CANDIDAT	TE / OFFICEHOLDE	R			FORM C/OH
	N FINANCE REPOR		OFFICIAL RECORD	1	SHEET PG 1
The C/OH Instruction	Guide explains how to complete	this form.	FT. WORTH, TX	!	filed: 33
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / St 4249 Summersweet Lane	JITE#; CITY;	ZIP CODE	Date Hand-delivered Receipt #	or Date Postmarked
Change of Address	Crowley, TX 76036			Date Processed	
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5 CAMPAIGN	MS/MRS/MR FIF	RST	MI	·	
TREASURER NAME	LMS. GO	ubri ela			
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6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO	X PLEASE);	APT / SUITE #; CITY;	ST	TATE; ZIP CODE
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7 CAMPAIGN TREASURER	AREA CODE PHONE N	IUMBER EXTENSION	N .		
PHONE	817.50	16.9182		=	
REPORT TYPE	January 15	30th day before election	Runoff		ampaign treasurer
	July 15 X	8th day before election	Exceeded modified reporting limit	,	ttach C/OH-FR)
PERIOD COVERED	Month Day Year 03/28/2023	THROUGH	Month Day 04/26/2023	Year 3	
LO ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 05/06/2023	Primary	Runoff	Other	
		χ General	Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT		
	None		Fort Worth City C	ouncil District	6
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		GO TO PAGE	2		
orms provided by Te	exas Ethics Commission	www.ethics.state	tx.us	Vers	sion V3.5.1.7bd706d

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH **SUPPORT & TOTALS COVER SHEET PG 2** 13 C / OH NAME De La Cruz, Italia 14 Filer ID 15 NOTICE This box is for notice of political contributions accepted or political expenditures made by political committees to support the FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or POLITICAL consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. COMMITTEE(S) COMMITTEE TYPE Additional Pages COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, **TOTALS** OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 0.00 TOTAL POLITICAL CONTRIBUTIONS \$ 133,469.01 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURES **TOTALS** 0.00 TOTAL POLITICAL EXPENDITURES 2,271.38 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE 1,911.23 BALANCE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OUTSTANDING \$ 0.00 **LOAN TOTALS** OF THE REPORTING PERIOD 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said , this the ______, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 33 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 \$ X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 131,369.01 SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 2,271.38 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. TO FILER

	TARY POLITICAL CONTRIBUTION	DNS	SCHEDUL	E A1
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/3 Rpt; 4/33	· · · · · · · · · · · · · · · · · · ·
2 FILER NAME De La Cruz,			3 Filer ID	
4 Date 04/12/2023	5 Full name of contributor out-of-state PAC (ID#:_Acevedo, Lili 6 Contributor address; City; State; Zip Code 201 Afton Rd Fort Worth, TX 76134		7 Amount of Contribution (\$)	\$250.00
8 Principal occu Homemaker	upation / Job title (See Instructions)	Employer (See Instructions) Not employed		
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#:_ Boyd, Cynthia Contributor address; City; State; Zlp Code 6605 Kingswood Dr Fort Worth, TX 76133		Amount of Contribution (\$)	\$25.00
Principal occu Personal As	upation / Job title (See Instructions) ssistant	Employer (See Instructions) The Bakers		
Date 04/07/2023			Amount of Contribution (\$)	\$100.00
Principal occu Bookkeeper	upation / Job title (See Instructions)	Employer (See Instructions) E-Tech Galaxy LLC		
Date 04/05/2023	Full name of contributor out-ot-state PAC (IDIF:_ Granados, Karen Contributor address; City; State; Zip Code 701 Smyth St Aledo, TX 76008		Amount of Contribution (\$)	\$100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
AP	Full name of contributor out-of-state PAC (IDII:		Amount of Contribution (\$)	. <u></u>
Date 04/07/2023	Hardgrove, Sam Contributor address; City; State; Zip Code 7956 Buttercup Circle North Fort Worth, TX 76123			\$25.00

