The C/OH instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME
   MS / MRS / MR FIRST: MI
   Mrs. Judith
   NICKNAME LAST SUFFIX
   Cruz

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
   ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE
   PO Box 230822 Houston, TX 77223-0822

   Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
   AREA CODE PHONE NUMBER EXTENSION
   ( )

6 CAMPAIGN TREASURER NAME
   MS / MRS / MR FIRST: MI
   Mr. Michael
   NICKNAME LAST SUFFIX
   Skelley

7 CAMPAIGN TREASURER ADDRESS
   STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY;
   STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE
   AREA CODE PHONE NUMBER EXTENSION
   ( )

9 REPORT TYPE
   ☑ January 15 ❑ 30th day before election ❑ Runoff
   ❑ July 15 ❑ 5th day before election ❑ Exceeded Modified Reporting Limit
   ❑ 15th day after campaign treasurer appointment (Officeholder Only)
   ❑ Final Report (Attach C/OH - FR)

10 PERIOD COVERED
   Month Day Year
   07 15 2021 THROUGH 12 31 2021

11 ELECTION
   ELECTION DATE
   Month Day Year
   11 05 2019
   ELECTION TYPE
   ☑ Primary ❑ Runoff ❑ Other Description
   ❑ General ❑ Special

12 OFFICE
   OFFICE HELD (if any)
   Houston ISD Board Trustee, Place VIII
   OFFICE SOUGHT (if known)

13

14 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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE’S OR OFFICEHOLDER’S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

   COMMITTEE TYPE COMMITTEE NAME
   ☑ GENERAL COMMITTEE ADDRESS
   ☑ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
   COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2
CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

C/OH NAME

17 CONTRIBUTION TOTALS
1. TOTAL UNITIMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)
   $ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
   $ 0

3. TOTAL UNITIMIZED POLITICAL EXPENDITURE.
   $

4. TOTAL POLITICAL EXPENDITURES
   $ 460.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
   $ 686.59

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.

SECUSHA MONIQUE LUCAS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 08/23/23
NOTARY ID 1321441-2

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______

______________________________________________
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(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)

Forms provided by Texas Ethics Commission
www.ethics.state.tx.us
Revised 8/17/2020
<table>
<thead>
<tr>
<th>21</th>
<th>SCHEDULE SUBTOTALS</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>SCHEDULE E: LOANS</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$460.00</td>
</tr>
<tr>
<td>6.</td>
<td>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
</tr>
<tr>
<td>9.</td>
<td>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>12.</td>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>FILER NAME</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full name of contributor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ out-of-state PAC (ID#:</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Contributor address;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Amount of contribution ($)</td>
<td></td>
</tr>
</tbody>
</table>

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:  

3 Filer ID (Ethics Commission Filers)  

8 Principal occupation / Job title (See Instructions)  

9 Employer (See Instructions)

Date  

Full name of contributor  

□ out-of-state PAC (ID#:  

Amount of contribution ($)  

Contributor address;  

City;  

State;  

Zip Code

Principal occupation / Job title (See Instructions)  

Employer (See Instructions)

Date  

Full name of contributor  

□ out-of-state PAC (ID#:  

Amount of contribution ($)  

Contributor address;  

City;  

State;  

Zip Code

Principal occupation / Job title (See Instructions)  

Employer (See Instructions)

Date  

Full name of contributor  

□ 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Advertising Expense</th>
<th>Event Expense</th>
<th>Loan Repayment/Reimbursement</th>
<th>Solicitation/Fundraising Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consulting Expense</td>
<td>Fees</td>
<td>Office Overhead/Rental Expense</td>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td>Food/Beverage Expense</td>
<td>Polling Expense</td>
<td>Travel In District</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
<td>Gifts/Awards/Memorials Expense</td>
<td>Printing Expense</td>
<td>Travel Out Of District</td>
</tr>
<tr>
<td>Credit Card Payment</td>
<td>Legal Services</td>
<td>Salaries/Wages/Contract Labor</td>
<td>Other (enter a category not listed above)</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME: 3 Filer ID (Ethics Commission Filers)

4 Date 8/19/2021

5 Payee name Google Services

6 Amount ($) 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Other

(b) Description Web services

(c) Check if travel outside of Texas. Complete Schedule T.☐

☐ Check if Austin, TX, officiholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date Payee name

Amount ($) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Description

☐ Check if travel outside of Texas. Complete Schedule T.☐

☐ Check if Austin, TX, officiholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date Payee name

Amount ($) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Description

☐ Check if travel outside of Texas. Complete Schedule T.☐

☐ Check if Austin, TX, officiholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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