

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms

Deanna

M

NICKNAME

LAST

SUFFIX

Hammond

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1200 E Davis St Suite 115 PMB 137

Mesquite Texas 75149

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

444-6994

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Sonya

NICKNAME

LAST

SUFFIX

Lilly

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

101 Main Park Lane

Duncanville

Texas

75137

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(225)

802-7927

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

/

1

/

22

THROUGH

Month

Day

Year

1

/

30

/

22

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

1

/

22

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Constable Pct 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

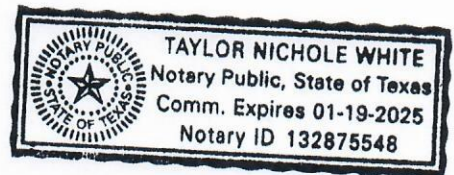
15 C/OH NAME Deanna Hammond		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,011.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,026.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Deanna Hammond
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deanna Hammond this the 31st day of Jan, 2022, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Taylor White Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Deanna Hammond		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,011.97
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,026.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 9

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

01/02/2022

5 Full name of contributor

Mary Shields

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10.70

6 Contributor address;

6123 Balcony Lane

City;

Dallas

State;

Texas

Zip Code

75241

8 Principal occupation / Job title (See Instructions)

Adjuster

9 Employer (See Instructions)

FRA

Date

01/02/2022

Full name of contributor

Carrie Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

914 Creek Valley Road

City;

Mesquite

State;

Texas

Zip Code

75181

Principal occupation / Job title (See Instructions)

Therapist

Employer (See Instructions)

Renewed Mind Marriage & Family Counseling

Date

01/02/2022

Full name of contributor

Ronnie Jones, Sr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

914 Creek Valley Road

City;

Mesquite

State;

Texas

Zip Code

75181

Principal occupation / Job title (See Instructions)

HVAC

Employer (See Instructions)

Mesquite ISD

Date

01/02/2022

Full name of contributor

Carolyn Livingston

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

6104 Creekhaven Drive

City;

Mesquite

State;

Texas

Zip Code

75181

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 9

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

01/04/2022

5 Full name of contributor

Sonya Lilly

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

101 Main Park Lane Duncanville Texas 75137

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Counselor

9 Employer (See Instructions)

State of Texas

Date

01/08/2022

Full name of contributor

Karen Copeland

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

405 Parakeet Dr. Desoto Texas 75115

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Therapist

Employer (See Instructions)

Renewed Mind Marriage & Family Counseling

Date

01/12/2022

Full name of contributor

Ronald Reese

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1112 Rosemond Dr Desoto Texas 75115

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Instructor

Employer (See Instructions)

GM

Date

01/13/2022

Full name of contributor

Mary Shields

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

6123 Balcony Lane Dallas Texas 75241

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Adjuster

Employer (See Instructions)

Pride

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 9

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

01/04/2022

5 Full name of contributor

Shaunta Dennis

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

26.27

6 Contributor address;

City;

State;

Zip Code

2212 Savannah Drive Mansfield Texas 76063

8 Principal occupation / Job title (See Instructions)

OR Nurse

9 Employer (See Instructions)

Methodist Mansfield ASC

Date

01/14/2022

Full name of contributor

Alishia McMillian

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2111 Stillwater Drive Mesquite Texas 75181

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Campaign Donation via Zelle

Schedule A1

Date	Name	Adress	Amount
1/19/22	Felicia Holley	Waxahachie, Tx	50.00
1/19/22	Clyde Macklin	Cleburne, Tx	40.00
1/19/22	Charles Armelin	Dallas, Tx	30.00
1/19/22	Reginald Sparks	3002 Monarch Ct Mesquite, Texas 75181	25.00
1/19/22	Patricia Shelby	Dallas, Tx	25.00
1/19/22	Carmeletta Clay	McKinney, Tx	25.00
1/19/22	Duttrell Jackson	Dallas, Tx	20.00
1/19/22	Ashley Richardson	Dallas, Tx	20.00
1/19/22	John Davis	Grand Prairie, Tx	20.00
1/19/22	Sarita Booth	Red Oak, Tx	20.00
1/20/22	Andrea Lindsey	Desoto, Tx	20.00
1/20/22	Arlia Polley	Fort Worth, Tx	25.00
1/21/22	Lashawn Sykes	Fort Worth, Tx	20.00
1/21/22	Authur Brinkley	Mesquite, Tx	50.00
1/24/22	Jackie Justice	Rockwall, Tx	25.00
1/24/22	Robert Gibbs	Dallas, Tx	<u>20.00</u>
			435.00

Deanna Hammond
5 of 9

Campaign Donation

Cash App AI

Robert Kemp
Payment from \$bigrobsr1
McKinney, Tx

Lisa Wright
Payment from \$ljw4
Fort Worth, Tx


\$20.00

For Campaign efforts
Jan 19 at 3:48 PM

\$20.00

For campaign
Jan 19 at 3:49 PM

Clarence Griffin
Payment from \$pogriff
Dallas, Tx

Staci Anderson 
Payment from \$foxi50
Round Rock, Tx

\$20.00

For you know it
Jan 19 at 4:04 PM

\$40.00

For I LOVE YOU QUEEN
Jan 19 at 4:41 PM

6 of 9

Paul Turpin

Payment from \$Turp2000

Tyler, Tx

Rufus Lewis

Payment from \$RufusLewis

Dallas, Tx

\$40.00

Jan 23 at 7:57 AM

\$20.00

For support candidate

Jan 21 at 5:21 PM

Triva Turner

Payment from \$TrivaTurner

Arlington, Tx

Christian Thomas

Payment from \$BigT0311

Red Oak, Tx

\$20.00

Jan 19 at 3:02 PM

\$20.00

For Donation Gift

Jan 19 at 3:47 PM

Deanna Hammond

Campaign Donation

CASH App

Al

7 of 9

Sarah Smith

Payment from \$100Chocolate

Fort Worth, Tx

Dr. Lott

Payment from \$QOTSAZ

Phoenix, AZ

\$50.00

For Campaign

Jan 20 at 7:32 AM

\$20.00

For For Constable Donation

Jan 20 at 10:34 AM

Victor McGlothin

Payment from \$VictorMcGlothin

Plano, Tx

Chiquita Blakely

Payment from \$ChiquitaBlakely

Arlington, Tx

\$30.00

Jan 21 at 10:07 AM

\$50.00

For Campaign Support

Jan 21 at 5:14 PM

Deanna Hammond

Campaign Donation

Cash App

AI

8 of 9

Rodney Crow

Payment from \$BigCrow68

Forney, Tx

Albert Tillman

Payment from \$FHONIC

Atlanta, Tx

\$20.00

Jan 19 at 4:47 PM

\$58.00

For for Campaign

Jan 19 at 7:47 PM

Allen Hammond

Payment from \$skotia

Little Rock, AR

Angela Clay

Payment from \$Flygirl1994

Plano, Tx

\$2.00

Jan 19 at 8:30 PM

\$40.00

For Campaign

Jan 20 at 3:04 AM

Deanna Hammond

Campaign Donation

Cash App

Al

9 of 9

Bobby

Payment from \$HardKut

Rowlett, Tx

Jeff Jackson

Payment from \$jffryj2

Fort Worth, Tx

\$20.00

Friday at 7:28 PM

Jan. 28

\$25.00

For Campaign

Friday at 11:05 AM

Jan. 28

Cynthia Franklin

Payment from \$cynt203

Frisco, Tx

\$50.00

For Kick Butt - Cynthia "Snacks" Franklin

Jan 24 at 1:51 PM

Total \$565.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <i>1 of 5</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2022	5 Payee name Stripe Payment Platform	
6 Amount (\$) 23.67	7 Payee address; www.stripe.com	City; State; Zip Code Palo Alto CA
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor fees through the transaction portal
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/05/2022	Payee name Stripe Payment Platform	
Amount (\$) 1.45	Payee address; www.stripe.com	City; State; Zip Code Palo Alto CA
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through the transaction portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/06/2022	Payee name Stripe Payment Platform	
Amount (\$) 9.10	Payee address; www.stripe.com	City; State; Zip Code Palo Alto CA
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through the transaction portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/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: 2 of 5		2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)	
4 Date 01/08/2022		5 Payee name PayPal Business Payment Platform			
6 Amount (\$) 1.59		7 Payee address; www.paypal.com			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Donor fees through the transaction portal		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 01/10/2022		Payee name IFS Graphics			
Amount (\$) 564.88		Payee address; 350 Buckner Blvd #1717			
		City; Dallas		State; Texas	
		Zip Code 75217			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Graphic design, Print jobs		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 01/10/2022		Payee name Sign Express			
Amount (\$) 54.13		Payee address; 11139 Denton Drive			
		City; Dallas		State; Texas	
		Zip Code 75229			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Campaign literature		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/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: <i>3 of 5</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2022	5 Payee name PayPal Business Payment Platform	
6 Amount (\$) 4.88	7 Payee address; www.paypal.com City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor fees through the transaction portal
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/17/2022	Payee name Stripe Payment Platform	
Amount (\$) 2.50	Payee address; www.stripe.com City; State; Zip Code Palo Alto CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through the transaction portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/18/2022	Payee name Stripe Payment Platform	
Amount (\$) 4.70	Payee address; www.stripe.com City; State; Zip Code Palo Alto CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through the transaction portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking 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	Gift/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: <i>4 of 5</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2022	5 Payee name Hope Coffee	
6 Amount (\$) 20.84	7 Payee address: 129 N Collins Rd Suite 1103 City: Sunnyvale State: Texas Zip Code 75182	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast for campaign team
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/24/2022	Payee name Dollar General	
Amount (\$) 14.07	Payee address: 12918 Seagoville Rd City: Balch Springs State: Texas Zip Code 75180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies for block walking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/28/2022	Payee name Sign Express	
Amount (\$) 974.25	Payee address: 11139 Denton Drive City: Dallas State: Texas Zip Code 75229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Graphic Design; Print Job
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/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: <i>5 of 5</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
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4 Date 01/29/2022	5 Payee name Hilltop HOA
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6 Amount (\$) 350.00	7 Payee address; P.O. Box 800783	City; Balch Springs	State; Texas	Zip Code 75180
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Billboard Rental
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
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Date	Payee name Sign Express
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED