

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Mr Johnathon P Cruz

15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED 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)	\$ 11105.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9922.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 682.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Johnathon P Cruz, this the 4th day of April, 2025, 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

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mr Johnathon P Cruz		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10655.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 450.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9883.11
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 39.00
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 12

2 FILER NAME
Mr Johnathon P Cruz

3 Filer ID (Ethics Commission Filers)

4 Date
1/9/2025

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Johnathon Cruz

7 Amount of contribution (\$)
5000.00

6 Contributor address; City; State; Zip Code
**PO Box 27083
San Antonio, TX 78227**

8 Principal occupation / Job title (See instructions)
Educator

9 Employer (See instructions)
Southwest ISD

Date
1/9/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Veronica Trinidad

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7918 Dempsey Drive
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

Date
1/13/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Stephanie Velez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**10842 Basal Edge Road
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Southwest ISD

Date
1/18/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Denisse Hernandez Gonzalez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**13335 Greenstone
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Principal

Employer (See instructions)
SWISD

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 12
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Syriana Martinez	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 12020 Cathedral Peak San Antonio, TX 78254		
8 Principal occupation / Job title (See instructions) Banker		9 Employer (See instructions) JPMorgan Chase
Date 1/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Destiny Trinidad	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 8311 Staton Drive San Antonio, TX 78224		
Principal occupation / Job title (See instructions) Front Line		Employer (See instructions) Walmart
Date 1/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Gabriela Trinidad	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 7918 Dempsey San Antonio, TX 78242		
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA
Date 1/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Amber Estrada	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 16388 CR 681 Lytle, TX 78052		
Principal occupation / Job title (See instructions) Office Staff		Employer (See instructions) Southwest ISD

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 12
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Destiny Trinidad	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 8311 Staton Drive San Antonio, TX 78224		
8 Principal occupation / Job title (See instructions) N/A		9 Employer (See instructions) Bexar county
Date 1/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Alonzo Castellanos	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2127 Mossy Creek San Antonio, TX 78245		
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Southwest ISD
Date 2/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Joshua Valdez	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 11912 Miles Rd Atascosa, TX 78002		
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SWISD
Date 2/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Richard Palomo	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 14614 Silesia Drive Saint Hedwig, TX 78152		
Principal occupation / Job title (See instructions) Chief		Employer (See instructions) U..S. Navy

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 12

2 FILER NAME
Mr Johnathon P Cruz

3 Filer ID (Ethics Commission Filers)

4 Date
2/4/2025

5 Full name of contributor out-of-state PAC (ID# _____)
Ms Suzette Pena

7 Amount of contribution (\$)
300.00

6 Contributor address; City; State; Zip Code
**11912 Miles Road
Atascosa, TX 78002**

8 Principal occupation / Job title (See instructions)
Teacher/Coach

9 Employer (See instructions)
SWISD

Date
2/7/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Annamarie Martinez

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**5314 Gavilan Drive
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
NA

Employer (See instructions)
NA

Date
2/7/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Juanita Benitez

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**5314 Gavilan Drive
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/15/2025

Full name of contributor out-of-state PAC (ID# _____)
Mr Joshua Valdez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11912 Miles Road
Atascosa, TX 78002**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SWISD

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 12
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Nelia Cedillo	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 5527 Kensington Run San Antonio, TX 78228		
8 Principal occupation / Job title (See instructions) Police Officer		9 Employer (See instructions) Somerset ISD
Date 2/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Melissa Garcia	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 5527 Kensington Run San Antonio, TX 78228		
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Southwest ISD
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary Pena	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 12090 Miles Rd Atascosa, TX 78002		
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Pat Simon	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 5206 Hayden Dr San Antonio, TX 78242		
Principal occupation / Job title (See instructions) Retired		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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 12

2 FILER NAME
Mr Johnathon P Cruz

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/2025

5 Full name of contributor out-of-state PAC (ID# _____)
Ms Olga Simon

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**5206 Hayden Dr
San Antonio, TX 78242**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
3/1/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Leah Herring

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**19285 Farm to Market 471
Natalia, TX 78059**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SWISD

Date
3/1/2025

Full name of contributor out-of-state PAC (ID# _____)
Mr Alonzo Castellanos

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**2127 Mossy Creek Drive
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Educator

Employer (See instructions)
SWISD

Date
3/1/2025

Full name of contributor out-of-state PAC (ID# _____)
Mr Albert Alvarez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**0 NA
Atascosa, TX 78002**