MONET	TARY POLITICAL CONTRIBUT	TONS	SCHEDULE A1
	action Guide explains how to complete thi	ls form.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/33
2 FILER NAME De La Cruz,	•		3 Filer ID
4 Date 04/16/2023	Trainglove, Oath	D#:)	7 Amount of Contribution (\$) \$50.00
8 Principal occu HVAC	upation / Job title (See Instructions)	9 Employer (See Instructions Self	<u> </u>
Date 04/20/2023	Contributor address; City; State; Zip Code 8404 Whippoorwill Dr Fort Worth, TX 76123)#:)	Amount of Contribution (\$) \$300.00
Principal occ.	upation / Job title (See Instructions)	Employer (See Instructions))
Date 04/07/2023	Full name of contributor out-of-state PAC (ID Miranda, Alain Contributor address; City; State; Zip Code 4113 Brookway Dr. Fort Worth, TX 76123)#:)	Amount of Contribution (\$) \$50.00
Principal occu Owner	upation / Job title (See Instructions)	Employer (See Instructions) A. Miranda)
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	ıli:	Amount of Contribution (\$) \$100,00
Principal occu Project Mana	pation / Job title (See Instructions)	Employer (See Instructions) NTX Solutions Group)
Date 04/12/2023	Full name of contributor out-of-state PAC (IDI Paredes, Vilma Contributor address; City; State; Zip Code 7613 Four Winds Dr Fort Worth, TX 76133	·	Amount of Contribution (\$) \$50.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)

MOME	ARY POLITICAL CONTRIBUTION	ONS	SCHED	JLE A1
	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/33	
FILER NAME De La Cruz,	Italia		3 Filer ID	
	5 Full name of contributor out-of-state PAC (ID#: Perkins, Edward		7 Amount of Contribution (\$)	\$25.
	6 Contributor address; City; State; Zip Code 16524 Cowboy Trl Fort Worth, TX 76247			923.
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	2)	
Automotive T		Park Place	·/	
Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.0
	Contributor address; City; State; Zip Code 4940 Water Ridge Lane			
	Fort Worth, TX 76179			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Mininster		Rosa Ramos		
Date 04/26/2023	Full name of contributor out-of-state PAC (ID#:_ Woodard III, Donald		Amount of Contribution (\$)	
04/20/2023	Contributor address; City; State; Zip Code	**************************************		\$1,000.0
	3504 Elm Creek Ct			
	Fort Worth, TX 76109			
Principal occup Research Spe	nation / Job title (See Instructions)	Employer (See Instructions) Western Commerce Gro		
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	IONETARY (IN-KIND) POLITICAI RIBUTIONS	L	SCHEDULE A2
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2 FILER NAME			Sch: 1/9 Rpt: 7/33
De La Criz,			3 Filer ID
4			
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 03/29/2023	6 Full name of contributor Out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description
COLECTEDES			\$500.001Political Consultant-Kenya
	7 Contributor address; City: State; Zip Code 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)
	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 out-of-state PAC (ID#:)	Amount of I In-kind contribution
04/03/2023			contribution (\$) description
	Contributor address; City; State; Zip Code		\$1,250.00 Vantage ROI Opposition Research
	P.O. Box 953	1	[[
	Colleyville, TX 76034		<u></u>
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
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04/04/2023	Fort Worth Excellence PAC		contribution (\$) description
ľ	Contributor address; City; State; Zip Code	**************************************	\$500.00 Political Consultant-Kenya
	P.O. Box 953		1
İ	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule T.
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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: Sch: 2/9 Rpt: 8/33 2 FILER NAME De La Cruz, Italia 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 04/06/2023 6 Full name of contributor out-of-state PAC (ID#		
2 FILER NAME De La Cruz, Italia 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 04/06/2023 Fort Worth Excellence PAC 7 Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 10 Principal occupation / Job title (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) 12 Contributor's employer/law firm (FOR JUDICIAL) 13 Filer ID 3 Filer ID 3 Filer ID 4 Amount of pin-kind contribution contribution (\$) in the interval of the exception of the e		
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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#:	l l	
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Contributor address; City; State; Zip Code		
P.O. Box 953		
Colleyville, TX 76034 Check if travel outside of Texas. Complete Scher	fish T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)	ilina y.	
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If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (IDII:) Amount of In-kind contribution		
04/06/2023 Fort Worth Excellence PAC contribution (\$) description \$16,205.00 Vanguard Field Service		
Contributor address; City; State; Zip Code Blockwalking	,65-	
P.O. Box 953	}	
Colleyville, TX 76034 Check if travel outside of Texas. Complete Scher	tule T.	
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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: 9/33 2 FILER NAME 3 Filer ID De La Cruz, Italia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of 04/10/2023 contribution (\$) description Fort Worth Excellence PAC \$500.001Political 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) 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 contributor'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#: In-kind contribution Amount of contribution (\$) 04/10/2023 description 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 Sche 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) Full name of contributor out-of-state PAC (ID#:_ Amount of Date 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 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) Version V3.5.1.7hd706d4 Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. Sch: 4/9 Rpt: 10/33 2 FILER NAME Filer ID De La Cruz, Italia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Amount of contribution (\$) In-kind contribution description 6 Full name of contributor out-of-state PAC (ID#: 04/10/2023 Fort Worth Excellence PAC \$1,582.00 | Axiom Palm Cards Contributor address; City; State; Zip Code 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) 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 contributor'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 contribution (\$) 04/12/2023 description Fort Worth Excellence PAC \$2,500.00 Axiom Video Production 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) Full name of contributor Date out-of-state PAC (iD#: Amount of In-kind contribution contribution (\$) description 04/13/2023 Fort Worth Excellence PAC \$1,287.50 Vantage ROI Opposition Contributor address; City; State; Zip Code Research 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) Forms provided by Texas Fiblics Commission www.ethics state ty us Version V3.5.1.7bd706d4

NON-M CONTF	IONETARY (IN-KIND) POLITICAI RIBUTIONS	SCHEDULE A2		
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2 FILER NAME			Sch: 5/9 Rpt: 11/33	
De La Cruz	, Italia		3 Filer ID	
	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$	
5 Date 04/14/2023	5 Date 6 Full name of contributor out-of-state PAC (ID#:) 8 O4/14/2023 Fort Worth Excellence PAC 7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$5,465.00 Axiom Mailer	
	P.O. Box 953			
10 Oringinal age	Colleyville, TX 76034		Check if travel outside of Texas. Complete Schedule T.	
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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)	I		
Date	Full name of contributor out-of-state PAC (ID#:	3 1	Amount of In-kind contribution	
04/16/2023	Fort Worth Excellence PAC		contribution (\$) description	
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	ONETARY (IN-KIND) POLITICAI RIBUTIONS	L	SCHEDULE A2
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2 FILER NAME De La Cruz,			3 Filer ID
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 04/16/2023	Out-of-state PAC (IDI):		8 Amount of 9 In-kind contribution contribution (\$) description \$16,205.00 Vanguard Field Services-Blockwalking
10 Principal occu	ipation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON	Li Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
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Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 04/25/2023	Full name of contributor out-of-state PAC (IDIF: Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034		Amount of In-kind contribution contribution (\$) description \$1,000.00 Political Consultant-Kenya
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's p	rindpal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's e	mployer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
nrms nrovided	hy Texas Ethics Commission www.ethics	s state by ms	Version V3.5.1.7hd706d4

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NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. Sch: 7/9 Rpt: 13/33 FILER NAME 3 Filer ID De La Cruz, Italia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Amount of contribution (\$) In-kind contribution description 6 Full name of contributor Out-of-state PAC (ID#: Amount of 04/26/2023 Fort Worth Excellence PAC \$1,750.00 Red Productions Contributor address; City: State: Zip Code 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) 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 contributor'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#: In-kind contribution Amount of contribution (\$) description 04/26/2023 Fort Worth Excellence PAC \$1,582.00 | Axiom 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 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) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution Date contribution (\$) description 04/26/2023 Fort Worth Excellence PAC \$5,187.00 | Axiom Mailers 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)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. Sch: 8/9 Rpt: 14/33 2 FILER NAME 3 Filer ID De La Cruz, Italia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution 6 Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 04/26/2023 Fort Worth Excellence PAC \$5,187.00 | Axiom Mailer Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / 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 contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description \$42,145.00 Axiom Television 04/18/2023 Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034 Check if travel outside of Texas. Comple 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) Full name of contributor out-of-state PAC (ID#: In-kind contribution Date Amount of contribution (\$) description 04/26/2023 Fort Worth Excellence PAC \$1,950.00 Axiom Texting 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) Version V3.5.1.7hd706d4 Forms provided by Texas Fibios Commission www ethics state ty us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2	
The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A2: Sch: 9/9 Rpt: 15/33
2 FILER NAME De La Cruz, Italia		3 Filer ID
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBE	UTIONS	\$
		8 Amount of contribution (\$) In-kind contribution description \$500.00 Political Consultant - Kenya Check travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (i	FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor	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 out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description \$1,064.01 I GOTV Mailers
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 EXI CONTRIBUTION	PENDITURES FROM POL NS	ITICAL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundrelsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 1/18 Rpt: 16/33	2 FILER NAME De La Cruz, Italia		3 Filer ID
4 Date 04/05/2023	5 Payee name 7-Eleven		
6 Amount (\$) \$26.92	7 Payee address; City; Stat 100 E. Main St Crowley, TX 76036	e; Zlp Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Travel in District	Check if travel of	outside of Texas, Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
Date 04/06/2023	Payee пате 7-Eleven		
Amount (\$) \$23.54	Payee address; City; Stat 100 E. Main St Fort Worth, TX 76036	e; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Travel In District	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date 04/17/2023	Payee name 7-Eleven		
Amount (\$) \$36.58	Payee address; City; State 100 E. Main St	e; Zip Code	
	Fort Worth, TX 76036		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Travel In District	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS** EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Jonations 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/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Travel in District Travel Out of District OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/18 Rpt: 17/33 De La Cruz, Italia 4 Date Pavee name 04/17/2023 Amazon 6 Amount (\$) Payee address: City: State; Zip Code \$25.32 410 Terry Ave N Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office expense **EXPENDITURE** Check If Austin, TX, officeholder living expense Microphone for Zoom interviews Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/20/2023 **BJ's Restaurant** Payee address; Amount (\$) City: State; Zip Code \$51.68 4720 S. Hulen St 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 Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 04/07/2023 Chick Fil A Amount (\$) Payee address; City; State; Zip Code \$11.53 4800 S. Hulen St 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 1. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Meal while campaigning Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDUIF F1

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Chick Fil A Amount (\$) 7 Payee address; City; State; Zip Code \$37.24 800 S. Hulen St Fort Worth, TX 76132 8 PURPOSE OF EXPENDITURE (a) Category (see Categories bird at the top of this schedule) Food/Beverage Expense Office Sought Office Sought Office held	CONTRIBUTION	NS		SOMEDULE 1 2
Accounts death of the control of the		EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Total pages Schedule F1: Sch: 3/18 Rpt: 18/03 Date D4/24/2023 Charles D4 La Cruz; Italia D4 La Cruz; I	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gitt/Awards/Memorials Expense I Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District
Sch: 3/18 Rpt: 18/33 De La Cruz, Italia	Total pages Schedule E1:		W to complete this form.	3 Filer ID
Chick FIA	, ,			
\$37.24	4 Date 04/24/2023			
A Category (See Categories listed at the top of titis schedule) (b) Description Cleak & flawer outside of Texas. Complete Schedule T. Cleak & flawer outside of Texas. Complete Schedule T. Cleak & flawer outside of Texas. Complete Schedule T. Cleak & flawer outside of Texas. Complete Schedule T. Cleak & Flawer outside of Texas. Complete Schedule	, ,	4800 S. Hulen St	Zip Code	
Date O4/24/2023 Amount (\$) Payee address; City; State; Zip Code 6044 S. Hulen Fort Worth, TX 76132 PURPOSE OF EXPENDITURE (a) Category (see Categories isted at the top of this schedule) Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH Date O4/14/2023 Candidate/Officeholder name Office sought Office sought Office held Purpose O5 S200.00 (a) Category (see Categories isted at the top of this schedule) Food/Beverage Expense Office sought Office held Office held Office held Office held Office held Cisneros, Bella Amount (\$) Payee address; City; State; Zip Code S200.00 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense Office held	OF	(a) Category (See Categories listed at the top of this sched	Check if Aus	tin, TX, officeholder living expense
Circle K Amount (\$) Payee address; City; State; Zip Code 6044 S. Hulen Fort Worth, TX 76132 PURPOSE OF EXPENDITURE (a) Category (see Categories isted at the top of this schedule) Food/Beverage Expense Complete QNLY if direct expenditure to benefit C/OH Cisneros, Bella Amount (\$) Payee name Cisneros, Bella Amount (\$) Payee address; City; State; Zip Code 2101 County Road 705 Joshua, TX 76058 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense Cipner is state; Zip Code Cicner is state; Z			lice sought	Office held
\$13.26 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				
PURPOSE OF EXPENDITURE (a) Category (See Categories issted at the top of this schedule) Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Cisneros, Bella Amount (\$) Payee name Cisneros, Bella Amount (\$) Payee address; City; State; Zip Code 2101 County Road 705 Joshua, TX 76058 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held (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/OH Candidate/Officeholder name Office sought Office sought Office held	, ,	6044 S. Hulen	Zip Code	
Date O4/14/2023 Payee name Cisneros, Bella Amount (\$) Payee address; City; State; Zip Code 2101 County Road 705 Joshua, TX 76058 PURPOSE OF EXPENDITURE (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/OH Candidate/Officeholder name Office sought Office held	OF	· -	Check if trav	tin, TX, officeholder living expense
Amount (\$) Payee address; City; State; Zip Code \$200.00 \$200.00 Doshua, TX 76058 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			fice sought	Office held
O4/14/2023 Cisneros, Bella Payee address; City; State; Zip Code \$200.00 \$200.00 Joshua, TX 76058 PURPOSE OF EXPENDITURE (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/OH Candidate/Officeholder name Office sought Office held	Date	Payee name		
\$200.00 2101 County Road 705 Joshua, TX 76058 PURPOSE OF EXPENDITURE (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/OH Candidate/Officeholder name Office sought Office held				
PURPOSE OF EXPENDITURE (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/OH Candidate/Officeholder name Office sought Office held	• •	1 -700	Zip Code	
Advertising Expense 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/OH Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photoshoot for family for mailers Office sought Office held		Joshua, TX 76058		
expenditure to benefit C/OH	OF		Check if trav	stin, TX, officeholder living expense
Version V2 E 1 7hd/06s			fice sought	Office held
				Varsian V2 E 1 7hd706d

