# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

	The state of the s			Ţ
		w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST  Deanna	мт <b>М</b>	OFFICE USE ONLY
	NICKNAME	Hammond	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO 1200 E Day Mesquite To	ris St Suite 115 P	CITY; STATE; ZIP CODE PMB 137	2022 FEB JOHN COU DALL
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(214 )	PHONE NUMBER 444-6994	EXTENSION	Date Hand-delivered or Date Postmarken
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	Sonya	МІ	Receipt # Amount \$
	NICKNAME	Lilly	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU ark Lane	UITE #; CITY;  Duncanville	STATE; ZIP CODE Texas 75137
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 225 )	PHONE NUMBER 802-7927	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elected 8th day before elected		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THROUGH 1	Day Year 30 22
11 ELECTION	Month Day	Year Primary  22 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any	)	13 OFFICE SOUGHT (if known) Dallas County C	onstable Pct 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI THE CANDIDATE / OFFI CONSENT. CANDIDATE	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIRED COMMITTEE NAME	CCEPTED OR POLITICAL EXPENDITURES MA	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME			
Deanna Hammond		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	HER THAN	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 2,011.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,026.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	F THE LAST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAL LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE	\$
18 SIGNATURE I sw	ear, or affirm, under penalty of perjury, that the accompanying repired to be reported by me under Title 15, Election Code.	port is true and cor	rect and includes all information
	Signati	WWOKA ure of Candidate o	r Officeholder
	Please complete either option	below:	
(1) Affidavit		Co	YLOR NICHOLE WHITE ary Public, State of Texas mm. Expires 01-19-2025 Notary ID 132875548
NOTARY STAMP/SEAL		A STATE OF THE PARTY OF THE PAR	
Sworn to and subscribed be	fore me by Deanna Hammond	this the 313+	day of \tag{\tag{\tag{Val}}}
Signature of officer administering	ich, witness my hand and seal of office.		Notara
ng natarejor officer administering	g oath Printed name of officer administering oath		Fitle of officer administering oath
2) Unsworn Declaration	OR		
My name is	, and my date o	f birth is	
My address is		1	•
	(street) (city) County, State of , on the day of	(state) (z	ip code) (country)
		(month)	(year)
	Signature of	of Candidate/Officeh	nolder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	er name nna Hammond	20 Filer ID (Ethics Co	mmiss	sion Filers)
21 SC NA	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,011.97
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TONS	\$	2,011.07
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$	2,026.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	,
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI	ITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	AL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	S TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$	
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT	TRIBUTIONS RETURNED	\$	

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th	e Instruction Guide explains how t	o complete thi	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Deanna I	≡ Hammond			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Mary Shields	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
01/02/2022	6 Contributor address: 6123 Balcony Lane	city; Dallas	State; Zip Code Texas 75241	10.70
8 Principal occi Adjuster	upation / Job title (See Instructions)		9 Employer (See Instruc	ttions)
Date 01/02/2022		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; 914 Creek Valley Road	City;	State; Zip Code Texas 75181	100.00
Principal occu Therapist	pation / Job title (See Instructions)		Employer (See Instruction Renewed Mind Mar	riage & Family Counseling
Date 01/02/2022	Full name of contributor Ronnie Jones, Sr.		(ID#:)	Amount of contribution (\$)
5 17 0Z, Z 0ZZ	Contributor address; 914 Creek Valley Road	City;	State; Zip Code Texas 75181	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct Mesquite ISD	cions)
Date	Full name of contributor Carolyn Livingston	out-of-state PAC	(ID#:)	Amount of contribution (\$)
01/02/2022	Contributor address; 6104 Creekhaven Drive	City; Mesquite	State; Zip Code Texas 75181	300.00
Principal occup  Jnemployed	pation / Job title (See Instructions)		Employer (See Instructi Unemployed	ions)

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.