Principal occupation / Job title (See instructions)
Lieutenant

Employer (See instructions)
SWISD

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 12
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Robert Cruz	7 Amount of contribution (\$) 60.00
6 Contributor address; City; State; Zip Code 0 NA San Antonio, TX 78000		
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Yvette Apodaca	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4500 Pue Road San Antonio, TX 78245		
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SWISD
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Sara Leos	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4839 Brandeis #2110 San Antonio, TX 78249		
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Boerne ISD
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Jeanette Ball	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 0 NA San Antonio, TX 78000		
Principal occupation / Job title (See instructions) Educator		Employer (See instructions) Southwest ISD

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 12

2 FILER NAME
Mr Johnathon P Cruz

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/2025

5 Full name of contributor out-of-state PAC (ID# _____)
Mr Marc Hildebrand

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**825 North Saint Marys Street #213
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Product

9 Employer (See instructions)
Allianz

Date
3/1/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Sonia Martinez

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**1366 Hunters Plane
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Athletic Department Secretary

Employer (See instructions)
Southwest ISD

Date
3/1/2025

Full name of contributor out-of-state PAC (ID# _____)
Mr Luis Garza

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**3039 Colorado Cove
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SWISD

Date
3/2/2025

Full name of contributor out-of-state PAC (ID# _____)
Mr Leonard Villasenor

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1640 Buckner Place
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Southwest ISD

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 12
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Toby Walters	7 Amount of contribution (\$) 15.00
6 Contributor address; City; State; Zip Code 2622 River Pointe San Antonio, TX 78245		
8 Principal occupation / Job title (See instructions) Educator		9 Employer (See instructions) Southwest ISD
Date 3/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Juanita Benitez	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5314 Gavilan Drive San Antonio, TX 78242		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Annamarie Martinez	Amount of contribution (\$) 80.00
Contributor address; City; State; Zip Code 5314 Gavilan Drive San Antonio, TX 78242		
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA
Date 3/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Nelia Cedillo	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5527 Kensington Run San Antonio, TX 78228		
Principal occupation / Job title (See instructions) Police Officer		Employer (See instructions) Somerset ISD

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 12

2 FILER NAME
Mr Johnathon P Cruz

3 Filer ID (Ethics Commission Filers)

4 Date
3/7/2025

5 Full name of contributor out-of-state PAC (ID# _____)
Ms Melissa Garcia

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**5527 Kensington Run
San Antonio, TX 78228**

8 Principal occupation / Job title (See instructions)
Educator

9 Employer (See instructions)
Southwest ISD

Date
3/9/2025

Full name of contributor out-of-state PAC (ID# _____)
Mr Jesse Alvarez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**10207 Dixon Wood
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Deputy Sheriff

Employer (See instructions)
Bexar County Sheriffs Office

Date
3/12/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Destiny Trinidad

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**8311 Staton Drive
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)
Front Line

Employer (See instructions)
Walmart

Date
3/15/2025

Full name of contributor out-of-state PAC (ID# _____)
Ms Amber Estrada

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**16388 CR 681
Lytle, TX 78052**

Principal occupation / Job title (See instructions)
Office Staff

Employer (See instructions)
Southwest ISD

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 12
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Suzette Pena	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 11912 Miles Road Atascosa, TX 78002		
8 Principal occupation / Job title (See instructions) Teacher/Coach		9 Employer (See instructions) SWISD
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Denisse Hernandez Gonzalez	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 13335 Greenstone San Antonio, TX 78249		
Principal occupation / Job title (See instructions) Principal		Employer (See instructions) SWISD
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Paula Lopez	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3626 Twining Drive San Antonio, TX 78211		
Principal occupation / Job title (See instructions) Clerk		Employer (See instructions) Bexar County
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Florinda Bernal	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11310 Crescent Peak San Antonio, TX 78245		
Principal occupation / Job title (See instructions) NA		Employer (See instructions) NA

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 12
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary Pena	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 12090 Miles Road Atascosa, TX 78002		
8 Principal occupation / Job title (See instructions) NA		9 Employer (See instructions) NA
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Vanessa Bartlett	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3550 Burrowing Owl Drive Mims, FL 32754		
Principal occupation / Job title (See instructions) Analyst		Employer (See instructions) USAA
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Joshua Valdez	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11912 Miles Road Atascosa, TX 78002		
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SWISD
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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 2/25/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr David Rendon	8 Amount of Contribution \$ 450.00
	7 Contributor address; City; State; Zip Code 7918 Dempsey San Antonio, TX 78242	9 In-kind contribution description Campaign Sign Work and Zip Ties
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) NA		11 Employer (FOR NON-JUDICIAL) (See instructions) NA
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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> 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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 7	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 1/22/2025	5 Payee name Alamo Tees & Advertising
-----------------------------------	--

6 Amount (\$) 975.33	7 Payee address; City; State; Zip Code 12814 Cogburn Ave San Antonio, TX 78249
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Shirts and Caps
	(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 1/23/2025	Payee name 3-D Signs
--------------------------	--------------------------------

Amount (\$) 5139.00	Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Signs, Business Cards and Literature
	<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 1/25/2025	Payee name Tractor Supply Company
--------------------------	---

Amount (\$) 691.65	Payee address; City; State; Zip Code 1900 US-90 Castroville, TX 78009
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description T-Posts
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 2 of 7	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2025	5 Payee name Home Depot	
6 Amount (\$) 25.94	7 Payee address; City; State; Zip Code 611 SW Loop 410 San Antonio, TX 78227	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Zip-Ties
	(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 1/29/2025	Payee name City of San Antonio, City Clerk		
Amount (\$) 110.00	Payee address; City; State; Zip Code PO Box 839966 San Antonio, TX 78283		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Application and Notary Fees	
	<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 1/31/2025	Payee name Donorbox		
Amount (\$) 34.05	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, WA 22307		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Jan. Donor Fees	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 7	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2025	5 Payee name Tractor Supply Company	
6 Amount (\$) 32.46	7 Payee address; City; State; Zip Code 1900 US-90 Castroville, TX 78009	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Zip-Ties
	(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 2/8/2025	Payee name Amazon		
Amount (\$) 81.18	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Button Maker	
	<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 2/17/2025	Payee name Amazon		
Amount (\$) 68.12	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Zip-Ties	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 7	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2025	5 Payee name Amazon	
6 Amount (\$) 62.20	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Buttons and Zip-Ties
	(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 2/28/2025	Payee name SAMS Club		
Amount (\$) 445.28	Payee address; City; State; Zip Code 3150 SW Military Dr San Antonio, TX 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Kick-Off Food and 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 2/28/2025	Payee name H-E-B		
Amount (\$) 104.71	Payee address; City; State; Zip Code 6818 Zarzamora St San Antonio, TX 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Kick-Off Food and 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 5 of 7	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2025	5 Payee name Office Depot	
6 Amount (\$) 112.90	7 Payee address; City; State; Zip Code 2321 SW Military Dr San Antonio, TX 78224	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Rally 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 2/28/2025	Payee name Donorbox		
Amount (\$) 98.05	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, WA 22307		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Feb. Donor Fees	
	<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 3/5/2025	Payee name Sports Grafix 3		
Amount (\$) 300.00	Payee address; City; State; Zip Code 9310 Magnolia San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Campaign Caps	
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 6 of 7	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2025	5 Payee name US Postal Office	
6 Amount (\$) 7.44	7 Payee address; City; State; Zip Code 14841 Main St Lytle, TX 78052	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Certified Mail for PFS
	(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 3/6/2025	Payee name H-E-B		
Amount (\$) 8.00	Payee address; City; State; Zip Code 6818 Zarzamora St San Antonio, TX 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Notary Public Fee for PFS	
	<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 3/13/2025	Payee name 3-D Signs		
Amount (\$) 1461.38	Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Campaign 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 7	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2025	5 Payee name Amazon	
6 Amount (\$) 34.06	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Zip Ties
	(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 3/24/2025	Payee name Donorbox		
Amount (\$) 91.36	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, WA 22307		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description March Donor Fees	
	<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		
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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
 Advertising Expense
 Consulting Expense
 Contributions/Donations Made By
 Candidate/Officeholder/Political Committee

Event Expense
 Fees
 Food/Beverage Expense
 Gifts/Awards/Memorials Expense
 Legal Services

Loan Repayment/Reimbursement
 Office Overhead/Rental Expense
 Polling Expense
 Printing Expense
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
 Transportation Equipment & Related Expense
 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 F2: 1 of 1	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mr Johnathon P Cruz

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 G: 1 of 1	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2025	5 Payee Name SAMS Club	
6 Amount (\$) 39.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3150 SW Military Dr San Antonio, TX 78224	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Stamp Book
	(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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense 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 H: 1 of 1	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr Johnathon P Cruz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME
Mr Johnathon P Cruz

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr Johnathon P Cruz		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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" ••**

C/OH NAME
Mr Johnathon P Cruz

Filer ID (Ethics Commission Filers)

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

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

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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder