**CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

<table>
<thead>
<tr>
<th>The C/OH Instruction Guide explains how to complete this form.</th>
<th>1 Filer ID (Ethics Commission Filer)</th>
<th>2 Total pages filed:</th>
</tr>
</thead>
</table>

### CANDIDATE / OFFICEHOLDER NAME
- **Ms./MRS./MR:** Judith Cruz
- **NICKNAME:**
- **LAST:** Cruz

### CANDIDATE / OFFICEHOLDER MAILING ADDRESS
- **PO Box 230822**
- **City:** Houston, TX
- **State:** TX
- **ZIP CODE:** 77223-0822

### CANDIDATE / OFFICEHOLDER PHONE
- **Area Code:** ( )
- **Phone Number:**
- **Extension:**

### CAMPAIGN TREASURER NAME
- **Ms./MRS./MR:** Michael Skelley
- **NICKNAME:**
- **LAST:** Skelley

### CAMPAIGN TREASURER ADDRESS
- **Street Address (No PO Box Please):**
- **City:**
- **State:**
- **ZIP CODE:**

### CAMPAIGN TREASURER PHONE
- **Area Code:** ( )
- **Phone Number:**
- **Extension:**

### REPORT TYPE
- **July 15**
- **15th day after campaign treasurer appointment (Officer or Holder Only)**

### PERIOD COVERED
- **Month:** 01
- **Day:** 01
- **Year:** 2021
- **THROUGH:**
- **Month:** 06
- **Day:** 30
- **Year:** 2021

### ELECTION
- **Election Date:**
- **Month:** 11
- **Day:** 05
- **Year:** 2019
- **Election Type:**
- **Primary**
- **Runoff**
- **General**
- **Special**
- **Other Description:**

### OFFICE
- **Office Held (if any):**
  - Houston ISD School Board
  - Trustee, Place 5

### NOTICE FROM POLITICAL COMMITTEE(S)
- **This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officerholder. These expenditures may have been made without the candidate's / officerholder's knowledge or consent. Candidates and officerholders are required to report this information only if they receive notice of such expenditures.**
- **Committee Type:**
  - **General**
  - **Specific**
- **Committee Name:**
- **Committee Address:**
- **Committee Campaign Treasurer Name:**
- **Committee Campaign Treasurer Address:**

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Revised 8/17/2020
<table>
<thead>
<tr>
<th>15 C/OH NAME</th>
<th>16 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>1. TOTAL UNITIALIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</th>
<th>$ 0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$ 0</td>
</tr>
<tr>
<td></td>
<td>3. TOTAL UNITIALIZED POLITICAL EXPENDITURE.</td>
<td>$ 0</td>
</tr>
<tr>
<td></td>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$ 0</td>
</tr>
<tr>
<td></td>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$ 1,179,75</td>
</tr>
<tr>
<td></td>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18 SIGNATURE</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Signature of Candidate or Officeholder</td>
</tr>
</tbody>
</table>

Please complete either option below:

1) Affidavit

(2) Unsworn Declaration

My name is ___________________________________________________________ , and my date of birth is ____________________________.

My address is ________________________________________________________________

(street) (city) (state) (zip code) (country)

Executed in ______________ County, State of ______________, on the ______ day of ______, 20____

(month) (year)

__________________________________________________________

Signature of Candidate/Officeholder (Declarant)

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