

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

50

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *Judge* FIRST *Sawyer* MI *L*
NICKNAME LAST SUFFIX
Montgomery

OFFICE USE ONLY

Date Received

2022 JAN 18 PM 1:38
JOHN F. WALKER
COUNTY CLERK
DALLAS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
13901 Midway Rd, Ste 102, Box 315
DALLAS, TX 75244

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 247-7354

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *Andrew* FIRST MI *M*
NICKNAME LAST SUFFIX
"Andy" Trusevich

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5748 Kate Avenue
Plano, TX 75024

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 849-4063

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 \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
07 / 01 / 2021 THROUGH *12 / 31 / 2021*

11 ELECTION

ELECTION DATE: Month Day Year
11 / 06 / 2018
ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

County Court-at-Law #3

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

Sally L. Montgomery

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

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

\$ 98,470.67

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 2152.48

4. TOTAL POLITICAL EXPENDITURES

\$ 32,696.85

CONTRIBUTION
BALANCE

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

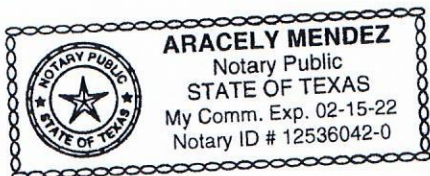
\$ 100,469.72

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.

Sally L. Montgomery
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *SALLY L. Montgomery*, this the *18th* day of *January*, 20 *22*, to certify which, witness my hand and seal of office.

Aracely Menendez
Signature of officer administering oath

Aracely Menendez
Printed name of officer administering oath

Assistant Bank Manager
Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Stacy L. Montgomery</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 90,470.67
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,000.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ -0-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,949.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,226.68
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 13,651.54
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

1 of 22

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/2021

5 Full name of contributor

out-of-state PAC ID#: _____

EVAN SHAW, Esq.

7 Amount of contribution (\$)

\$5000.00

6 Contributor address;

City; State; Zip Code

2723 Fairmount St DALLAS, TX 75201

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

LAW OFFICES OF EVAN SHAW

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/8/2021

Full name of contributor

out-of-state PAC ID#: _____

Paul Wingo, Esq.

Amount of contribution (\$)

\$5000.00

Contributor address;

City; State; Zip Code

325 N. SAINT PAUL ST. STE #3300 DALLAS, TX 75201

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

HAMILTON WINGO, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/30/2021

Full name of contributor

out-of-state PAC ID#: _____

Lynn Pinker Hurst & Schwegmann, LLP

Amount of contribution (\$)

\$1000.00

Contributor address;

City; State; Zip Code

2100 Ross Ave Ste 2700 DALLAS, TX 75201

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2822

2 FILER NAME

SALLY L. MONTGOMERY

3 Filer ID# (Ethics Commission Filers)

4 Date

6/30/2021

5 Full name of contributor out-of-state PAC ID#: _____

Shamoun & Norman, LLP
Contributor address; City: State: Zip Code
1800 Valley View Lane, Ste 200
Dallas, TX 75234

7 Amount of contribution (\$)

\$5000.00

8 Contributor's principal occupation

attorneys

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/11/21

Full name of contributor out-of-state PAC ID#: _____

Thomas E. Shaw, Esq.
Contributor address; City: State: Zip Code
9304 Forest Lane, Ste 2527 North Bldg.
Dallas, TX 75243-6238

Amount of contribution (\$)

\$1000.00

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/30/21

Full name of contributor out-of-state PAC ID#: _____

Jeff Tillotson, Esq.
Contributor address; City: State: Zip Code
1807 Ross Ave. Ste 325
Dallas, TX 75201

Amount of contribution (\$)

\$5000.00

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

307 22

2 FILER NAME

SALLY L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

10/18/21

5 Full name of contributor

out-of-state PAC ID#: _____

Robert C. Slim Law Firm, PLLC

7 Amount of contribution (\$)

\$400.00

6 Contributor address;

City: _____ State: _____ Zip Code _____

P.O. Box 250
Grapevine, TX 76099-0250

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Robert C. Slim Law Firm, PLLC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/28/21

Full name of contributor

out-of-state PAC ID#: _____

Miller Weisbrod, LLP

Amount of contribution (\$)

\$1000.00

Contributor address;

City: _____ State: _____ Zip Code _____

11551 Forest Central Dr. Ste 300
DALLAS, TX 75243

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor

out-of-state PAC ID#: _____

Koning Rubarts, LLP

Amount of contribution (\$)

\$500.00

Contributor address;

City: _____ State: _____ Zip Code _____

100 Pacific Ave Ste 4500
DALLAS, TX 75201-4619

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

4/2/22

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/21

5 Full name of contributor out-of-state PAC ID#: _____

Arthur Anderson, Esq. & Katherine Baxter

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code
6615 Lupton Dr. DALLAS, TX 75225-2326

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Winstead, PC

11 Law firm of contributor's spouse (if any)

n/a

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor out-of-state PAC ID#: _____

Winstead, PC PAC

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code
2728 North Harwood St. Ste 500 DALLAS, TX 75201

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor out-of-state PAC ID#: _____

Baron & Budd, P.C.

Amount of contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code
3102 OAKLAWN AVE. Ste 1100 DALLAS, TX 75219

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

5722

2 FILER NAME

Sully L Montgomery

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/17/21

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

Larry E. Ackels, Jr., Esq.

6 Contributor address; City; State; Zip Code
3030 LBJ Freeway Ste 1550
DALLAS, TX 75234

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

attorney

10 Contributor's job title

11 Contributor's employer/law firm

Ackels & Ackels, LLP

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

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

Henry F. Ackels, Esq.

Contributor address; City; State; Zip Code
3030 LBJ Freeway Ste 1550
DALLAS, TX 75234

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Ackels & Ackels, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

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

Bell, Nunnally & Martin, LLP

Contributor address; City; State; Zip Code
2323 Ross Ave Ste 1900
DALLAS, TX 75201

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

6722

2 FILER NAME

Sally L. Montgomery

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/17/21

5 Full name of contributor

Michael S. Bernstein, PC

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$125.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

416 S. Third St.
Garland, TX 75040-6426

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor

Akin Gump Strauss Hauerfeld LLP

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

300 West Lake Street Ste 2100
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor

Hallett & Perrin, P.C.

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1445 Ross Ave Ste 2400
Dallas, TX 75202

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

7/22

2 FILER NAME

Sally L. Montgomery

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/17/21

5 Full name of contributor out-of-state PAC (ID#: _____)

Hallett & Perrin, P.C.

6 Contributor address; City; State; Zip Code

1445 Ross Ave Ste 2400
DALLAS, TX 75202

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor out-of-state PAC (ID#: _____)

Stephen E. Niermann & Rebe kah L. Niermann

Contributor address; City; State; Zip Code

4411 Emerald Dr
Carrollton, TX 75010-4515

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Stephen Niermann PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor out-of-state PAC (ID#: _____)

Carter Arnett, PLLC

Contributor address; City; State; Zip Code

8150 N. Central Expwy Ste 500
DALLAS, TX 75206

Amount of contribution (\$)

\$5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

8 22

2 FILER NAME

Sally L. Montgomery

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/17/21

5 Full name of contributor out-of-state PAC (ID#: _____)

Kenneth K. Stephens, Esq

6 Contributor address; City; State; Zip Code

4709 Lovens Lane Ste 100
DALLAS, TX 75209

7 Amount of contribution (\$)

\$125.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

attorney

10 Contributor's job title

11 Contributor's employer/law firm

Law Office of Kenneth K. Stephens

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/19/21

Full name of contributor out-of-state PAC (ID#: _____)

Ben Taylor

Contributor address; City; State; Zip Code

2654 Lakeforest Court
DALLAS, TX 75214

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Ted B. Lyon & Associates, P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/19/21

Full name of contributor out-of-state PAC (ID#: _____)

P. Michael McCullough

Contributor address; City; State; Zip Code

12222 Merit Dr. Ste 1200
DALLAS, TX 75251

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

P. Michael McCullough Mediations

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

9/22

2 FILER NAME

Sally L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

11/19/21

5 Full name of contributor out-of-state PAC ID#: _____

Jennifer Kinder, Esq.

6 Contributor address; City; State; Zip Code

3701 W. Northwest Hwy #304
DALLAS, TX 75220

7 Amount of contribution (\$)

\$2500.00

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Kinder LAW, PLLC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/19/21

Full name of contributor out-of-state PAC ID#: _____

Wick Phillips Gould & Martin, LLP

Contributor address; City; State; Zip Code

3131 McKinney Ave Ste 500
DALLAS, TX 75204

Amount of contribution (\$)

\$1000.00

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/19/21

Full name of contributor out-of-state PAC ID#: _____

Craig Albert

Contributor address; City; State; Zip Code

8350 N. Central Expressway, Ste 1500
DALLAS, TX 75206

Amount of contribution (\$)

\$250.00

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Cherry Petersen Landry Albert

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

10722

2 FILER NAME

Sally L. Montgomery

3 Filer ID # (Ethics Commission Filers)

4 Date

11/8/21

5 Full name of contributor out-of-state PAC ID#: _____

Glast, Phillips & Murray, P.C.

6 Contributor address; City; State; Zip Code

14801 Quorum Dr, Ste 500
DALLAS, TX 75254

7 Amount of contribution (\$)

\$1000.00

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/8/21

Full name of contributor out-of-state PAC ID#: _____

DAVID D. Kentz, Esq

Contributor address; City; State; Zip Code

6 Twin Bridge Ct.
DALLAS, TX 75243

Amount of contribution (\$)

\$125.00

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Faegre Drinker Biddle & Reith ^{LP}

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/8/21

Full name of contributor out-of-state PAC ID#: _____

Russell Button, Esq

Contributor address; City; State; Zip Code

4315 W. Lovers Lane, Suite A
DALLAS TX 75209

Amount of contribution (\$)

\$250.00

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Button LAW FIRM, PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

11 of 22

2 FILER NAME

Sally L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

11/10/21

5 Full name of contributor out-of-state PAC ID#: _____

Patrick Watson, Esq.

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

9136 Liptonshire Dr
DALLAS, TX 75238

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Best Watson Gilbert

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/12/21

Full name of contributor out-of-state PAC ID#: _____

Lawrence J. Friedman, Esq.

Amount of contribution (\$)

\$5000.00

Contributor address; City; State; Zip Code

25 Glen Abbey Dr
DALLAS, TX 75248

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Friedman Feiger, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/12/21

Full name of contributor out-of-state PAC ID#: _____

Charla G. Aldous, Esq.

Amount of contribution (\$)

\$2500

Contributor address; City; State; Zip Code

4311 Oak Lawn Ave Ste 150
DALLAS, TX 75219

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Aldous Walker LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

12 of 22

2 FILER NAME

Sally L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/21

5 Full name of contributor

out-of-state PAC ID#: _____

Waters & Kraus

7 Amount of contribution (\$)

\$1000.00

6 Contributor address; City; State; Zip Code

3141 Hood Street Suite 700
DALLAS, TX 75214

8 Contributor's principal occupation

attorneys

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/12/21

Full name of contributor

out-of-state PAC ID#: _____

Tom Carse, Esq

Amount of contribution (\$)

\$2500.00

Contributor address; City; State; Zip Code

7039 Mossvine Dr
DALLAS, TX 75254

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Carse Law Firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor

out-of-state PAC ID#: _____

Stephen F. Malouf, Esq

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

4305 W. Lovers Lane
DALLAS, TX 75209

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Malouf & Nockels, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13722**

2 FILER NAME

SALLY L Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/21

5 Full name of contributor out-of-state PAC ID#: _____

Carol DONOVAN, Esq.

6 Contributor address; City; State; Zip Code

**6509 Malcolm Dr.
DALLAS, TX 75214**

7 Amount of contribution (\$)

\$250.00

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Carol Crabtree DONOVAN, PC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/18/21

Full name of contributor out-of-state PAC ID#: _____

DAVID G. Grigg, Esq.

Contributor address; City; State; Zip Code

**13214 Glad Acres Dr
DALLAS, TX 75234**

Amount of contribution (\$)

\$125.00

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Law Office of Wendel A. Withrow

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/18/21

Full name of contributor out-of-state PAC ID#: _____

Benjamin Julius, Esq.

Contributor address; City; State; Zip Code

**5720 LBJ Freeway 57440
DALLAS, TX 75240**

Amount of contribution (\$)

\$125.00

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

LAW Office of Kelly T. Curran

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

14 P 22

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/21

5 Full name of contributor out-of-state PAC ID#: _____

DAVID Verecke, Esq

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

7206 Western Way
DALLAS, TX 75248

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Gagnon, Peacock & Verecke, PC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/24/21

Full name of contributor out-of-state PAC ID#: _____

Leon Russell, Esq

Amount of contribution (\$)

\$5000.00

Contributor address; City; State; Zip Code

2305 Beachview Dr
Flower Mead, TX 75022

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Russell Law Firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/9/21

Full name of contributor out-of-state PAC ID#: _____

Kizzia Johnson, PLLC

Amount of contribution (\$)

\$125.00

Contributor address; City; State; Zip Code

1910 Pacific Ave. Ste 13000
DALLAS, TX 75201

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 15822

2 FILER NAME

SALLY L. MONTGOMERY

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/21

5 Full name of contributor out-of-state PAC ID#:

Godwin BOWMAN

7 Amount of contribution (\$)

\$5000.00

6 Contributor address; City; State; Zip Code

1201 Elm Street Suite 1700
DALLAS, TX 75270

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor out-of-state PAC ID#:

Andrew M. Trusevich, Esq.

Amount of contribution (\$)

\$2000.00

Contributor address; City; State; Zip Code

5748 Kate Ave
Plano, TX 75024-5877

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/18/21

Full name of contributor out-of-state PAC ID#:

John C. Danish, Esq.

Amount of contribution (\$)

\$125.00

Contributor address; City; State; Zip Code

1117 Capitol Ct.
Irving, TX 75060

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
16822

2 FILER NAME

Sally L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/21

5 Full name of contributor out-of-state PAC ID#: _____

Giunta Law, P.C.

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

*1919 S. Shiloh Rd, Ste 610
Garland, TX 75042*

8 Contributor's principal occupation

attorneys

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/17/21

Full name of contributor out-of-state PAC ID#: _____

Vassallo & Salazar, P.C.

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

*3710 Rawlins, Suite 1400
DALLAS, TX 75219*

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/15/21

Full name of contributor out-of-state PAC ID#: _____

Gran Law Group, PLLC

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

*1445 Ross Ave Suite 1700
DALLAS, TX 75202*

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

17822

2 FILER NAME

Sally L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/21

5 Full name of contributor

out-of-state PAC ID#:

Reese Marketos, LLP

7 Amount of contribution (\$)

\$1000.00

6 Contributor address; City; State; Zip Code

750 N. Saint Paul St. Ste 600
DALLAS, TX 75201

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/18/21

Full name of contributor

out-of-state PAC ID#:

The Abeita Law Firm, PLLC

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

1408 N Riverfront Blvd Ste 350
DALLAS, TX 75207

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/1/21

Full name of contributor

out-of-state PAC ID#:

DAVID BELL & Betty Jo Bell

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

6030 Woodland Dr.
DALLAS, TX 75225

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **18722**

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

12/1/21

5 Full name of contributor out-of-state PAC ID#: _____

Gilbert Mediator, PC

7 Amount of contribution (\$)

\$1000.00

6 Contributor address; City; State; Zip Code
**12001 North Central Expressway Ste. 650
DALLAS, TX 75243**

8 Contributor's principal occupation

attorney mediators

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/1/21

Full name of contributor out-of-state PAC ID#: _____

Kane Russell Coleman Logan, P.C.

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code
**901 Main Street Ste. 5200
DALLAS, TX 75202**

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/1/21

Full name of contributor out-of-state PAC ID#: _____

H. Gady Chandler, Esq

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code
**12222 Merit Drive Ste 1200
DALLAS, TX 75251**

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law Offices of H. Gady Chandler, P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **19**

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/21

5 Full name of contributor

out-of-state PAC ID#: _____

Fisk Firm, P.C.

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

**2711 N. Haskell Ave Ste 1530 LB 10
Dallas, TX 75204**

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/11/21

Full name of contributor

out-of-state PAC ID#: _____

Schorsch & Associates, P.C.

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

**8080 N. Central Expwy Ste 1300
Dallas, TX 75205**

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/11/21

Full name of contributor

out-of-state PAC ID#: _____

Barnes & Thornburg, LLP / TEXAS PAC

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

**11 South Meridian Street
Indianapolis, IN 46204**

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

20 of 22

2 FILER NAME

SALLY L Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

12/1/21

5 Full name of contributor

out-of-state PAC ID#:

The Colaneri Firm, P.C.

6 Contributor address;

City; State; Zip Code

524 E. Lamar Blvd. Ste 280
Arlington, TX 76011

7 Amount of contribution (\$)

\$500.00

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/10/21

Full name of contributor

out-of-state PAC ID#:

Clint Cox, Esq.

Contributor address;

City; State; Zip Code

6616 Mimosa Lane
DALLAS, TX 75230

Amount of contribution (\$)

\$1000.00

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Cox PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/7/21

Full name of contributor

out-of-state PAC ID#:

Robert Nussbaum, Esq.

Contributor address;

City; State; Zip Code

3405 Chaney Lane
Plano, TX 75093

Amount of contribution (\$)

\$150.00

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Nussbaum medications

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
2/7/22

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

12/23/21

5 Full name of contributor

out-of-state PAC ID#: _____

Geoff Henley, Esq.

7 Amount of contribution (\$)

\$5000.00

6 Contributor address; City; State; Zip Code

**2520 Fairmount St. Ste 200
DALLAS, TX 75201**

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Henley & Henley, P.C.

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/15/21

Full name of contributor

out-of-state PAC ID#: _____

Frank L. Branson, P.C.

Amount of contribution (\$)

\$2500.00

Contributor address; City; State; Zip Code

**Highland Park Place, Suite 1800
4314 Cole Ave. Dallas, TX 75205-4185**

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/24/21

Full name of contributor

out-of-state PAC ID#: _____

Schorr Law Firm, P.C.

Amount of contribution (\$)

\$345.67

Contributor address; City; State; Zip Code

**328 W Interstate 30 Ste 2
Garland, TX 75043**

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

22/7/22

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

12/21/21

5 Full name of contributor

out-of-state PAC ID#:

Ben Taylor

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

2654 Lakewood Court
DALLAS, TX 75214

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Ted B. Lyon & Associates, PC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/31/21

Full name of contributor

out-of-state PAC ID#:

Ray E. Green

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

3030 McKinney Ave
Suite 1501 DALLAS, TX 75204

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Ray Green Law Firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/21/21

Full name of contributor

out-of-state PAC ID#:

Hunter, Andrew S. Kurtn. TEXAS PAC

Amount of contribution (\$)

\$2500.00

Contributor address; City; State; Zip Code

600 TRAVIS
Suite 4200 Houston, TX 77002

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

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 A2: 1

2 FILER NAME

Sally L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

11/18/21

6 Full name of contributor out-of-state PAC (ID#: _____)

Quilling Selander Lowndes Winslett & Moser

8 Amount of Contribution \$

\$5000.00

9 In-kind contribution description

Fundraiser

7 Contributor address; City; State; Zip Code

*2001 Bryan St., Suite 1800
Dallas, TX 75201*

11/18/21

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

attorneys

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 189	2 FILER NAME SALLY L. Montgomery	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 7/31/2021	5 Payee name American Express
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6 Amount (\$) \$638.76	7 Payee address: P.O. Box 65044 DALLAS, TX 75265-0448	City:	State:	Zip Code
----------------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) credit card payment	(b) Description see F4
	(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 7/15/21	Payee name SALLY L. Montgomery
------------------------	--

Amount (\$) \$1215.54	Payee address: 13901 Midway Rd. Ste 102 Box 318 DALLAS, TX 75244	City:	State:	Zip Code
---------------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Schedule 4 Reimbursement	Description hand gun - protection
	(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
--	-------------------------------	---------------	-------------

Date 7/21/21	Payee name American Express
------------------------	---------------------------------------

Amount (\$) \$1770.88	Payee address: P.O. Box 65044 DALLAS, TX 75265-0448	City:	State:	Zip Code
---------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	Description see F4
	(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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 279	2 FILER NAME SPILY L. Montgomery	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 8/14/21	5 Payee name Larry Duncan
--------------------------	-------------------------------------

6 Amount (\$) \$900.00	7 Payee address: 5415 Banting Way DALLAS, TX 75227
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/21	Payee name AFL-CIO
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Amount (\$) \$125.00	Payee address: 1106 Lavaca St #200 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Labor Day breakfast - 4 page ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/24/21	Payee name Farmers Branch Police Officers Association
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Amount (\$) \$125.00	Payee address: P.O. Box 810384 DALLAS, TX 75381-0384
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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 ONLY 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 379	2 FILER NAME SALLY L. Montgomery	3 Filer ID (Ethics Commission Filers)
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4 Date 8/24/21	5 Payee name American Express
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6 Amount (\$) \$772.22	7 Payee address: P.O. Box 65044 DALLAS, TX 75265-0448	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card payment	(b) Description all FY
	(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 8/31/21	Payee name Dallas County Democratic Party
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Amount (\$) \$700.00	Payee address: 1414 N. Washington Ave DALLAS, TX 75204	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	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
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Date 9/21/2021	Payee name American Bar Association
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Amount (\$) \$130.00	Payee address: P.O. Box 4745 Carol Stream, Ill. 60197-4745	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees/dues	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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>479</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/31/2021</i>	5 Payee name <i>American Express</i>
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6 Amount (\$) <i>\$706.04</i>	7 Payee address: <i>P. O. Box 65044</i> <i>Dallas, TX 75265-0448</i>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit card payment</i>	(b) Description <i>see F4</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/25/21</i>	Payee name <i>Ussrey Printing Company</i>
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Amount (\$) <i>\$5846.89</i>	Payee address: <i>4201 Airborn Dr</i> <i>Addison, TX 75001</i>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	Description <i>11/18/21 Fundraising invitations</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/26/21</i>	Payee name <i>Smith Thompson Security</i>
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Amount (\$) <i>\$356.63</i>	Payee address: <i>P. O. Box 260689</i> <i>Plano, TX 75026-0689</i>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees 10-1-21 to 9-30-22</i>	Description <i>Security</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 579	2 FILER NAME SALLY L. Montgomery	3 Filer ID (Ethics Commission Filers)
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4 Date 11/2/21	5 Payee name American Express
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6 Amount (\$) \$968.18	7 Payee address: P.O. Box 65044 DALLAS, TX 75265-0448	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card payment	(b) Description see F4
	(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 11/18/21	Payee name Dallas County Democratic Party
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Amount (\$) \$2500.00	Payee address; 1414 N. Washington Ave DALLAS, TX 75204	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Filing Fee - CCL#3
	<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 12/2/21	Payee name American Express
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Amount (\$) \$1594.32	Payee address; P.O. Box 65044 DALLAS, TX 75265-0448	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	Description see F4
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: **6 of 9** 2 FILER NAME: **SALLY L. Montgomery** 3 Filer ID (Ethics Commission Filers)

4 Date: **12/17/21** 5 Payee name: **North Dallas Democratic Women**

6 Amount (\$): **\$125.00** 7 Payee address; **C/O HEENA Webb** City; State; Zip Code
17201 Hidden Glen Dr
DALLAS, TX 75248

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description membership 2022 Eleanor Roosevelt
(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **12/19/21** Payee name: **American Express**

Amount (\$): **\$2,135.13** Payee address; **P.O. Box 65044** City; State; Zip Code
DALLAS, TX 75265-0448

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Credit card payment	Description see F4
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **12/19/21** Payee name: **The Preston Hollow Democrats**

Amount (\$): **\$135.00** Payee address; **P.O. Box 670631** City; State; Zip Code
Dallas, TX 75367-0631

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Fees	Description Membership - 2021 to 2022
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 789	2 FILER NAME SALLY L. Montgomery	3 Filer ID (Ethics Commission Filers)
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4 Date 12/27/21	5 Payee name Far North Dallas Richardson Democrats
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6 Amount (\$) \$450.00	7 Payee address: P.O. Box 795247 DALLAS, TX 75379	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Candidate Forum booklet 2/6/2022
	(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 12/30/21	Payee name Dallas Bar Association
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Amount (\$) \$270.00	Payee address: 2101 Ross Ave DALLAS, TX 75201	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Dues - 2022
	<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 12/30/21	Payee name Southern Methodist University
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Amount (\$) \$150.00	Payee address: C/O Gifts Administration P.O. Box 650880 DALLAS, TX 75265-9929	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Presidential Fund for Immediate Needs
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 879	2 FILER NAME SALLY L. Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/21	5 Payee name Baylor Law School Faculty Fund	
6 Amount (\$) \$150.00	7 Payee address: Alumni Relations & Development 1114 So. University Park Dr One Bear Place #97288 WACO, TX 76798	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(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 12/30/21	Payee name Kappa Delta Foundation	
Amount (\$) \$150.00	Payee address: 3205 Players Lane Memphis, TN 38125-9900	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Scholarships
	(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

Date 12/30/21	Payee name TEXAS BAR FOUNDATION	
Amount (\$) \$200.00	Payee address: 515 Congress Ave Ste 1755 Austin, TX 78701-3505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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>979</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/30/21</i>	5 Payee name <i>DBA Community Service Fund, Inc.</i>	
6 Amount (\$) <i>1255.00</i>	7 Payee address: <i>2101 Ross Ave.</i> <i>Dallas, TX 75201</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>contribution</i>	(b) Description <i>pro bono legal assistance</i>
	(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 <i>11/19/21</i>	Payee name <i>paypal fees</i>	
Amount (\$) <i>\$434.67</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	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 <i>12/23/21</i>	Payee name <i>paypal fees</i>	
Amount (\$) <i>\$144.89</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>1 of 4</i>		2 FILER NAME <i>SALLY L. Montgomery</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <i>7/11/21</i>		6 Payee name <i>Extra Space Storage</i>			
7 Amount (\$) <i>\$217.00</i>		8 Payee address; City; State; Zip Code <i>2422 Marsh Lane Carrollton, TX 75006</i>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>rent</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>sign storage</i>	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date <i>7/13/21</i>		Payee name <i>Chris Craft Framing & Gallery</i>			
Amount (\$) <i>\$337.94</i>		Payee address; City; State; Zip Code <i>5211 W. Lovers Lane DALLAS, TX 75209</i>			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Other</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reframe Judge Jenevein</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>2 of 14</i>		2 FILER NAME <i>Sally L. Montgomery</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <i>10/9/21</i>		6 Payee name <i>AT&T Mobility</i>			
7 Amount (\$) <i>\$ 143.72</i>		8 Payee address; City; State; Zip Code <i>P. O. Box 537104 Atlanta, GA 30353-7104</i>			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Office overhead</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cell phone & tablet communication</i>	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <i>11/9/21</i>		Payee name <i>AT&T Mobility</i>			
Amount (\$) <i>\$ 143.44</i>		Payee address; City; State; Zip Code <i>P. O. Box 537104 Atlanta, GA 30353-7104</i>			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Office overhead</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cellular communication</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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: <i>3 of 14</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <i>7/24/21</i>	6 Payee name <i>AT&T Uverse</i>		
7 Amount (\$) <i>\$160.83</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 5014 Carol Stream, Ill. 60197-5014</i>		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<i>Office overhead</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>internet communication</i>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>8/11/21</i>	Payee name <i>Extra Space Storage</i>		
Amount (\$) <i>\$217.00</i>	Payee address; City; State; Zip Code <i>2422 Marsh Lane Carrollton, TX 75006</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>rent</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>sign storage</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>4 of 14</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$

5 Date <i>7/15/21</i>	6 Payee name <i>Dallas Morning News</i>
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7 Amount (\$) <i>\$167.13</i>	8 Payee address; City; State; Zip Code <i>1954 Commerce St. DALLAS, TX 75201</i>
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>education</i>
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/23/21</i>	Payee name <i>AT&T World</i>
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Amount (\$) <i>\$160.83</i>	Payee address; City; State; Zip Code <i>P.O. Box 5014 Carroll Stream, Ill. 60197-5014</i>
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>internet communication</i>
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Complete ONLY 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>3 of 14</i>		2 FILER NAME <i>Sally L Montgomery</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <i>9/11/21</i>		6 Payee name <i>Dallas Museum of Art</i>			
7 Amount (\$) <i>\$470.00</i>		8 Payee address; City; State; Zip Code <i>1717 N. Harwood St. DALLAS, TX 75201</i>			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Feest Contribution</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Schools & blind access</i>	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date <i>9/10/21</i>		Payee name <i>AT&T Mobile</i>			
Amount (\$) <i>\$218.25</i>		Payee address; City; State; Zip Code <i>P.O. Box 537104 Atlanta, GA 30353-7104</i>			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>office overhead</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cellular communication</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>16 of 14</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>9/21/21</i>	6 Payee name <i>TEXAS Center for the Judiciary</i>	
7 Amount (\$) <i>-360.00</i>	8 Payee address; City; State; Zip Code <i>Austin, TEXAS</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>refund 9/2021 conf.</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8/24/21</i>	Payee name <i>Kalahari Resort Round Rock</i>	
Amount (\$) <i>-195.00</i>	Payee address; City; State; Zip Code <i>Round Rock, TX</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense - Travel Lodging</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>refund 6/25/21</i>
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>7 of 84</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>11/25/21</i>	6 Payee name <i>AT&T World</i>
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7 Amount (\$) <i>\$163.52</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 5014 Carol Stream, Ill. 60197-5014</i>
---	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>internet communication</i>
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/1/21</i>	Payee name <i>Extra Space Storage</i>
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Amount (\$) <i>\$217.00</i>	Payee address; City; State; Zip Code <i>2422 Marsh Lane Carrollton, TX 75006</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>rent</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>sign storage</i>
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Complete ONLY 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>8 of 14</i>	2 FILER NAME <i>SALLY L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>12/10/21</i>	6 Payee name <i>AT & T Mobility</i>	
7 Amount (\$) <i>\$143.72</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 537104 Atlanta, GA 30353-7104</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cellular communication</i>
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/17/21</i>	Payee name <i>Dallas Morning News</i>	
Amount (\$) <i>\$117.84</i>	Payee address; City; State; Zip Code <i>1954 Commerce St. DALLAS, TX 75201</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>education</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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: <i>9/17/14</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>11/20/21</i>	6 Payee name <i>Dr Delphinium's</i>	
7 Amount (\$) <i>\$265.16</i>	8 Payee address; City; State; Zip Code <i>5806 Lovens Lane DALLAS, TX 75225</i>	
9 TYPE OF EXPENDITURE	<input checked="" 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
	<i>Solicitation/Fundraising Expense for 11/18 fundraising decorations</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/30/21</i>	Payee name <i>Needle in a Haystack</i>		
Amount (\$) <i>\$844.35</i>	Payee address; City; State; Zip Code <i>6911 Preston Rd DALLAS, TX 75205</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>Solicitation/Fundraising</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>printing & cards</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10 of 14 2 FILER NAME: Sally L. Montgomery 3 Filer ID (Ethics Commission Filers):

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

5 Date: 12/13/21 6 Payee name: Needle In A Haystack

7 Amount (\$): \$173.20 8 Payee address; City; State; Zip Code: 6911 Preston Rd
DALLAS, TX 75205

9 TYPE OF EXPENDITURE: Political Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): Solicitation / Fundraising (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. printing of cards

11 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 10/11/21 Payee name: Extra Space Storage

Amount (\$): \$217.00 Payee address; City; State; Zip Code: 2422 Marsh Lane
Carrollton, TX 75006

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): rent Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. sign storage

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>11/17/14</i>	2 FILER NAME <i>SALLY L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>9/11/21</i>	6 Payee name <i>Extra Space Storage</i>
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7 Amount (\$) <i>\$217.00</i>	8 Payee address: <i>2422 Marsh Lane Carrington, Texas 75006</i>	City:	State:	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>rent</i>	(b) Description <i>sign storage</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/23/21</i>	Payee name <i>AT&T UVerse</i>
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Amount (\$) <i>\$160.83</i>	Payee address: <i>P.O. Box 5014 Carol Stream, Ill 60197-5014</i>	City:	State:	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <i>internet communication</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>12/7/14</i>	2 FILER NAME <i>SALLY L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<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
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Date <i>9/24/21</i>	Payee name <i>Terrace Bistro & Soda at NYLO</i>
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Amount (\$) <i>\$321.71</i>	Payee address; City; State; Zip Code <i>1325 Botham Jean Blvd DALLAS, TX 75215</i>
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Dining</i>	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>STAFF-celebration of clerk promotion</i>

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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: <i>13 of 14</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>10/25/21</i>	6 Payee name <i>AT&T Universe</i>
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7 Amount (\$) <i>\$162.21</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 5014 Carol Stream, AL 60197-5014</i>
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>internet communication</i>
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/1/21</i>	Payee name <i>Extra Space Storage</i>
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Amount (\$) <i>\$217.00</i>	Payee address; City; State; Zip Code <i>2422 Marsh Lane Carrollton, TX 75006</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rent -</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Sign Storage</i>
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Complete ONLY 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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: 24 of 14	2 FILER NAME SAUL L. MONTGOMERY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$

5 Date 10/15/21	6 Payee name Dallas Bar Association
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7 Amount (\$) \$395.00	8 Payee address; City; State; Zip Code 2101 ROSS AVE DALLAS, TX 75201
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense - Annual Bruch/Bar Conference	(b) Description Oct 3-5, 2021
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/5/21	Payee name Horseshoe Bay Resort
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Amount (\$) \$430.00	Payee address; City; State; Zip Code 200 Hi Cir N. Horseshoe Bay, TX 78657
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL - Lodging Oct 3-5 th , 2021 DBA/Bruch Bar Conference	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>1</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/8/2021</i>	5 Payee name <i>Ray's Hardware Sporting Goods</i>
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6 Amount (\$) <i>\$1215.54</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>730 Singleton Blvd DALLAS, TX 75212</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/17/21</i>	Payee name <i>Texas Coalition of Black Democrats - Dallas Chapter</i>
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Amount (\$) <i>\$150.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 143712 Ft. Worth, TX 76161</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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
<input type="checkbox"/> Reimbursement from political contributions intended	

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
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Complete ONLY 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