

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Maria A Cruz-Perez		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1249.22
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1226.84
	4. TOTAL POLITICAL EXPENDITURES	\$ 1226.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Maria Alexandra Cruz-Perez, and my date of birth is JANUARY 20, 1978.
My address is 5605 AMERADA CIRCLE APT 618, ARLINGTON TX 76017 TARRANT COUNTY.
(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 2nd day of APRIL, 2026.
(month) (year)

Maria Alexandra Cruz-Perez
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME MARIA A CRUZ PEREZ		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYDIA FIGUEROA RODRIGUEZ 6 Contributor address; City; State; Zip Code 8127 VISTAS DEL OCEANO CALLE MIRAMELINDA LOIZA PR 00772	7 Amount of contribution (\$) 180.00
8 Principal occupation / Job title (See Instructions) TRIPLE S FOUNDATION DIRECTOR		9 Employer (See Instructions) TRIPLE S INSURANCE INC.
Date 3/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IVETTE LOPEZ VERGARA Contributor address; City; State; Zip Code 308 BARDIN GREENE DRIVE APT 1716 ARLINGTON TX 76018	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) COURT INTERPRETER		Employer (See Instructions) DEPARTMENT OF JUSTICE
Date 3/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMIE SPRINKLE Contributor address; City; State; Zip Code 102 PINE MEADOW DR. UNIT A KENNE DALE TX 76060	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED
Date 3/20/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. MIRKA MARIA COLLAZO Contributor address; City; State; Zip Code 602 FERNANDEZ JUNCOS AVE APT 700 SAN JUAN PR 00907	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) PROFESSOR OF STRATEGIC COMMUNICATIONS AND PUBLIC RELATIONS		Employer (See Instructions) UNIVERSITY OF THE SACRED HEART

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME MARIA A CRUZ PEREZ		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA FERNANDEZ 6 Contributor address; City; State; Zip Code 3107 Alcannon St Fort Worth TX 76119	7 Amount of contribution (\$) 17.00
8 Principal occupation / Job title (See Instructions) MEDICAL SUPPORT STAFF		9 Employer (See Instructions) JPS HOSPITAL
Date 3/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.D. TAYLOR CONTRACTING INC. Contributor address; City; State; Zip Code 913 N LITTLE SCHOOL RD KENNEDEALE TX 76060	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) SELF EMPLOYED
Date 3.20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond R Cruz Cuevas Contributor address; City; State; Zip Code 5605 AMERADA CIRCLE APT 618 ARLINGTON TX 76017	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) SERVICE TECHNICIAN		Employer (See Instructions) PG LIFE LINK
Date 3/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARMEN CUEVAS RODRIGUEZ Contributor address; City; State; Zip Code 102 CALLE PEPITA ALBANDOZ CANOVANAS PR 00729	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ACCOUNTING ASSISTANT		Employer (See Instructions) RETIRED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Maria Quinones Gomez	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 111 Marginal Ave Roosevelt Apt 3C San Juan PR 00917		
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) RETIRED
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIK NEARY	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 9912 Patterson St S Tacoma WA 98444		
Principal occupation / Job title (See Instructions) COMBAT MEDIC		Employer (See Instructions) US ARMY
Date 02.22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renee Saxon	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 1022 Chandler Street Kennedale TX 76060		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) N/A
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Burns	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 347 SPRINGBRANCH LN Kennedale TX 76060		
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME MARIA A CRUZ PEREZ		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIP YORI	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 327 SPRING BRANCH KENNE DALE TX 76060		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMANDA DOOM	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1333 KITTE RY DRIVE PLANO TX 75093		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND CRUZ CUEVAS	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 5605 AMERADA CIRCLE APT 618 ARLINGTON TX 76017		
Principal occupation / Job title (See Instructions) SERVICE TECHNICIAN		Employer (See Instructions) PG LIFELINK
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME MARIA A CRUZ PEREZ	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/26	5 Payee name SIGNS ON THE CHEAP	
6 Amount (\$) 970.56	7 Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	(b) Description PURCHASE OF YARD SIGNS AND STREET SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/23/2026	Payee name CASH WITHDRAWAL	
Amount (\$) 40.00	Payee address; City; State; Zip Code 4900 W SUBLETT RD ARLINGTON TX 76017 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FOR PURCHASE OF ADDITIONAL SIGN STAKES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/23/2026	Payee name CIRCLE K ATM	
Amount (\$) 3.00	Payee address; City; State; Zip Code 4900 W SUBLETT ROAD ARLINGTON TX 76017 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description ATM FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME MARIA A CRUZ PEREZ	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2026	5 Payee name WALMART	
6 Amount (\$) 61.16	7 Payee address; City; State; Zip Code 4800 US 287 HIGHWAY ARLINGTON TX 76017 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PRINTER INK AND PAPER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2026	Payee name AMAZON	
Amount (\$) 86.59	Payee address; City; State; Zip Code SEATTLE WA <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description H FRAME YARD STAKES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2026	Payee name TANDOORI GRILL	
Amount (\$) 75.88	Payee address; City; State; Zip Code Arlington TX <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD AND BEVERAGE EXPENSE	Description MEAL FOR VOLUNTEERS HELPING IN MEET AND GREET AND PUTTING UP SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 44	2 FILER NAME MARIA A CRUZ PEREZ	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2026	5 Payee name VISTA PRINT	
6 Amount (\$) 159.54	7 Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description DOOR HANGERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/09/2026	Payee name AMAZON	
Amount (\$) 32.86	Payee address; City; State; Zip Code SEATTLE WA <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	Description STICKER PAPER AND OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/11/2026	Payee name AMAZON	
Amount (\$) 48.17	Payee address; City; State; Zip Code SEATTLE WA <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	Description PAPER FOR FLYERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME MARIA A CRUZ PEREZ	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2026	5 Payee name COFFEE AND SNACK SHOP	
6 Amount (\$) 4.09	7 Payee address; City; State; Zip Code DALLAS TX <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD AND BEVERAGE EXPENSE	(b) Description COFFEE WITH POSSIBLE DONOR
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Maria A Cruz-Perez	Filer ID #	
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the CAMPAIGN FINANCE report due on APRIL 2 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARIA A CRUZ PEREZ, and my date of birth is JANUARY 20, 1978.

My address is 5605 AMERADA CIRCLE APT 618, ARLINGTON TX 76017 TARRANT COUNTY
(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 2nd day of APRIL, 20 26.
(month) (year)

Maria Alexandra Cruz-Perez
 Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER