



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 7-8-2024 2.a. Candidate or Committee Name: Campaign to Elect Holly Cruz
 2.b. If Committee, Name of Candidate: Holly Cruz 3. Election Date: 8-1-2024
 4. Campaign Address: 3275 Hartsville Pike
 City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-502-0491
 5. Candidate Home Address: 3275 Hartsville Pike
 City: Castalian Springs State: TN Zip Code: 37031 Phone: 615-502-0491
 Candidate Email Address: hollycruzforTN@gmail.com
 6. Office Sought: (include district number, if applicable) Sumner County School Board District 9
 7. Name of Political Treasurer (may be candidate): Samantha Washington
 Political Treasurer Email Address: CSISam@gmail.com

8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024

10. Detailed Disclosure: (Check one)
 This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
 This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

<u>Holly Cruz</u> Candidate Signature	<u>7-8-2024</u> Date	<u>Samantha Washington</u> Political Treasurer Signature	<u>7-8-24</u> Date
<u>O. Phil</u> Witness Signature	<u>7-8-24</u> Date	<u>John Wolf</u> Witness Signature	<u>7/8/24</u> Date

FILED
AM PM

12. Summary:

a. Balance On Hand Last Report	JUL 10 2024	\$ <u>7,391.40</u>
b. Total Receipts This Period		\$ <u>4,275.00</u>
c. Total Disbursements This Period	SUMNER COUNTY ELECTION COMMISSION	\$ <u>5,597.50</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)		\$ <u>6,068.90</u>
e. Total Loans Outstanding		\$ <u>0</u>
f. Total Obligations Outstanding		\$ <u>0</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Campaign to Elect Holly Cruz

14. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 1,545.00
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ 2,730.00
- c. Loans Received This Reporting Period..... \$ 0
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 4,275.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ 5,597.50
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period..... \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ 5,597.50

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 180.91
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 180.91

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ELECTION DIVISION
MICHIGAN CAMPAIGN DISCLOSURE ACT

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

• Business or Organization Name: _____ OR
First Name: Jessica Middle Name: _____ Last Name: Fearnis
Address: 303 Colington Dr. City: Kill Devil Hills State: NC Zip Code: 27948
Occupation: Real Estate Broker Employer: Self employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 480.00 Date of Contribution: 4-17-2024 Aggregate This Election: \$ 680.00

• Business or Organization Name: _____ OR
First Name: Jessica Middle Name: _____ Last Name: Fearnis
Address: 303 Colington Dr. City: Kill Devil Hills State: NC Zip Code: 27948
Occupation: Real Estate Broker Employer: Self employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 5-17-2024 Aggregate This Election: \$ 680.00

• Business or Organization Name: _____ OR
First Name: Amy Middle Name: J Last Name: Murphy
Address: 106 Alexander Pl. City: Hendersonville State: IN Zip Code: 37075
Occupation: Project Manager Employer: Inetco
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 5/23/2024 Aggregate This Election: \$ 125.00

• Business or Organization Name: _____ OR
First Name: Emily Middle Name: _____ Last Name: Williams
Address: 213 Sequoyah Trail City: Hendersonville State: IN Zip Code: 37075
Occupation: Mom Employer: Self employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 5-23-2024 Aggregate This Election: \$ 175.00

Total Contributions: \$ 830.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 10-30-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 830.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: JASON Middle Name: _____ Last Name: Baggett
Address: 1013 Whitley Place City: Hendersonville State: TN Zip Code: 37075
Occupation: Senior Consultant Employer: InfoWorks
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 200.00 Date of Contribution: 5-23-2024 Aggregate This Election: \$ 3105.00

Business or Organization Name: _____ OR
First Name: Larry Middle Name: _____ Last Name: Hudges
Address: 105 Oak Haven Dr. City: Gallatin State: TN Zip Code: 37066
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10-10-2024 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Mabel Middle Name: _____ Last Name: Nahim
Address: 8977 Chianti Terr. City: Bristow State: VA Zip Code: 20136
Occupation: Dental Hygienist Employer: self employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 4-25-2024 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Manuel Middle Name: _____ Last Name: Lopez
Address: 1199 Gibbs Ln. City: Gallatin State: TN Zip Code: 37066
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 10-23-2024 Aggregate This Election: \$ 175.00

Total Contributions: \$ 1,380.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,380.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Rodney Middle Name: _____ Last Name: Norris
Address: 1041 Mansker Farms City: Hendersonville State: IN Zip Code: 37075
Occupation: Software Engineer Employer: Elasticsearch Inc.
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 5-23-2024 Aggregate This Election: \$ 100.00

Business or Organization Name: _____ OR
First Name: Ronald Middle Name: _____ Last Name: Shepherd
Address: 637 East Main St. City: Gallatin State: IN Zip Code: 37066
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 5-23-2024 Aggregate This Election: \$ 480.00

Business or Organization Name: _____ OR
First Name: Sarah Middle Name: _____ Last Name: Squires
Address: 134 Chesapeake Harbor City: Hendersonville State: IN Zip Code: 37075
Occupation: Director Bld. _____ Employer: Nielsen
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 150.00 Date of Contribution: 4-22-2024 Aggregate This Election: \$ 480.00

Business or Organization Name: _____ OR
First Name: Shannah Middle Name: _____ Last Name: Wheeler
Address: 1222 Wentworth Dr. City: Gallatin State: IN Zip Code: 37066
Occupation: Admin Employer: Optum
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 4-1-2024 Aggregate This Election: \$ 100.00

Total Contributions: \$ 1,980.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 1,990.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Sibyl Middle Name: _____ Last Name: Reagan
Address: 1912 Lombardy Ave City: Nashville State: TN Zip Code: 37215
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 4-4-2024 Aggregate This Election: \$ 300.00

Business or Organization Name: _____ OR
First Name: Steven Middle Name: _____ Last Name: Puckett
Address: 228 Sanders Ferry Rd. City: Hendersonville State: VA Zip Code: 37075
Occupation: Night Stock Clerk Employer: Kroger
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 5-20-2024 Aggregate This Election: \$ 300.00

Business or Organization Name: _____ OR
First Name: Susan Middle Name: _____ Last Name: Madsen
Address: 146 Mansker Park Dr. City: Hendersonville State: TN Zip Code: 37075
Occupation: N/A Employer: N/A
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 5-23-2024 Aggregate This Election: \$ 125.00

Business or Organization Name: _____ OR
First Name: Valene Middle Name: _____ Last Name: Trantum
Address: 111 Stratford Ave #205 City: Stratford State: CT Zip Code: 06455
Occupation: Teacher Employer: Fairfield Public Schools
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 100.00 Date of Contribution: 10-26-2024 Aggregate This Election: \$ 350.00

Total Contributions: \$ 2,380.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 2,380.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ OR
First Name: Zachary Middle Name: _____ Last Name: Young
Address: 93 French St. City: Goodlettsville State: TN Zip Code: 37072
Occupation: Commissioner Employer: City of Goodlettsville
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ 250.00 Date of Contribution: 5-23-2024 Aggregate This Election: \$ 350.00

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ 114,2730.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 0

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

• Business or Organization Name: Friends of Clearview Park OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1013 Demoss Street City: Gallatin State: TN Zip Code: 37000
Purpose of Expenditure: June 19th community event sponsorship
Amount of Expenditure: \$ 500.00 Date of Expenditure: \$ 4-1-2024

• Business or Organization Name: Immortal Printing OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 917 E. Trinity Lane City: Nashville State: TN Zip Code: 37207
Purpose of Expenditure: T-shirts
Amount of Expenditure: \$ 1,140.21 Date of Expenditure: \$ 4-3-2024

• Business or Organization Name: Staples OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1012 Glenbrook Way City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: PDF documents for squarelest booth
Amount of Expenditure: \$ 108.10 Date of Expenditure: \$ 4-8-2024

• Business or Organization Name: Squarespace Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 4-15-2024

• Business or Organization Name: Capitol Promotions OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: P.O. Box 231 City: Glenside State: PA Zip Code: 19038
Purpose of Expenditure: fans and banners
Amount of Expenditure: \$ 902.00 Date of Expenditure: \$ 4-10-2024

Total Expenditures: \$ 2,1047.96

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 10-30-2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2647.96

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Print Runner OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8000 Huskell Ave City: Van Nuys State: CA Zip Code: 91406
Purpose of Expenditure: Stickers 3 thank you notes
Amount of Expenditure: \$ 196.37 Date of Expenditure: \$ 4-23-2024

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Mendocino Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 2.00 Date of Expenditure: \$ 4-25-2024

Business or Organization Name: Staples OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1012 Glenbrook Way City: Hendersonville State: TN Zip Code: 37075
Purpose of Expenditure: PDF document for squarefest
Amount of Expenditure: \$ 3.19 Date of Expenditure: \$ 4-26-2024

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Mendocino Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 2.00 Date of Expenditure: \$ 4-26-2024

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Mendocino Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 2.00 Date of Expenditure: \$ 4-26-2024

Total Expenditures: \$ 2853.52

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 10-30-2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2853.52

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

• Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 4-29-2024

• Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 3.00 Date of Expenditure: \$ 4-29-2024

• Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 5.00 Date of Expenditure: \$ 4-29-2024

• Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 7.00 Date of Expenditure: \$ 5-2-2024

• Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 10.00 Date of Expenditure: \$ 5-3-2024

Total Expenditures: \$ 2,881.52

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 2,881.52

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Squarespace Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 5-6-2024

Business or Organization Name: Squarespace Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website scheduling application
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 5-13-2024

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 5.99 Date of Expenditure: \$ 5-28-2024

Business or Organization Name: Squarespace Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 6-6-2024

Business or Organization Name: Squarespace Inc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8 Clarkson St. City: New York State: NY Zip Code: 10014
Purpose of Expenditure: Website scheduling application
Amount of Expenditure: \$ 37.15 Date of Expenditure: \$ 6-13-2024

Total Expenditures: \$ 3,036.11

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-7-2024 End Date: 6-30-2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 3,036.11

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Direct One OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 7213 Sandscove Ct. Ste 1 City: Winter Park State: FL Zip Code: 32792
Purpose of Expenditure: Direct Mail
Amount of Expenditure: \$ 1,591.24 Date of Expenditure: \$ 6-17-2024

Business or Organization Name: Campaign Verify OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1215 31st Street NW City: Washington State: DC Zip Code: 20007
Purpose of Expenditure: _____
Amount of Expenditure: \$ 95.00 Date of Expenditure: \$ 6-25-2024

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: _____
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 5.63 Date of Expenditure: \$ 6-25-2024

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: _____
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 4.42 Date of Expenditure: \$ 6-25-2024

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: _____
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 8.87 Date of Expenditure: \$ 6-25-2024

Total Expenditures: \$ 4741.27

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Campaign to Elect Holly Cruz
2. Reporting Period: Start Date: 4-1-2024 End Date: 6-30-2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ 4741.27

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. All expenditures must be itemized. If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Facebook OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: _____
Purpose of Expenditure: advertisement
Amount of Expenditure: \$ 15.00 Date of Expenditure: \$ 6-27-2024

Business or Organization Name: Printing Etc. OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: 141 Dickerson Pike City: Goodlettsville State: TN Zip Code: 37072
Purpose of Expenditure: signs
Amount of Expenditure: \$ 841.23 Date of Expenditure: \$ 6-28-2024

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ 5,597.50

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)