1

						Committee of the Commit		4	
The C/OH Instruction of	Guide explains how	to comple	te this form.	1 Filer	ID (Éthics Co	ommission Filers)	2 Total	pages file	od:
3 CANDIDATE/ OFFICEHOLDER	Ms / MRS / MR Mrs.	Itali	FIRST ia			MI	(OFFICE	USE ONLY
NAME	NICKNAME		LAST La Cruz			SUFFIX	Date Rece	bevie	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 4249 Summ		PT / SUITE #, Lane (CITY; Crowley	STATE;	76036	201	recent trues trues	REC'D '23 pm2:23
Change of Address									
6 CANDIDATE/ OFFICEHOLDER PHONE	(817)		9965		EXTENSIO	М	Date Hand	berevileb-l	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MS.		_{FIRST} abriela			МІ	Receipt #	eeed	Amount S
NAME	NICKNAME	• • • • • • • • • • • • • • • • • • • •	LAST	•••••		SUFFIX	Date Floor		
	- H	Ce	edillo		4		Date Imag		
7 CAMPAIGN TREASURER	STREET ADDRESS		PLEASE), APT /		CITY;			TATE;	ZIP CODE
ADDRESS	6704 Victoria	a Ave		NO	orth Rici	hland Hills	5	TX	76180
(Residence or Business)									
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)		NUMBER 9182		EXTENSIO	N			
	(017)		0102						
9 REPORT TYPE	January 15		30th day before	election	Runo	ff	L tre	5th day afte easurer app Officeholder	
	July 15	April Majorin	8th day before e	lection		eded Modified rting Limit	Fi	nal Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day	Year	
COVERED	4	/ 27	/ 23	THR	OUGH	7	/ 17	/ 23	
11 ELECTION	ELECTION DA	TE			1	ELECTION TYPE			- Company of the Comp
	Month Day	Year	Primary	R	inoff	Other Description			
9(5 / 6	/ 23	Genera	ı s	pecial				
	3 / 0 /				5				***************************************
12 OFFICE	OFFICE HELD (if any)			13	OFFICE SC	DUGHT (if known)			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	THOIDER TH	HESE EXPENDITURI	ES MAY HAVE E	BEEN MADE W	ITHOUT THE CAND	IDATE'S OR C	PERCENOLO	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	EE NAME						
Additional Pages	GENERAL	COMMITTE	E ADDRESS			,			×
*	SPECIFIC	COMMITTE	E CAMPAIGN TR	EASURER NA	ME				
		COMMITTE	E CAMPAIGN TE	REASURER A	DDRESS				
			GO TO	PAGE	2				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 36,493.68 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 4,470.08 4. **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 164.33 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by _____ __ this the _____ day of _____ to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath Signature of officer administering oath OR (2) Unsworn Declaration ____, and my date of birth is 7/11/1982 My name is Italia De La Cruz My address is 4249 Summersweet Lane Crowley Tx 76036 USA (country) (city) (state) (zip code) (street) Executed in Tarrant County, State of Tarrant on the 17th day of July (year) (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NA abriela	a Cedillo	20 Filer ID (Ethics Cor	mmlssi	on Filers)
21		ILE SUBTOTALS F SCHEDULE	entre de la companya		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,350.00
2.		SCHEDULE A2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	35,143.68
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	4,470.08
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$	
8.	a militari ny firitani na manana ny mpi amana manana ny mpi amana manana mpi amana manana mpi amana mpi am	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the request	ted information is not applicable, bo NOT incl	luue tilis page ili tile it	aport,
The	Instruction Guide explains how to complete this i	form.	1 Total pages Schedule A1:
2 FILER NAME Gabriela C	Cedillo		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2023	Donald Morris Woodard Contributor address; City; Contributor address Telebra Creek FW T	State; Zip Code	7 Amount of contribution (\$) 1,000.00
