

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: 30
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Judge FIRST: Spaul MI: L. NICKNAME: _____ LAST: Montgomery SUFFIX: _____	OFFICE USE ONLY Date Received: 2022 JUL 15 AM 10:55 Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of 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		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: Andrew MI: M. NICKNAME: "Andy" Trusevich LAST: _____ SUFFIX: _____		
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) 349-4063		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 23 / 2022 06 / 30 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2022	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Court-AT-LAW #3 Dallas County	13 OFFICE SOUGHT (if known) County Court-AT-LAW #3 Dallas County	
GO TO PAGE 2			

FILED
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY, TEXAS
2022 JUL 15 AM 10:55

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <i>Sally L. Montgomery</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,836.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,099.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,935.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,333.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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

Sally L. Montgomery
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sally L. Montgomery this the 15th day of July, 2022, to certify which, witness my hand and seal of office.

Lori Ann Bodino LORI ANN BODINO NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,836.11
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,370.37
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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6033.99
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
1.814

2 FILER NAME

Sally L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

2/24/2022

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

Jeff Tillotson, Esq.

6 Contributor address; City; State; Zip Code

1807 Ross Ave Ste 325 DALLAS, TX 75201

7 Amount of contribution (\$)

\$5000.00

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Tillotson, Johnson & Patton

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

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

Date

2/24/2022

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

Michelle Wong Krause, Esq.

Contributor address; City; State; Zip Code

2201 Main St. Ste 1140 DALLAS, TX 75201

Amount of contribution (\$)

\$150.00

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)

Date

2/24/2022

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

General Drivers Warehousemen and Helpers

Contributor address; City; State; Zip Code

Local Union 745 Drive Fund 1007 Jonelle DALLAS, TX 75217

Amount of contribution (\$)

500.00

Contributor's principal occupation

LABOR

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:

27 14

2 FILER NAME

Sally L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

2/24/22

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

Bell, Nunnally & Martin, LLP

6 Contributor address: City: State: Zip Code

2323 Ross Ave Ste 1900
Dallas, TX 75201-2120

7 Amount of contribution (\$)

\$2500.00

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

3/8/2022

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

Paul H. Cross Attorney at Law, PLLC

Contributor address: City: State: Zip Code

11300 N. Central Expwy
Dallas, TX 75243-6714

Amount of contribution (\$)

\$100.00

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)

Date

3/31/2022

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

Law Office of Ramon E. Gonzalez, P.C

Contributor address: City: State: Zip Code

14785 Preston Rd Ste 550
Dallas, TX 75254-7899

Amount of contribution (\$)

\$1000.00

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:

37/14

2 FILER NAME

Sandy L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

3/31/22

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

Robert Nussbaum Mediations, LLC

7 Amount of contribution (\$)

\$300.00

6 Contributor address: City: State: Zip Code

6060 North Central Expressway Ste 500
Dallas, TX 75206

8 Contributor's principal occupation

attorneys

9 Contributor's job title

10 Contributor's employer/law firm

Nussbaum Mediations

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

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

Date

3/31/22

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

Colin Smith LAW, PLLC

Amount of contribution (\$)

\$250.00

Contributor address: City: State: Zip Code

5406 LBJ Freeway Ste 1200
Dallas, TX 75240

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

3/31/22

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

Payma, Kubnel & Smith, P.C.

Amount of contribution (\$)

\$2,500.00

Contributor address: City: State: Zip Code

1126 N Zang Blvd
Dallas, TX 75203

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

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 A(J)1:

4714

2 FILER NAME

SALLY L. MONTGOMERY

3 Filer (Ethics Commission Filers)

4 Date

3/31/22

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

THOMAS E. SHAW, ESQ.

7 Amount of contribution (\$)

\$1000.00

6 Contributor address: City: State: Zip Code

9304 Forest Lane N252

DALLAS, TX 75243-6238

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

3/31/22

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

JASON JANUARY, P.C.

Amount of contribution (\$)

250.00

Contributor address: City: State: Zip Code

3030 LBJ STZ 130 DALLAS, TX 75234-7148

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

JASON JANUARY, P.C.

Law firm of contributor's spouse (if any)

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

Date

4/7/22

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

William E. Hammel & Erin Hammel

Amount of contribution (\$)

\$100.00

Contributor address: City: State: Zip Code

6843 Clayton Ave Dallas, TX 75214

Contributor's principal occupation

attorney

Contributor's job title

n/a

Contributor's employer/law firm

Lewis Brisbois Bisgaard & Smith 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

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 A(J)1:

5714

2 FILER NAME

Sally L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/22

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

Reina Gonzalez, Esq.

7 Amount of contribution (\$)

\$125.00

6 Contributor address; City: State: Zip Code

10022 Fieldcrest Dr., Dallas, TX 75238

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Gonzalez Law Group

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

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

Date

4/2/22

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

Scott Smith & Sammie Smith Esq

Amount of contribution (\$)

\$250.00

Contributor address; City: State: Zip Code

1016 Merlot Dr
Southlake, TX 76092-8872

Contributor's principal occupation

attorney

Contributor's job title

Y

Contributor's employer/law firm

Payma, Kuhnel & Smith, P.C.

Law firm of contributor's spouse (if any)

N/A

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

Date

4/2/22

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

Law Office of Kelly T. Curran, PLLC

Amount of contribution (\$)

\$2,500.00

Contributor address; City: State: Zip Code

5720 LBJ Fwy Ste 440 Dallas, TX 75240

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

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 A(J)1:

6 of 14

2 FILER NAME

SALLY L. Montgomery

3 Filer (Ethics Commission Filers)

4 Date

4/2/22

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

Law Offices of Sean R. Cox

7 Amount of contribution (\$)

\$125.00

6 Contributor address: City: State: Zip Code

400 N. Erway St. #1 30804 Dallas, TX 75313

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

4/2/22

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 St #00 DALLAS, TX 75219

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

4/2/22

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

The Abeita Law Firm, PLLC

Amount of contribution (\$)

\$500.00

Contributor address: City: State: Zip Code

1408 N. Riverfront Blvd Ste 300 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)

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

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 A(J)1:

77214

2 FILER NAME

Sally L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/22

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

Buzz Deitchman, Esq

7 Amount of contribution (\$)

\$125.00

6 Contributor address: City: State: Zip Code

14850 Montfort Dr. Ste. 220 DALLAS, TX 75254

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Mr B. Buzz Deitchman, 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

4/12/22

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

Scott Frenkel, Esq

Amount of contribution (\$)

\$2500.00

Contributor address: City: State: Zip Code

12700 Park Central Dr Ste 900 DALLAS, TX 75251

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Frenkel & Frenkel, P.C.

Law firm of contributor's spouse (if any)

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

Date

4/12/22

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

Brian FANT, Esq

Amount of contribution (\$)

\$1000.00

Contributor address: City: State: Zip Code

7927 Glade Hill Court DALLAS, TX 75218

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law Offices of Brian H. Fant

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

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 A(J)1:

8714

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/2022

5 Full name of contributor

out-of-state PAC ID#:

Jerry Andrews, Esq

7 Amount of contribution (\$)

\$1000.00

6 Contributor address:

City:

State:

Zip Code

3030 LBJ Freeway Ste 130 DALLAS, TX 75234

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Jerry D. Andrews, 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

4/12/22

Full name of contributor

out-of-state PAC ID#:

Adam LeCrone

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State:

Zip Code

123N Crockett St. Ste 200 Sherman TX 75090

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

LeCrone Law Firm, P.C.

Law firm of contributor's spouse (if any)

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

Date

4/12/22

Full name of contributor

out-of-state PAC ID#:

William Liebbe, Esq

Amount of contribution (\$)

\$125.00

Contributor address:

City:

State:

Zip Code

805 S. Broadway 1 Tyler, TX 75701

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Liebbe Firm, 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

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 A(J)1:

9/2/14

2 FILER NAME

SALLY L. Montgomery

3 Filer (Ethics Commission Filers)

4 Date

4/12/22

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

Michael Lyons, Esq

7 Amount of contribution (\$)

\$1000.00

6 Contributor address: City: State: Zip Code

2101 Cedar Springs Rd Ste 1900 DALLAS,
Rosewood Court TX 75201

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Lyons & Simmons, LLP

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

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

Date

4/12/22

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

Peter Malouf, Esq

Amount of contribution (\$)

\$150.00

Contributor address: City: State: Zip Code

P.O. Box 12745 Dallas, TX 75225

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Law Office of Peter G. Malouf

Law firm of contributor's spouse (if any)

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

Date

4/12/22

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

Faith Bruner, Esq

Amount of contribution (\$)

\$200.00

Contributor address: City: State: Zip Code

4600 Fairfax Avenue Dallas, TX 75208

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

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 A(J)1:

10 of 14

2 FILER NAME

SALLY L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

3/30/22

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

Hardin Ramey, Esq

7 Amount of contribution (\$)

\$1000.00

6 Contributor address: City: State: Zip Code

3890 W. Northwest Hwy #650
Dallas, TX 75220

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Ramey 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

4/12/22

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

Jasmine Bell

Amount of contribution (\$)

\$1000.00

Contributor address: City: State: Zip Code

1201 Elm Street # 3400 DALLAS, TX
75204

Contributor's principal occupation

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

4/12/22

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

Jennifer Spencer

Amount of contribution (\$)

\$125.00

Contributor address: City: State: Zip Code

16161 Chalfont Circle DALLAS, TX
75248

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

JACKSON SPENCER LAW 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

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 A(J)1: 11714
2 FILER NAME SALLY L. Montgomery		3 Filer ID# (Ethics Commission Filers)
4 Date 4/12/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kevin Queenan, Esq	7 Amount of contribution (\$) \$250.00
6 Contributor address: City: State; Zip Code 731 Station Dr. Arlington, TX 76015		
8 Contributor's principal occupation attorney		9 Contributor's job title
10 Contributor's employer/law firm QUEENAN 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 4/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jonathan Rawlins	Amount of contribution (\$) \$500.00
Contributor address: City: State; Zip Code 1813 Colgate Dr. Richardson, TX 75081		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm Rawlins LAW Firm, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Law Office of Sean Chalak, P.C.	Amount of contribution (\$) \$500.00
Contributor address: City: State; Zip Code 3234 Commander Dr Ste 100 Carrollton, TX 75006		
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)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1:

12 of 14

2 FILER NAME

SALLY L. Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

4/12/22

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

Charlie Reed, Esq

7 Amount of contribution (\$)

\$125.00

6 Contributor address: City: State: Zip Code

10100 North Central Expwy Ste 575 DALLAS, TX 75231

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Reed Law

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

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

Date

4/12/22

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

Edward Sampson, Esq

Amount of contribution (\$)

\$1000.00

Contributor address: City: State: Zip Code

485 LBJ Freeway Ste 719 DALLAS, TX 75244

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law Offices of Edward W. Sampson PC

Law firm of contributor's spouse (if any)

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

Date

4/12/22

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

Mark Stradley, Esq

Amount of contribution (\$)

\$125.00

Contributor address: City: State: Zip Code

9330 L.B.J. Fwy Ste. 1185 DALLAS, TX 75243

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Stradley 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

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 A(J)1:

13714

2 FILER NAME

SALLY L. Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/22

5 Full name of contributor

out-of-state PAC ID#

Stephen Endrey, Esq

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

City:

State:

Zip Code

6440 N Central Expwy Ste 308 DALLAS TX 75206

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Weiner, Glass & Reed, LLP

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

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

Date

4/12/22

Full name of contributor

out-of-state PAC ID#

Shields Legal Group, P.C.

Amount of contribution (\$)

\$2500.00

Contributor address:

City:

State:

Zip Code

16301 Quorum Dr. Ste 2508 Addison, TX 75001

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

4/12/22

Full name of contributor

out-of-state PAC ID#

Reuse Marketos, LLP

Amount of contribution (\$)

\$1000.00

Contributor address:

City:

State:

Zip Code

750 N Saint Paul St. Ste 600 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

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

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>SALLY L. Montgomery</i>		1 Total pages Schedule A(J)1: <i>14 of 14</i>
4 Date <i>4/12/22</i>		3 Filer ID Ethics Commission Filers
5 Full name of contributor <i>Schorr Law Firm, P.C.</i>	<input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <i>\$1,111.11</i>
6 Contributor address: <i>328 West Interstate 30 Ste 2 Garland, TX 75043</i>		
8 Contributor's principal occupation <i>attorney</i>	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 <i>5/3/22</i>	Full name of contributor <i>Ted B. Lyon & Associates</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address: <i>18601 LBJ Fwy Ste 525 Mesquite TX 75150</i>		City:	State: Zip Code
Contributor's principal occupation <i>attorney</i>		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	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)
	Contributor address:		City: State: Zip Code
Contributor's principal occupation		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 EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 176		2 FILER NAME SALLY L. Montgomery		3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/22		5 Payee name SANDRA Crenshaw			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code P.O. BOX 224/23 DALLAS, TEXAS 75222			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense		(b) Description Democratic Choice state card ad		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/24/2022		Payee name Steven Williams			
Amount (\$) \$1500.00		Payee address; City; State; Zip Code 105 Hideaway Mesquite, TX 75149			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description marketing + push card		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/24/22		Payee name Earl D. Thomas			
Amount (\$) \$1000.00		Payee address; City; State; Zip Code 1938 Dennison St Dallas, TX 75212			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense		Description marketing + state		
	<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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Sally L. Montgomery	3 Filer ID (Ethics Commission Filers)
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4 Date 2/24/22	5 Payee name Refugio Meraz			
6 Amount (\$) \$1500	7 Payee address: 32.32 Community Dr Dallas, TX 75230	City:	State:	Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting	(b) Description Other - marketing
	(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 2/24/2022	Payee name Ecolatina Radio			
Amount (\$) \$2200.00	Payee address: 3606 S. Tyler DALLAS, TX 75224	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Other - marketing & ads
	<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 2/24/2022	Payee name Marina Ruiz			
Amount (\$) \$1200.00	Payee address: 110 Ecolatina Radio 3606 S. Tyler DALLAS, TX 75224	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Other - phone banking
	<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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3 of 6</i>	2 FILER NAME <i>SALLY L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24/10</i>	5 Payee name <i>Jose Martinez</i>	
6 Amount (\$) <i>\$1200.00</i>	7 Payee address; <i>10402 Woodlot Dr. DALLAS, TX 75217</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Other-marketing</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>2/26/2022</i>	Payee name <i>Bernard SILVA</i>	
Amount (\$) <i>\$3000.00</i>	Payee address; <i>7102 Bellair Lane Rowlett, TX 75209</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Consulting</i>
	<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>2/28/22</i>	Payee name <i>Reyna Iglesias</i>	
Amount (\$) <i>\$789.00</i>	Payee address; <i>11315 Buchanan Dr Dallas, TX 75228</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Oak Cliff Market's bro Parade</i>
	<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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 476	2 FILER NAME SALLY L. Montgomery	3 Filer ID (Ethics Commission Filers)
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4 Date 3/3/2022	5 Payee name American Express
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6 Amount (\$) \$1,160.63	7 Payee address: P. O. Box 650448 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
	(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 3/7/2022	Payee name FAR North DALLAS Richardson Democrats
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Amount (\$) \$250.00	Payee address: 17201 Hidden Glen Dr DALLAS, TX 75248	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SDEC Ad - Full page
	<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 3/21/22	Payee name AMERICAN Express
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Amount (\$) \$3,433.71	Payee address: P. O. Box 650448 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
	<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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 576	2 FILER NAME SALLY L. Montgomery	3 Filer ID (Ethics Commission Filers)
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4 Date 4/15/22	5 Payee name American Express
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6 Amount (\$) \$1463.05	7 Payee address: P.O. Box 650448 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
	(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 5/18/22	Payee name Mac Taylor Arms of Court
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Amount (\$) \$200.00	Payee address;	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 2021-2022
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/4/2022	Payee name American Express
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Amount (\$) \$1,697.80	Payee address; P.O. Box 650448 DALLAS, TX 75265-0448	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6 of 6</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24/22</i>	5 Payee name <i>Sidney Williams</i>	
6 Amount (\$) <i>\$2500.00</i>	7 Payee address; City; State; Zip Code <i>3131 King bridge St. DALLAS, TX 75212</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>	(b) Description <i>Other - marketing</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>5/7/22</i>	Payee name <i>American Express</i>		
Amount (\$) <i>\$1,076.18</i>	Payee address; City; State; Zip Code <i>P.O. Box 650448 Dallas, TX 75265-0448</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit card payment</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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>17.7</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>2/7/2022</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 - sign storage</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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1/23/2022</i>	Payee name <i>Dean McCurry Auctioneer Services</i>	
Amount (\$) <i>\$320.00</i>	Payee address; City; State; Zip Code <i>1215 Malory Lane Lewisville, TX 75056</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>Donations - Dallas Bar Association</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 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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>2 of 7</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>2/4/22</i>	6 Payee name <i>Beyond The Slogan</i>	
7 Amount (\$) <i>\$343.71</i>	8 Payee address; City; State; Zip Code <i>2710 Routh Creek Parkway Richardson, TX 75082</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>Printing 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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/17/2022</i>	Payee name <i>Lowe's</i>		
Amount (\$) <i>\$445.99</i>	Payee address; City; State; Zip Code <i>11920 Anwood Rd DALLAS, TX 75244</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 - PAINT</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 | 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>3 of 7</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3/2/2022</i>	6 Payee name <i>Extra Space Storage</i>	
7 Amount (\$) <i>\$257.00</i>	8 Payee address; City; State; Zip Code <i>2422 Marsh Lane Carrington, 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 - sign storage</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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/10/22</i>	Payee name <i>AT&T Mobility</i>		
Amount (\$) <i>\$107.24</i>	Payee address; City; State; Zip Code <i>208 S. Akard St. DALLAS, TX 75202</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 - cellular communication</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 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: <i>4 of 7</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>3/10/22</i>	6 Payee name <i>AT&T Mobility</i>	
7 Amount (\$) <i>\$107.24</i>	8 Payee address; City; State; Zip Code <i>208 S. Akard DALLAS, TX 75202</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 - communication</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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/1/22</i>	Payee name <i>Extra Space Storage</i>	
Amount (\$) <i>\$251.00</i>	Payee address; City; State; Zip Code <i>2422 Marsh Lane Carrington, 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) <i>rent - sign storage</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

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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 | 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>5 of 7</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>5/7/2022</i>	6 Payee name <i>Dallas Foundation</i>	
7 Amount (\$) <i>\$250.00</i>	8 Payee address; City; State; Zip Code <i>3000 Pegasus Park Drive #930 DALLAS, TX 75247</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>Contribution - DALLAS Hispanic LAW FOUNDATION Designated Fund</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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/11/2022</i>	Payee name <i>Conroy Artworks</i>	
Amount (\$) <i>\$351.81</i>	Payee address; City; State; Zip Code <i>13602 Cardinal Flowers Dr Cypress, TX 77429</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 - furnishings</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 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>8187</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>4/1/22</i>	6 Payee name <i>Extra Space Storage</i>	
7 Amount (\$) <i>\$ 251.00</i>	8 Payee address; City; State; Zip Code <i>2422 March 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 - sign storage</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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4/9/22</i>	Payee name <i>Hilton Hotels - Galveston</i>		
Amount (\$) <i>\$251.20</i>	Payee address; City; State; Zip Code		
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>Travel An District - Tx Center for the Judiciary Region 1</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

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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>777</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>4/9/22</i>	6 Payee name <i>UPS</i>	
7 Amount (\$) <i>\$300.00</i>	8 Payee address; City; State; Zip Code <i>13901 Midway Rd Ste 102 DALLAS, TX 75244</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 - post box rental</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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6/11/22</i>	Payee name <i>Texas Center for the Judiciary</i>		
Amount (\$) <i>\$400.00</i>	Payee address; City; State; Zip Code		
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>Regional Conference Galveston JCLE</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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