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/18 Rpt: 19/33 De La Cruz, Italia Date Payee name 04/25/2023 DoorDash 6 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 Candidate/Officeholder name Office sought 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** (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 while poll greeting Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/17/2023 **Edgerton Strategies** State; Zip Code Payee address; City; Amount (\$) 1540 Keller Parkway #108-402 \$300.00 Keller, TX 76248 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Campaign Sidekick Services Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) 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: 5/18 Rpt: 20/33 De La Cruz, Italia Date Payee name 04/11/2023 Gillisple, 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 (\$) Payee address; City; 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 OF 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 Jack in the Box 04/19/2023 Amount (\$) Payee address; State; Zip Code \$10.59 800 S Crowley Rd Crowley, TX 76036 (b) Description **PURPOSE** (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 **Blockwalking Meal** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F1					
	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Relimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gftt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in Statict OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID			
Sch: 6/18 Rpt: 21/33	De La Cruz, Italia				
4 Date 04/22/2023	5 Payee name McDonald's				
6 Amount (\$) \$9.49	7 Payee address; City; State; Zip Code 5421 Sycamore School Rd Fort Worth, TX 76123				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	i outside of Texas, Complete Schedule T. n, TX, officeholder living expense Blockwalking			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
04/07/2023	Office Depot				
Amount (\$) \$29.77	Payee address; City; State; Zip Code 140 NW JOHN JONES DR STE 136				
	Burleson, TX 76028				
PURPOSE OF EXPENDITURE	Check if Aust	l outside of Texas. Complete Schedule T. n. TX, officeholder living expense eet and Greet			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
Date 04/18/2023	Payee name Office Depot				
Amount (\$) \$29.77	Payee address; City; State; Zip Code 140 NW JOHN JONES DR #136 Burleson, TX 76028				
PURPOSE OF EXPENDITURE	r mang Expense	ol outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundreising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 7/18 Rpt: 22/33 De La Cruz, Italia 4 Date Payee name 04/05/2023 Panda Express 6 Amount (\$) Payee address; City; State; Zip Code \$40.70 5625 S. Hulen St 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 blockwalking Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/13/2023 Panda Express Amount (\$) Payee address; City; State; Zip Code \$42.06 5369 McPherson Blvd Fort Worth, TX 76123 **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 for volunteers Candidate/Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/06/2023 QuikTrip Payee address; State; Zip Code City; Amount (\$) \$46.93 101 W Everman Pkwy Everman, TX 76134 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) 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 held Complete ONLY if direct Office sought expenditure to benefit C/OH

Forms provided by Texas Fibios Commission

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Transportation Equipment & Realed Expanse Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide explain	The instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER N	AME			3 Filer ID		
	Sch: 8/18 Rpt: 23/33		ruz, Italia					
4	Date	5 Payee na	ime					
	04/10/2023	QuikTri						
6	Amount (\$)	7 Payee a	ddress; City; Sta	ite; Zip Cod	•			
	\$26.19	101 W	Everman Pkwy					
		Everma	n, TX 76134					
8	PURPOSE		(See Categories listed at the top of this	schedule) (Description	and the set Tours Complete Scharfule T		
	OF EXPENDITURE	Travell	n District			outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
					Gas			
		<u> </u>						
9	Complete ONLY if direct	Candidate	e/Officeholder name	Office soug	ht	Office held		
	expenditure to benefit C/O	Н						
F	Date	Payee r	ame					
Ì	04/20/2023	QuikTr						
H	Amount (\$)	Payee a	ddress; City; St	ate; Zip Cod	e			
	\$80.60	Tundant (w)						
ĺ								
Everman, TX 76134								
H	PURPOSE	(a) Categor	y (See Categories listed at the top of this	s schedule)	b) Description			
	OF EXPENDITURE	Travel	In District	District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	EXPENDITURE Gas Gas							
				ļ				
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					Office held		
	expenditure to benefit C/OH							
F	Date	Payee	name					
1	04/26/2023	QuikTr						
┝	Amount (\$)	<u> </u>		tate; Zip Co	ie			
\$44.93 12345 S. Freeway								
l	* . //							
		Burles	on, TX 76028					
H	PURPOSE	 	Ty (See Categories listed at the top of thi	is schedule)	(b) Description			
	OF		In District			el outside of Texas. Complete Schedule T.		
	EXPENDITURE	1			Check if Aus Gas	tin, TX, officeholder living expense		
					Jus			
F	Complete Chill V if direct	Candida	e/Officeholder name	Office sou	aht	Office held		
1	Complete ONLY if direct expenditure to benefit C/C		alchicentare ugue	Onice 30u	g			
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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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District **Event Expense** Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not fisted above) 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: 24/33 De La Cruz, Italia Date Payee name 04/26/2023 Revv 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 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 Date Payee name 04/24/2023 Rosa's Cafe City; Amount (\$) Payee address; 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 OF 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. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Fibios Commission Version V3 5 1 7hd706d4 www.ethics.state.tv.us

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1: Sch: 10/18 Rpt: 25/33		-				
4	Date 04/05/2023	5 Payee name Smoothie King					
6	Amount (\$) \$11.90	7 Payee address; City; State; Zip Code 3326 Hulen St Fort Worth, TX 76107					
8	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 Blockwalking Meal					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 04/24/2023	Payee name Smoothie King					
	Amount (\$) \$22.48	Payee address; City; State; Zip Code 3326 Hulen St Fort Worth, TX 76107					
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 Food while poll greeting	X, officeholder living expense				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date 04/26/2023 Amount (\$)	Payee name Smoothie King Payee address; City; State; Zip Code					
	\$11.90 3326 Hulen St						
	PURPOSE OF EXPENDITURE	Fort Worth, TX 76107 (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 Meal Poll Greeting					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H					

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 11/18 Rpt: 26/33 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 Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food while Blockwalking Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/25/2023 Sonic Payee address; Amount (\$) City; State; Zip Code \$32.43 105 N Crowley Rd Crowley, 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. Food/Beverage Expense 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 Payee address; City; State; Zip Code Amount (\$) 5250 Sycamore School Rd \$12.67 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 Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					SCHEDULE F1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	Event Expens Fees Food/Beverag Gitt/Awards/M Committee Legal Service	je Expense lemorials Expense	Loan Repayme Office Overhead Polling Expense Printing Expens Salaries/Wages	nt/Reimbursement t/Rental Expense e e /Contract Labor	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: Sch: 12/18 Rpt: 27/33		The state of the s	or to comple	ite dis form	3 Filer ID	
4 Date 04/03/2023	5 Payee name Starbucks			<u></u>		
6 Amount (\$) \$14.67	7 Payee address; City; State; Zip Code 626 Crowley Plover Rd Crowley, TX 76036					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Food/Beverage Expe		ule) (b)	<u></u>	outside of Texas, Complete Schedule T. TX, officeholder living expense blockwalking	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder n	ame Off	ice sought		Office held	
Date 04/06/2023	Payee name Starbucks					
Amount (\$) \$6.79	Payee address; City 5250 Sycamore Scho	ool Rd	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories Food/Beverage Expe	listed at the top of this sched	(b)		outside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder na	ame Off	ice sought		Office held	
Date 04/10/2023	Payee name Starbucks					
Amount (\$) \$7.12	Payee address; City 5250 Sycamore Scho		Zip Code			
	Fort Worth, TX 76123	1				
PURPOSE OF EXPENDITURE	(a) Category (See Categories I Food/Beverage Expe		ule) (b)	=	outside of Texas. Complete Schedule T. . TX, officeholder living expense campaigning	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Off	ice sought		Office held	
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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made ByCandidate/Officeholder/Political Committee Credit Card Payment Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense Glt/Awards/Memorials Expense Travel Out of District Printing Expense Salaries/Wages/Contract Labor 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 3 Filer ID Sch: 13/18 Rpt: 28/33 De La Cruz, Italia Date 5 Payee name 04/11/2023 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$13,67 626 Crowley Plover Rd Crowley, 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. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Coffee while blockwalking Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/12/2023 Starbucks Amount (\$) Payee address; City; State; Zip Code 626 Crowley Plover Rd \$13.99 Crowley, TX 76036 PURPOSE (b) Description (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 blockwalking Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Starbucks 04/18/2023 State; Zip Code Payee address; City; Amount (\$) \$13.77 626 Crowley Plover Rd Crowley, TX 76036 (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 blockwalking Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH Version V3.5.1.7hd706d4

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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 Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 14/18 Rpt: 29/33 De La Cruz, Italia 4 Date Pavee name 04/19/2023 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$13.12 626 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 Blockwalking Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 04/25/2023 Starbucks Amount (\$) Payee address; City; State; Zip Code \$13.67 626 Crowley Plover Rd Crowley, TX 76036 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 Coffee and food for poll greeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Starbucks 04/17/2023 Amount (\$) Payee address: City; State; Zip Code \$13.34 626 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 BLOCKWALKING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics state ty us Version V3.5.1.7hd706d4

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX B(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Jonations 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/Relmbursement Office Overhead/Rental Expense Event Expense Even Expenso Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salarles/Wages/Contract Labor OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1; 2 FILER NAME 3 Filer ID Sch: 15/18 Rpt: 30/33 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 Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Donuts for blockwalkers Complete ONLY if direct Candidate/Officeholder name Office sought Office held 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 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 Payee address; State; Zip Code City; Amount (\$) \$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 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 Comm Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor **Event Expense** Solicitation/Fundraising Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The instruction Guide expinins how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 16/18 Rpt: 31/33 De La Cruz, Italia 4 Date Payee name 03/31/2023 Walmart Super Center Payee address: 6 Amount (\$) 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 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 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) 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 Payee name 04/12/2023 Walmart Super Center Payee address; City; State; Zip Code Amount (\$) \$29.85 1221 FM-1187 Crowley, TX 76036 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) 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 Office held Complete ONLY if direct expenditure to benefit C/OH Version V3 5 1 7hd706d4 Forms provided by Texas Ethics Commission www.ethics.state.tv.us

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BE

SCHEDULE F1

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	Advertising Expense Accounting/Baperise Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Selaries/Wages/Contract Lahor OTHER (enter a category not listed above) The instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/18 Rpt: 32/33	2 FILER NAME De La Cruz, Italia
4	Date 04/14/2023	5 Payee name Walmart Super Center
6	Amount (\$) \$65.08	7 Payee address; City; State; Zip Code 1221 FM-1187
8	PURPOSE OF EXPENDITURE	Crowley, TX 76036 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/03/2023	Payee name Whataburger
	Amount (\$) \$10.59	Payee address; City; State; Zip Code 125 Sycamore School Rd Fort Worth, TX 76134
	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 Food while blockwalking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	04/11/2023	Whataburger
	Amount (\$) \$9.52	Payee address; City; State; Zip Code 125 Sycamore School Rd
		Fort Worth, TX 76134
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Meal while campaigning and blockwalking
	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) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Jonations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Candidate/Officeh Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 18/18 Rpt: 33/33 De La Cruz, Italia Date Payee name 04/21/2023 Whataburger 6 Amount (\$) Payee address; City; State; Zip Code \$11.57 6225 HULEN BEND BLVD Fort Worth, TX 76132 **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 Meal while campaigning Complete ONLY if direct Candidate/Officeholder name Office sought Office held 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** (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 while blockwalking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission Version V3.5.1.7hd706d4 www.ethics.state.tv.us