CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT FORM C/OH **COVER SHEET PG 1** The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 CANDIDATE / MS / MRS / MR FIRST MI **OFFICEHOLDER** OFFICE USE ONLY Ms Deanna NAME M NICKNAME Date Received LAST SUFFIX Hammond CANDIDATE / ADDRESS / PO BOX APT / SUITE # STATE ZIP CODE **OFFICEHOLDER** 1200 E Davis St Suite 115 PMB 137 MAILING Mesquite Texas 75149 **ADDRESS** 5 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** Date Hand delivered or Date Postmarked (214 PHONE 444-6994 0 0 CAMPAIGN MS / MRS / MR FIRST MI TREASURER بې Mrs Sonya NAME Date Proce 040 NICKNAME LAST SUFFIX Date Imaged Lilly STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CAMPAIGN CITY STATE TREASURER ZIP CODE 101 Main Park Lane **ADDRESS** Duncanville Texas 75137 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (225 802-7927 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED Day 9 30 22 THROUGH 10 29 22 11 ELECTION ELECTION DATE **ELECTION TYPE** Month Primary Year Runoff Other Description General 22 Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Dallas County Constable Pct 2 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			
		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS OF	\$
******	 TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS 	TIONS OR GUARANTEES OF LOANS)	\$ 2,535.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	IRES	\$ 1,944.68
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST DAY	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING P	L OUTSTANDING LOANS AS OF THE	\$
		OHAMMON Signature of Candidate	
		Signature of Candidate	e or Officeholder
	Please complet	e either option below:	
		The option bolow.	
(1) Affidavit	Jaime Whaley My Commission Expires 01/23/2025 ID No 130979226		
NOTARY STAMP/SEAL			
	D. 11	, 5	/
	efore me by <u>Deanna Han</u>	monc this the	_ day of November,
lati 30/2hale	nich, witness my hand and seal of office.		
Signature of officer administering	g oath Printed name of officer a	dministering oath	Title of officer and in the second
	OR	entratesting data	Title of officer administering oath
(2) Unsworn Declaration		ear three many in the last of the last of the	
Mu nama ia			
My address is		, and my date of birth is	*
,	(street)	· · · · · · · · · · · · · · · · · · ·	
Executed in	County, State of, c	(city) (state) n the day of (month)	(zip code) (country), 20
		Signature of Candidate/Office	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	Instruction Guide explains how	to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME Deanna Ha		and the second particles of any law of		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor Ray Skinner	out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
10/02/2022	6 Contributor address; 1108 Westminister Dr	City;	State; Zip Code	104.15
8 Principal occu Unemployed	pation / Job title (See Instructions)		9 Employer (See Instructure Unemployed	itions)
Date 10/02/2022	Full name of contributor Edward Broadway	out-of-state F	PAC (ID#)	Amount of contribution (\$)
	Contributor address; 301Stone Ridge Dr	City; Sunnyval	State: Zip Code	125.00
Principal occup Jnknown	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 10/06/2022	Full name of contributor Various	out-of-state P/	AC (ID#)	Amount of contribution (\$)
10/06/2022	Contributor address: Cash App Donatio	city;	State; Zip Code e attachments	434.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Suzanne Hess	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/06/2022	Contributor address; PO Box 192305	City;	State; Zip Code Texas 75219	250.00
Principal occupa	ation / Job title (See Instructions)	241145	Texas 75219 Employer (See Instruction Stonewall Democrats	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME Deanna Ha			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s Deanna Hammond	state PAC (ID#)	7 Amount of contribution (\$)
10/12/2022	6 Contributor address; City; 1200 E Davis St Suite 115 PMB 137	State; Zip Code Mesquite Texas 75149	300.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction Self-employed	tions)
Date 10/17/2022	Full name of contributor out-of-st Various	tate PAC (ID#:)	Amount of contribution (\$)
10/1/12022	Contributor address; City; Cash App Donations *	State; Zip Code See attachments	370.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Principal occup	Full name of contributor out-of-sta	Employer (See Instruct	Amount of contribution (\$)
	Full name of contributor out-of-sta Patricia Rainwater Contributor address: City;	ate PAC (ID#) State; Zip Code	
Date 10/18/2022	Full name of contributor out-of-sta Patricia Rainwater	ate PAC (ID#) State; Zip Code	Amount of contribution (\$) 50.00
Date 10/18/2022 Principal occup Retired Date	Full name of contributor out-of-sta Patricia Rainwater Contributor address: City; 3105 Caribou Ct Mesquation / Job title (See Instructions)	State; Zip Code uite Texas 75181 Employer (See Instruction	Amount of contribution (\$) 50.00
Date 0/18/2022 Principal occup etired	Full name of contributor out-of-sta Patricia Rainwater Contributor address: City; 3105 Caribou Ct Mesquation / Job title (See Instructions)	State; Zip Code uite Texas 75181 Employer (See Instruction Retired ste PAC (ID#:	Amount of contribution (\$) 50.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	Instruction Guide explains how to	complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers
Deanna Ha	ammond			
4 Date	5 Full name of contributor CWA Local 6215	out-of-state PA	NC (ID#:)	7 Amount of contribution (\$)
10/19/2022	6 Contributor address;	City;	State; Zip Code	750.00
8 Principal occu	1408 N. Washington Suite 300 pation / Job title (See Instructions)	Dallas	Texas 75204	
WA	pation, 500 title (See Instructions)		9 Employer (See Instruct N/A	ions)
Date	Full name of contributor Vertis McKinney	out-of-state PA	C (ID#)	Amount of contribution (\$)
10/26/2022	Contributor address;	City;	State; Zip Code	100.00
Discipal	2111 Camelot Drive	Lewisville	Texas 75067	
Police	ation / Job title (See Instructions)		Employer (See Instruction Dallas PD	ons)
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address:	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
			State; Zip Code	
	Contributor address;	City,	outo, zip code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Tray
Salaries/Wages/Contract Labor Othe

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

1 Total pages Schedule F1	2 FILER NAME Deanna Hammond		3 Filer ID (Eth	lics Commission Filers
4 Date 10/03/2022	5 Payee name Stripe	1		
6 Amount (\$)	7 Payee address;	City;	61-1	
4.88	www.stripe.com	Palo Alto	State; C	Zip Code alifornia
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Donor fees thro	ugh portal	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/03/2022	Home Depot			
Amount (\$)	Payee address;	City;	State;	7.0.1
151.12	12005 Elam Road	Balch Springs	Texas	Zip Code 75180
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description (20) 6' Steel T Posi	ļ	
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livir	o expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			William The Control of the Control o
10/05/2022	Stripe			
Amount (\$)	Payee address;	City;	State;	
11.30	www.stripe.com	Palo Alto	State,	Zip Code California
	Category (See Categories listed at the top of this schedule)	Description	A	
PURPOSE OF EXPENDITURE	Fees	Donor fees throu	gh portal	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin T	X, officeholder living	- Avnores
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	v. omeanoider HAIVÉ	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule F1:			3 Files ID (Files 2
2057	Deanna Hammond		3 Filer ID (Ethics Commission Filers
· Date	5 Payee name		
10/05/2022	Cash App		
Amount (\$)	7 Payee address;	City;	Cinta: 71.0
7.60	1455 Market Street Suite 600	San Francisco Ca	State; Zip Code alifornia 94103
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Donor fees thro	ugh portal
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/06/2022	Signage Systems		
Amount (\$)	Payee address;	City;	C
328.08	7900 Ferguson Rd.	Dallas Texas	State; Zip Code 75228
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description 4 x 8 Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	Payae name		
Date 0/11/2022	Payee name Home Depot		
O/11/2022 Amount (\$)		City; Dalla:	State; Zip Code s Texas 75218
Date 0/11/2022 Amount (\$)	Home Depot Payee address;	S Marcol (Marcol (Marc	200
Date 0/11/2022 Amount (\$) 92.54	Home Depot Payee address; 11255 Garland Rd	Dalla	s Texas 75218
Date 0/11/2022 Amount (\$) 92.54 PURPOSE OF	Home Depot Payee address; 11255 Garland Rd Category (See Categories listed at the top of this schedule)	Dalla: Description 6' Steel T Posts	s Texas 75218

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F	The Instruction Guide explains how to 2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers
1 Date 10/11/2022	5 Payee name Schlotzsky's		
5 Amount (\$)	7 Payee address;	City;	State; Zin Code
41.85	333 S. State Hwy 78	Wylie Texas	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	×
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Lunch for campa	aign team
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	And a second	
10/11/2022	Quiktrip #985		
Amount (\$)	Payee address;	City;	State; Zip Code
63.28	1610 W. Scyene Rd Me	squite Texas	State; Zip Code 75149
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel	
OF	Category (See Categories listed at the top of this schedule) Travel In District Check if travel outside of Texas, Complete Schedule T.	Fuel	
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Fuel	TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Fuel Check if Austin.	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Fuel Check if Austin.	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 10/15/2022	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Cash App Payee address;	Fuel Check if Austin. Office sought	TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/C Date 10/15/2022 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Cash App	Fuel Check if Austin.	TX, officeholder living expense Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/C Date 10/15/2022 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Cash App Payee address; 1455 Market Street Suite 600 Category (See Categories listed at the top of this schedule)	Check if Austin. Office sought City;	TX, officeholder living expense Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/C Date 10/15/2022 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Cash App Payee address; 1455 Market Street Suite 600	Check if Austin. Office sought City; San Francisco	TX, officeholder living expense Office held State; Zip Code California 94103
Complete ONLY if direct expenditure to benefit C/C Date 10/15/2022 Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Cash App Payee address; 1455 Market Street Suite 600 Category (See Categories listed at the top of this schedule)	City; San Francisco Description Donor fees through	TX, officeholder living expense Office held State; Zip Code California 94103

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicilation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

4057	2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission	Filers
4 Date 10/17/20225	5 Payee name Stripe			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
2.59	www.stripe.com	alo Alto Califo		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	W	
PURPOSE OF EXPENDITURE	Fees	Donor fees three	ough portal	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	n, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name	and the second s		
10/17/2022	Hilltop Homeowners Association			
Amount (\$)	Payee address;	City;		
400.00	DO D COSTO	an reach of	State; Zip Code (as 75180	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Rental fee for Bill	poard	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.			м
	Candidate / Officeholder name		TX, officeholder living expense Office held	
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Check if Austin	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Check if Austin	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Payee name Home Depot Payee address;	Check if Austu Office sought	TX, officeholder living expense Office held	
Complete ONLY if direct expenditure to benefit C/C Date 10/17/2022 Amount (\$)	Candidate / Officeholder name Payee name Home Depot	Check if Austin	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C Date 10/17/2022 Amount (\$)	Candidate / Officeholder name Payee name Home Depot Payee address; 2201 Lakeview Pkwy Category (See Categories listed at the top of this schedule)	Check if Austu Office sought City;	Office held State; Zip Code	
Complete ONLY if direct expenditure to benefit C/C	Payee name Home Depot Payee address; 2201 Lakeview Pkwy	Check if Austin Office sought City; Rowlett	State; Zip Code Texas 75088	
Complete ONLY if direct expenditure to benefit C/C Date 10/17/2022 Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name Home Depot Payee address; 2201 Lakeview Pkwy Category (See Categories listed at the top of this schedule)	Check if Austin Office sought City; Rowlett Description Cleaning Suppli	State; Zip Code Texas 75088	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers
5087	Deanna Hammond		Culics Commission Filers
Date	5 Payee name		
10/17/2022	Starbucks #10300		
Amount (\$)	7 Payee address;	City;	State; Zip Code
17.21	2609 Lakeview Pkwy		Texas 75088
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Coffee for camp	aign team
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/17/2022	Home Depot #8951		
Amount (\$)	Payee address;	City;	State; Zip Code
14.05	2201 Lakeview Pkwy		State; Zip Code exas 75088
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Cable Ties	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
	Candidate / Officeholder name	Office sought	
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH Date		Office sought	Office held
expenditure to benefit C/OH	Payee name PayPal	Onice sough	Office held
Date 0/18/2022 Amount (\$)	Payee name PayPal Payee address;		
Date 0/18/2022 Amount (\$)	Payee name PayPal	City;	Office held State; Zip Code California 95131
Date 0/18/2022 Amount (\$)	Payee name PayPal Payee address;	City;	State; Zip Code
Date 0/18/2022 Amount (\$)	Payee name PayPal Payee address; 2211 N 1st Street	City; San Jose (State; Zip Code California 95131
Date 0/18/2022 Amount (\$) PURPOSE OF	Payee name PayPal Payee address; 2211 N 1st Street Category (See Categories listed at the top of this schedule)	City; San Jose C Description Donor fees throug	State; Zip Code California 95131

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10 Oct 1 Deanna Hammond 4 Date 5 Payee name 10/18/2022 GoDaddy.com 6 Amount (\$) 7 Payee address; City: State; Zip Code 2155 E GoDaddy Way 77.48 Tempe Arizona 85284 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Email/Domain Renewal **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/21/2022 Signage Systems Amount (\$) Payee address: City: State; Zip Code 7900 Ferguson Rd 362.10 Dallas Texas 75228 Category (See Categories listed at the lop of this schedule) Description Printing Expense PURPOSE 4 x 4 Signs; 18 x 24 Yard Signs; Wire Stakes OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2022 Stripe Amount (\$) Payee address: City; Zip Code www.stripe.com Palo Alto California 4.70 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Donor fees through portal EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	2 FILER NAME		T Z
7057	Deanna Hammond		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
10/24/2022	Tractor Supply		
Amount (\$)	7 Payee address;	City;	
12.98	1740 North Belt Line Rd	Mesquite	State; Zip Code Texas 75149
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Cable Ties	
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/28/2022	Tom Thumb		
Amount (\$)	Payee address;	City;	CL-1
13.59	1501 Pioneer Rd	745787	State; Zip Code Texas 75149
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Lunch	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	
		The second of the second	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		
expenditure to benefit C/OF Date 0/28/2022	Candidate / Officeholder name		
expenditure to benefit C/OF Date 0/28/2022	Candidate / Officeholder name Payee name Signage Systems Payee address;		Office held
expenditure to benefit C/OF	Candidate / Officeholder name Payee name Signage Systems	Office sought	Office held State; Zip Code
expenditure to benefit C/OF Date 0/28/2022 Amount (\$)	Candidate / Officeholder name Payee name Signage Systems Payee address;	Office sought City; Dalli	Office held State; Zip Code
expenditure to benefit C/OFDate 0/28/2022 Amount (\$)	Candidate / Officeholder name Payee name Signage Systems Payee address; 7900 Ferguson Rd	Office sought City; Dalli Description	Office held State; Zip Code
Date 10/28/2022 Amount (\$) 218.99 PURPOSE OF	Candidate / Officeholder name Payee name Signage Systems Payee address; 7900 Ferguson Rd Category (See Categories listed at the top of this schedule)	Office sought City; Dalli Description 18 x 24 Yard Si	Office held State; Zip Code AS Texas 75228



四州市。1120%





Cash Out To MasterCard Debit 3449



Instantly Deposited

Amount

Instant Fee

Deposited

Destination

18/5/22

\$434.00

\$7.60

\$426.40

MasterCard

Debit 3449

Cash App Support

Close



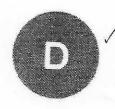
Cash Out 10/5/22 MasterCard Debit 34...

\$434



Cash Out Chase Bank

\$1



Lisa Wright
You replied

+ \$100



Ellis Register
You replied

+ \$50 October 4



Staci Anderson
You replied

+ \$50



Sarah Smith
You replied

+ \$50



Clarence Griffin
You replied

+ \$100



Temika S. Tillman You replied **

+ \$50





Christian Thomas Payment from \$BigT0311

\$35.00

For Donation

Oct 3 at 5:42 PM

34.00

You replied |





Cash Out To MasterCard Debit 3449



Instantly Deposited

Amount

Instant Fee

Deposited

Destination

\$370.00

\$6.48

\$363.52

MasterCard

Debit 3449

10/15/20

Cash App Support

Close



.



Jimmy DeamusPayment from \$deamusj

\$300.00

For Campagin Donation
Oct 14 at 3:33 PM

You replied 💝

2014





Charles Allen Payment from \$UnkCharlie

\$50.00

For the win votes just win Baby Oct 5 at 4:55 PM

You replied







Katina Whitfield

Payment from \$tinawhitfield1979

\$10.00

Oct 6 at 9:33 PM

You replied |

X



Kay Kabinga Payment from \$MadisonBoulevard

\$10.00

For Campaign Donation

Oct 15 at 11:30 AM