	e Instruction Guide explains how	to complete th	nis form.	1 Total pages Schedule A1:
Deanna l	- Hammond			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sonya Lilly		AC (ID#:)	7 Amount of contribution (\$)
01/04/2022	6 Contributor address; 101 Main Park Lane	City;	State; Zip Code ille Texas 75137	200.00
8 Principal occi Counselor	upation / Job title (See Instructions)		9 Employer (See Instruction State of Texas	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount
01/08/2022	Karen Copeland			Amount of contribution (\$)
0 110012022	Contributor address;	City;	State; Zip Code	25.00
	405 Parakeet Dr.	Desoto	Texas 75115	20.00
Principal occup herapist	pation / Job title (See Instructions)		Employer (See Instruct Renewed Mind Mar	riage & Family Counseling
Date 01/12/2022	Full name of contributor Ronald Reese		.C (ID#:)	Amount of contribution (\$)
717 12/2022	Contributor address; 1112 Rosemond Dr	City; Desoto	State; Zip Code Texas 75115	100.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor  Mary Shields	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/13/2022	Contributor address;	City;	State; Zip Code	50 00
	6123 Balcony Lane	Dallas	Texas 75241	50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction Pride	ons)

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 this	s form.	1 Total pages Schedule A1:
2 FILER NAME Deanna H			3 Filer ID (Ethics Commission Filers
4 Date	Shaunta Dennis	C (ID#:)	7 Amount of contribution (\$)
01/04/2022	6 Contributor address; City; 2212 Savannah Drive Mansfield	-inter, -ip code	26.27
3 Principal occu DR Nurse	pation / Job title (See Instructions)	Employer (See Instruction  Methodist Mansfield	
Date 01/14/2022	Alishia McMillian	(ID#:)	Amount of contribution (\$)
3171472022	Contributor address; City; 2111 Stillwater Drive Mesquite	State: Zip Code	100.00
Principal occup Jnemployed	ation / Job title (See Instructions)	Employer (See Instructio	ns)
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	ns)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

## Campaign Donation via Zelle

## Schedule A1

50.00 40.00
30.00 t 25.00
75181 25.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 435.00

Deanna Hammond 5:0f9

Campaign Donation

Cash App

AI

Robert Kemp
Payment from \$bigrobsr1

McKmney, Tx

**Lisa Wright**Payment from \$1jw4

Fort Worth, Tx

\$20.00

For Campaign efforts

Jan 19 at 3:48 PM

\$20.00

For campaign

Jan 19 at 3:49 PM

Clarence Griffin
Payment from \$pogriff

Dallas, Tx

Staci Anderson 
Payment from \$foxi50

Round Lock, Tx

\$20.00

For you know it Jan 19 at 4:04 PM \$40.00

For I LOVE YOU QUEEN

Jan 19 at 4:41 PM

le 08 9

**Paul Turpin** 

Payment from \$turp2000

Tyler, Tx

**Rufus Lewis** 

Payment from \$RufusLewis

Dallas, Tx

\$40.00

Jan 23 at 7:57 AM

\$20.00

For support candidate

Jan 21 at 5:21 PM

Triva Turner Payment from \$TrivaTurner Arington, Tx

**Christian Thomas** Payment from \$BigT0311 Red Oak, Tx

\$20.00

Jan 19 at 3:02 PM

\$20.00

For Donation Gift

Jan 19 at 3:47 PM

AI

7 of 9

Sarah Smith

Payment from \$100Chocolate
Fort Worth, Tx

Dr. Lott
Payment from \$QOTSAZ
Phoenix, AZ

\$50.00

For Campaign

Jan 20 at 7:32 AM

\$20.00

For For Constable Donation

Jan 20 at 10:34 AM

Victor McGlothin
Payment from \$VictorMcGlothin
Plano, Ty

Chiquita Blakely
Payment from \$ChiquitaBlakely
Arlygton, Ty

\$30.00 Jan 21 at 10:07 AM

\$50.00 For Campaign Support

Jan 21 at 5:14 PM

8 0 9

**Rodney Crow** 

Payment from \$BigCrow68

Forney, Tx

Albert Tillman
Payment from \$FHOHNIC
At lanta, Tx

\$20.00

Jan 19 at 4:47 PM

\$58.00

For for Campaign Jan 19 at 7:47 PM

Allen Hammond

Payment from \$skotia

Little Pock, AR

Angela Clay

Payment from \$Flygirl1994

Plano, To

\$2.00

Jan 19 at 8:30 PM

\$40.00

For Campaign

Jan 20 at 3:04 AM

Deanna Hammond

Campaign Donation

Cash App

A

9049

**Bobby** 

Payment from \$HardKut Rowlett, Tx

Jeff Jackson

Payment from \$jffryj2

Fort Worth, To

\$20.00

Friday at 7:28 PM
Jan. 28

\$25.00

For Campaign

Friday at 11:05 AM

Cynthia Franklin

Payment from \$cynt203

Frisco, ty

\$50.00

For Kick Butt - Cynthia "Snacks" Franklin

Jan 24 at 1:51 PM

Total \$565,00

#### 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
Credit 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.		ory normated above)
1 Total pages Schedule F			3 Filer ID (Ethic	s Commission Filers)
4 Date 01/04/2022	5 Payee name Stripe Payment Platform			
6 Amount (\$) 23.67	7 Payee address; www.stripe.com	City; Palo Alto	State; CA	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  Donor fees thr	ough the trar	nsaction portal
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date 01/05/2022	Payee name Stripe Payment Platform			
Amount (\$) 1.45	Payee address; WWW.stripe.com	City; Palo Alto	State; CA	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees three	ough the trar	saction portal
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 01/06/2022	Stripe Payment Platform			
9.10	Payee address:  WWW.Stripe.com	<sup>City;</sup> Palo Alto	State; CA	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description  Donor fees thro	ugh the trans	saction portal
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

#### 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
Others (online a category not listed above)

Legal Services Salaries/Wages/Contract Labor Credit Card Payment 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) Deanna Hammond 5 Payee name PayPal Business Payment Platform 01/08/2022 6 Amount (\$) 7 Payee address: City; State: Zip Code 1.59 www.paypal.com 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Fees Donor fees through the transaction portal OF EXPENDITURE 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 01/10/2022 **IFS Graphics** Amount (\$) Payee address: City; State: Zip Code 564.88 350 Buckner Blvd #1717 Dallas Texas 75217 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Graphic design, Print jobs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2022 Sign Express Amount (\$) Payee address; City: State; Zip Code 11139 Denton Drive 54.13 Dallas Texas 75229 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees Campaign literature **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

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

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

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/12/2022	PayPal Business Payment Platform		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
4.88	www.paypal.com	Ony,	State; Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Donor fees thro	ough the transaction porta
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/17/2022	Stripe Payment Platform		
Amount (\$)	Payee address;	City;	State; Zip Code
2.50	www.stripe.com	Palo Alto	CA 21p Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees		ough the transaction portal
	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		
01/18/2022	Stripe Payment Platform		
Amount (\$)	Payee address;	City;	State; Zip Code
4.70	www.stripe.com	Palo Alto	CA
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Donor fees throu	ugh the transaction portal
	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
	ATTACH ADDITIONAL CODIES OF THE	COULDING	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	JEU

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)

Deanna Hammond 5 Payee name 01/24/2022 Hope Coffee 6 Amount (\$) 7 Payee address: 129 N Collins Rd Suite 1103 Sunnyvale Texas 75182  20.84  129 N Collins Rd Suite 1103 Sunnyvale Texas 75182  129 N Collins Rd Suite 1103 Sunnyvale Texas 75182  129 N Collins Rd Suite 1103 Sunnyvale Texas 75182  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Check/it ravel outside of Texas. Complete Schedule T. Complete QNLY if direct expenditure to benefit CiOH  Payee name 01/24/2022 Dollar General Amount (\$) Payee address: 12918 Seagoville Rd Balch Springs Texas 75180  Category (see Categories listed at the top of this schedule) Event Expense  Chock if travel outside of Texas. Complete Schedule T. Check if Austin. TX, efficabolder living expense  Chock if the top of this schedule)  Payee address: 12918 Seagoville Rd Balch Springs Texas 75180  Category (see Categories listed at the top of this schedule) Event Expense  Chock if the vert outside of Texas. Complete Schedule T. Check if Austin. TX, efficabolder living expense  Complete QNLY if direct	lotal pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME		
Hope Coffee	405		3 F	iler ID (Ethics Commission Filers
Amount (\$) 7 Payee address; 129 N Collins Rd Suite 1103 Sunnyvale Texas 75182  129 N Collins Rd Suite 1103 Sunnyvale Texas 75182  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Breakfast for campaign team  Complete ONLY if direct expenditure to benefit CrOH  Payee name  129 N Collins Rd Suite 1103  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit CrOH  Payee name  Dollar General  Amount (\$) Payee address; City; State; Zip Code  Balch Springs Texas 75180  Category (See Categories listed at the top of this schedule)  Event Expense  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expension  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office held  Office sought  Office held  Office held  Office held  Office sought  Office held  Office h		5 Payee name		
20.84  129 N Collins Rd Suite 1103  Sunnyvale  Texas 75182  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Breakfast for campaign team  Candidate / Office held  Office sought  Office sought  Office held  Office sought  Office held  Office held  Office held  Office sought  Office held		Hope Coffee		
20.84  129 N Collins Rd Suite 1103  Sunnyvale Texas 75182  (a) Category (See Categories Bisted at the top of this schedule) Food/Beverage Expense  (b) Description Breakfast for campaign team  Personal Personal Complete QNLY if direct content of the schedule T.  Candidate / Officeholder name  Office sought  Office sought  Office held  Office sought  Office held  Office sought  Office held  Date Dollar General  Amount (\$) 12918 Seagoville Rd  Category (See Categories Bisted at the top of this schedule) Event Expense  Office sought  Category (See Categories Bisted at the top of this schedule) Event Expense  Office sought  Office sought  Office held  Description  Supplies for block walking  Category (See Categories Bisted at the top of this schedule)  Office sought  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office he	Amount (\$)	7 Payee address;	City:	State: Zin Codo
PURPOSE OF EXPENDITURE  Food/Beverage Expense  (c) Check it ravel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held  Date  O1/24/2022  Dollar General  Amount (\$) Payee address;  12918 Seagoville Rd  Description  Supplies for block walking  Category (See Categories listed at the top of this schedule)  Complete QNLX if direct expenditure to benefit C/OH  Date  O1/28/2022  Office held  Office held  Office held  Office held  Office held  Description  Supplies for block walking  Check if Austin, TX, officeholder living expense  Office held  Off	20.84	129 N Collins Rd Suite 1103		CONTRACTOR OF CO
PURPOSE OF EXPENDITURE   Food/Beverage Expense   Breakfast for campaign team	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Complete QNLY if direct expenditure to benefit C/OH  Date  O1/24/2022  Dollar General  Amount (\$)  Payee address;  12918 Seagoville Rd  Description  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living expense  Office held  Description  Supplies for block walking  Check if Austin, TX, officeholder living expense  Office held  Offi	OF			paign team
Date  O1/24/2022  Dollar General  Amount (\$)  Payee address; 12918 Seagoville Rd  Description  Category (See Categories listed at the top of this schedule)  Event Expense  Candidate / Officeholder name  O1/28/2022  Candidate / Officeholder living expense  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  O1/28/2022  Sign Experess  Amount (\$)  Payee address;  Otheck if Austin, TX, officeholder living expense  City: State; Zip Code  Office held  Description  Check if Austin, TX, officeholder living expense  O1/28/2022  Sign Experess  Amount (\$)  Payee address;  Otheck if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule)  Date  Date  Date  Payee name  Otheck if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Dollar General  Amount (\$) Payee address; City; State; Zip Code 14.07 Payee address; 12918 Seagoville Rd Balch Springs Texas 75180  Category (See Categories listed at the top of this schedule) Event Expense Supplies for block walking  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  Date Payee name  D1/28/2022 Sign Experess  Amount (\$) Payee address: 11139 Denton Drive Dallas Texas 75229  Category (See Categories listed at the top of this schedule)  Purpose OF Expenditure  Category (See Categories listed at the top of this schedule)	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		
Amount (\$) 14.07  Payee address; 12918 Seagoville Rd  Purpose Of Expenditure  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  O1/128/2022  Sign Experess  Amount (\$) Payee address: 11139 Denton Drive  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living expense  Office sought  Office held  City: State: Zip Code Dallas Texas 75229  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense	Date	Payee name		
14.07    12918 Seagoville Rd   Balch Springs   Texas   75180	01/24/2022	Dollar General		
12918 Seagoville Rd  Balch Springs Texas 75180  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Event Expense  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  O1/28/2022  Amount (\$)  Payee name  Sign Experess  Amount (\$)  Payee address:  11139 Denton Drive  Category (See Categories listed at the top of this schedule)  Advertising Expense  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if Austin, TX, officeholder living expense  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if Laustin, TX, officeholder living expense  Check if Laustin, TX, officeholder living expense  Check if Laustin, TX, officeholder living expense	Amount (\$)	Payee address;	City:	State: Zin Code
EVENT Expense  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Office hel	14.07	12918 Seagoville Rd		
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)		Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  O1/28/2022  Sign Experess  Amount (\$)  Payee address: 11139 Denton Drive  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Office holder name  Office sought  Office sought  Office held	OF	Event Expense	Supplies for block	walking
Date Payee name  D1/28/2022 Sign Experess  Amount (\$) Payee address;  11139 Denton Drive Dallas Texas 75229  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate / Officeholder name	par .	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	fficeholder living expense
Sign Experess  Amount (\$) Payee address: 11139 Denton Drive Dallas  Category (See Categories listed at the top of this schedule) Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate / Officeholder name  Candidate / Officeholder name  Office seventh		Candidate / Officeholder name	Office sought	Office held
Amount (\$)  Payee address:  11139 Denton Drive  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name	Date	Payee name		
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name	01/28/2022	Sign Experess		
PURPOSE OF EXPENDITURE  11139 Denton Drive  Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name		Payee address:	City:	State: Zin Code
PURPOSE OF EXPENDITURE  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name	Amount (\$)			
PURPOSE OF EXPENDITURE  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name	Amount (\$)			
Complete ONLY if direct Candidate / Officeholder name Office country	Amount (\$)	11139 Denton Drive	Dallas	
Complete ONLY if direct Candidate / Officeholder name	974.25 PURPOSE OF	11139 Denton Drive  Category (See Categories listed at the top of this schedule)	Dallas	Texas 75229
	974.25 PURPOSE OF	11139 Denton Drive  Category (See Categories listed at the top of this schedule)  Advertising Expense	Dallas  Description  Graphic Design; Pri	Texas 75229

#### 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)

5 of 5	1: 2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
Date 01/29/2022	5 Payee name Hilltop HOA		
Amount (\$)	7 Payee address;	City;	Chata. 7. 0
350.00	P.O. Box 800783	Balch Springs	State; Zip Code  Texas 75180
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Billboard Renta	I
	(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/C	Candidate / Officeholder name DH	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	
LA LABITORE	Charlette		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, Office sought	TX, afficeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H Payee name		
Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name Sign Experess	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/ODAte  Amount (\$)  PURPOSE OF	Payee name  Sign Experess  Payee address;	Office sought  City;  Description	Office held