h	pation / Job title (See Instructions)	B Employer (See Instruction Western	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
05/02/2023	Karen Granados Contributor address; City; 701 Smyth St Aledo, T	State; Zip Code X 76008	100.00
Principal occup	Deation / Job title (See Instructions)	Employer (See Instruction CH4	ons)
Date 05/02/2023	Full name of contributor out-of-state PAC GabrielDeLaCruz Contributor address; City; 4249 Summersweet Lane Crow	State; Zip Code	Amount of contribution (\$) 200 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi G&C Truck Repair	ions)
Date 05/08/2023	Full name of contributor out-of-state PAC Gabriel De La Cruz Contributor address; City; 4249 Summersweet Lane Crow	State; Zip Code	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct G&C Truck Repair	tions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		and the second s	
The	Instruction Guide explains how to complete t	nis form.	1 Total pages Schedule A1:
2 FILER NAME Gabriela C	Cedillo		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2023	Vicky De La Cruz 6 Contributor address; City; 1017 Merion Drive Burlesor	State; ZIp Code	7 Amount of contribution (\$)
8 Principal occup Business Cor	pation / Job title (See Instructions) Sultant	9 Employer (See Instruction Go Biz Financial LL	
Date	Full name of contributor out-of-state Rosa Ramos	PAC (ID#:)	Amount of contribution (\$)
05/12/2023	•••••	State; Zip Code rth, TX 76179	25.00
Principal occup Minister	pation / Job title (See Instructions)	Employer (See Instruct Rosa Ramos	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
05/26/2023	Juan Nunez Contributor address; City; Po box 241132 San Ar	State; Zip Code Itonio, TX 78224	100.00
Principal occup Project Mana	Deation / Job title (See Instructions)	Employer (See Instruc NTX Solutions Grou	•
Date		PAC (ID#:)	Amount of contribution (\$)
06/01/2023	Vicky De La Cruz Contributor address; City; 1017 Merion Drive Burleson	State; Zlp Code	100.00
	pation / Job title (See Instructions)	Employer (See Instruc Go Biz Financial LI	
Business Co	Isuitatit	GO DIZ I ITIGITORI EL	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ii iiie reques	ted information is not applicable, 55 115 7 metals site page 11	,
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
² FILER NAME Gabriela C	Cedillo	3 Filor ID (Ethics Commission Filers)
4 Date 06/07/2023	Full name of contributor out-of-state PAC (ID#_Karen Granados Contributor address; City; State; Zip Code 701 Smyth St. Aledo TX 76008	7 Amount of contribution (\$) 100.00
8 Principal occu AP	pation / Job title (See Instructions) 9 Employer (See In CH4	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
06/14/2023	Rosa Ramos Contributor address; Clty; State; Zip Code	25.00
	4940 Water Ridge Ln. Fort Worth TX 76179	
Principal occup Minister	Deation / Job title (See Instructions) Employer (See In Rosa Ramos	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See I	Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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2 FILER NAME		en e	3 Filer ID (Ethlos Co	mmission Filars)
Gabriela	Cedillo		- That is (cimos so	,
Gabilola				an channair (mhíochant) aibhig a bha 100 main ann ann ann ann ann an dha na an dha aibhig ann an an dha na an dha na an an dha na an an dha na an an dha na an
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 35,143	.68
5 Date	6 Full name of ∞ntributor □ out-of-state PAC (ID# Fort Worth Excellence)	8 Amount of Contribution \$	9 In-kind contribution description
04/28/2023	7 Contributor address; City; State;	Zip Code		
	3100 West 7th St. Ste.300 Fort Worth Tx	76107	Chack if Irough outsi	de of Texas, Complete Schedule T.
			er (FOR NON-JUDICI	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR HOH-GODIGE	,(
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; Clty; State;	Zip Code	•	! 1
- Land	Contributor address, City, Cally,	Lip oddo		
		T		de of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
Contributor	's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law fin	m of contributor's spou	ise (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested infor	mation is not applicable, DO NOT inclu		ann 1980 - Marija permyena kalandi (Singaran) yang kengangan permuan kalandi kengan permuan kalandi kengan permuan kalandi kengan permuan ken
	EXPENDITURE CATEGOR		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement co Overhead/Rental Expense ling Expense siting Expanse aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundralsing 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		ghadaur ern erne get skullstill somhenne far forgette skullstill som et 16, jan a _g unka til Milletten et 1	3 Filer ID (Ethics Commission Filers)
	5 Payee name	der de production de la company de la compan	
	Starbucks		was with the contract of the c
6 Amount (\$) 7	Payee address;	City;	State; Zip Code
13.67	626 Crowley Plover Rd, FM1187	Crow	rley, TX 76036
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Food/ Berage	Blockwalkir	ng
	(C) Check if travel outside of Texas. Complete Sched	uleT. Check if	Austiń, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held
Date	Payee name		
04/27/2023	Mcalisters		
Amount (\$)	Payee address;	City;	State; Zip Code
36.64	3053 S University Dr	Fort V	North, TX 76109
	Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Food/ Beverages	Blockwalki	ing
EXPLINATIONS	Check if travel outside of Texas. Complete Sche	duleT Check	if Austin, TX, officeholder living expense
The state of the s	Candidate / Officeholder name	Office soug	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		•
04/28/2023	Smoothie King		
Amount (\$)	Payee address;	City;	State; Zip Code t Worth TX 76123
11.90	5309 McPherson Blvd	FOI	t Worth TA 70123
	Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Food/Beverage	Blockwalk	ing
	Check if travel outside of Texas. Complete Sch	edule T Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office so	ught Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Ranking
Consulting Expense
Contributions/Donations Made By
Candidate/Officehokler/Political Committee

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

LoanRepayment/Reimbursement Office Overhend/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Pagamina and almanas (Places	The Instruction Guide explains how to co	and have been successful and prove the last and the state of the second	3 Filer ID (Ethics (Commission Filors)
Total pages Schedule F1	2 FILER NAME			anna aite an le 1971 - Amerika a grando de Salada ante ante a productivo de salado e en la composição de la co
Date	6 Payee name			
05/01/2023	Starbucks	Clty;	State;	Zip Code
Amount (\$)	7 Payee address;	•	Crowley	76036
13.67	626 Crowley Plover Rd	FM1187	Clowley	, 0000
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Food Beverage	Blockwalking		
OF	, coa borolage			
EXPENDITURE				AVAGASA
	(C) Check if travel outside of Texas. Complete Schedulo T.		tin, TX, officeholder living	Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		
Date	Payee name			
05/01/2023	Walmart			
		City;	State;	Zip Code
Amount (\$)	Payee address;	Crowley	TX	76036
68.50	1221 FM1187	Clowley		
	Category (See Categories listed at the top of this schedule)	Description		
DUDDOSE	Food/ Bevarages	Waters for bl	ockwalking	
PURPOSE OF				
EXPENDITURE	Chack		ıstin, TX, officeholder living	a expense
	Check if travel outside of Texas. Complete Schedule T.		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought		
Date	Payee name			
0E 104 10000	Ctorbuoks			
05/01/2023	Starbucks		01-1	71- 0-4-
Amount (\$)	Payee address;	City;	State; TX	Zip Code 76036
	626 Crowley Plover Rd FM1187	Crowley	1.7	10000
13.67				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food Beverages	Blockwalking	9	
	1 000 20100			
OF				
OF EXPENDITURE			A TV attingholder liv	ina expense
	Check if travel outside of Texas Complete Schedule T.	Check if	Austin, TX, officeholder liv	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repaymen/Reinhursement Office Overhead/Rental Expense Polling Expense

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

Consuming Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District Other fenter a catego	
Credit Card Payment	The instruction Guide ex	piains how to complete this form.		
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date 05/04/2023	6 Payee name QT		disciple in manifes (A manifes places and its obligated to be fire a section (Corde production in the corde	
3 Amount (\$)		City;	State;	Zip Code
31.05	7 Payee address; 1900 Altamesa Blvd	Fort Worth	TX	76134
8	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	Michael Comp. 2 cycle. A career, accomp. ME 244 del Probinsor, adeptitudo en 2000 de comp. en des comp. del Acceditati	of the contract of the contrac
PURPOSE OF EXPENDITURE	Travel in District	Block walking		
	(C) Check if travel outside of Texas. Com	plete Schedule T. Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/04/2023	Smoothie King			
Amount (\$)	Payee address;	City;	State;	Zip Code
11.90	5309 McPherson Blvd	Fort Worth	TX	76123
	Category (See Categories listed at the top of		And the state of t	
PURPOSE OF EXPENDITURE	Food/Bevarages	Block walking		
	Check if travel outside of Texas. Com	nplete Schedule T. Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/04/2023	Whataburger			
Amount (\$)	Payee address;	City;	State;	Zlp Code
12.86	6225 Hulen Bend Blvd	Fort Worth	TX	76132
	Category (See Categories listed at the top of			
PURPOSE OF EXPENDITURE	Food/Beverages	Blockwalking		
	Check if travel outside of Texas. Com	nplete Schedule T. Check if Austin	in, TX, officeholder living	j expense
		Office sought		Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Balakulik (a) (a) ayan maru usan 1996 ang dalaja dalah a milaka balakun pendapan kandapan kandapan balah (1951) (a) (a) an asaran seperangan balah (1951) (a) (a) an asaran seperangan balakul (1951) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	EXPENDITURE CATEGO	ORIES FO	IR BOX 8(a)		
Advertising Expense Accounting/Panking Consulting Expense Contributions/Donations Made By Cancidate/Officeholder#Politica Credit Card Payment	Fees Food/Baverage Expense y GB/Awards/Memodale Expense	Office Overhe Polling Exper Printing Exper Salaries/Wag	inse jes/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel in District Travel Out Of District Other (enter a categor	ment & Related Expense
1 Total pages Schedule F1:	grant of the second decomposition of the second decomposit			3 Filer ID (Ethics	Commission Filers)
Tivier payes ornibuna Ft.	Sec. 1 16-6-15 / 7/23/911-				
4 Date 05/02/2023	5 Payce name Starbucks				
& Amount (\$)	7 Payee address;		City;	State;	Zip Code
17.62	626 Crowley Plover Rd FM1187	7	Crowley	TX	76036
8	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description	open-my del Martin des sem mille freihe der Stelle der	
PURPOSE OF EXPENDITURE	Food/Berages		Volunteer Drin	nks	alline bereigt eine der sollen der Stellen
	(C) Checkiftravel outside of Texas. Complete Sch	redule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
05/03/2023	Design A Sign				
Amount (\$)	Payee address;		City;	State;	Zip Code
1,867.31	13409 County Rd 511		Venus	TX	76084
	Category (See Categories listed at the top of this sol	1	Description		
PURPOSE OF EXPENDITURE	Advertising		Signs		
	Check if travel outside of Texas. Complete Sch	hedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date	Payee name			48000	
05/04/2023	Starbucks				m to with any other constant was sold to the control of the contro
Amount (\$)	Payee address;	14407	City;	State;	Zip Code 76036
12.67	626 Crowley Plover Rd Rd. FM	1118/	Crowley	TX	76036
	Category (See Categories listed at the top of this so		Description		
PURPOSE OF EXPENDITURE	Food/Beverages		Blockwalking		
	Check if travel outside of Texas. Complete Sc	chedule T	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reinstrasement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Petated Expense
Travel In District
Travel Out Of Entirict
Other (order a category cot listed above)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services SalariesA	Wages/Contract Labor	Other (enter a catego	ory not listed above)	
Cseed Case Lash Lesi	The instruction Guide explains how to	complete this form.	e a programme and defende to a significant to some contents of the significant to defend the significant to defend the significant to the signific		
Total pages Schedule F	1 2 FILER NAME		3 Filer ID (Ethlor	Commission Filers)	
Date 05/05/2023	5 Payee name Walmart				
Amount (\$)	7 Payee address,	City;	State:	Zip Code	
25.08	1221 FM1187	Crowley	TX	76036	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverages	Water for Volu	olunteers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought		Office held	
Date	Payee name				
05/08/2023	Starbucks				
Amount (\$)	Payee address;	City;	State;	Zip Code	
14.75	626 Crowley Plover Rd, FM1187	Crowley	TX	76036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Berage	Description Campaign Re	cap		
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C		Office sought		Office held	
Date	Payee name				
06/01/2023	Asher Gillispie				
Amount (\$)	Payee address;	City;	State;	Zip Code	
220.00	813 Woodmark Dr	Crowley	TX	76036	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting	Consulting			
	Check if travel outside of Texas Complete Schedule T	Check if Aust	in, TX, officeholder livin	g expense	
Complete ONLY If direct expenditure to benefit C		Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED		