

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt amount \$ Date Processed Date Imaged BY: JOHN E. WALKER, COUNTY CLERK, DALLAS COUNTY, TEXAS 2022 OCT 18 PM 12:06 FILED		
	Ms	Deanna	M			
NICKNAME		LAST	SUFFIX			
		Hammond				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #		CITY STATE ZIP CODE			
	1200 E Davis St Suite 115 PMB 137 Mesquite Texas 75149					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	444-6994				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Mrs	Sonya				
NICKNAME		LAST	SUFFIX			
		Lilly				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #		CITY STATE ZIP CODE			
	101 Main Park Lane		Duncanville Texas 75137			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(225)	802-7927				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	22	THROUGH	9	29 / 22
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
			11 / 8 / 22	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				Dallas County Constable Pct 2		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Deanna Hammond		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,740.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,628.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 113.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Deanna Hammond

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deanna Hammond this the 18 day of October, 2022, to certify which, witness my hand and seal of office.

Tyreece Stephens Tyreece Stephens Public Notary
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 - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Deanna Hammond		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,740.73
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,628.84
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

07/08/2022

5 Full name of contributor

Valerie Baston

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

7 Amount of contribution (\$)

119.13

6 Contributor address;

City;

State;

Zip Code

603 North Cedar Ridge Drive

Duncanville

Texas

75116

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Baston Law PC

Date

07/19/2022

Full name of contributor

Chris Tolbert

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

325 North Saint Paul Street

Dallas

Texas

75201

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Tolbert Law PC

Date

07/21/2022

Full name of contributor

Kenneth Sanders

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

Amount of contribution (\$)

104.15

Contributor address;

City;

State;

Zip Code

426 Kingfisher Lane

Arlington

Texas

76002

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Tarrant County

Date

08/03/2022

Full name of contributor

Lornae Cherry

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

Amount of contribution (\$)

52.23

Contributor address;

City;

State;

Zip Code

813 Clear Creek Drive

Desoto

Texas

75115

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Your Clinic

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
4 Date 08/29/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Gregory Sinkfield	7 Amount of contribution (\$) 519.52
	6 Contributor address; City; State; Zip Code 3050 County Road 427 Apt. 802 Tyler Texas 75704	
8 Principal occupation / Job title (See Instructions) Security		9 Employer (See Instructions) SOG
Date 08/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Tamara Derouselle	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 3912 Kimbrough Ln Plano Texas 75025	
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) SmartShift Technologies
Date 08/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Dayna Farris-Fisher	Amount of contribution (\$) 10.70
	Contributor address; City; State; Zip Code 4129 Saltburn Drive Plano Texas 75093	
Principal occupation / Job title (See Instructions) Fleet Service		Employer (See Instructions) American Airlines
Date 09/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Richard Crear	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 4314 Ibis Circle Garland Texas 75043	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

09/05/2022

5 Full name of contributor

John Wiley Price

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

510 E. 5th St

City;

Dallas

State;

Texas

Zip Code

75203

8 Principal occupation / Job title (See Instructions)

Commissioner

9 Employer (See Instructions)

Dallas County

Date

09/13/2022

Full name of contributor

Henry Brown

out-of-state PAC (ID# _____)

Amount of contribution (\$)

75.00

Contributor address;

211 Athel Drive

City;

Mesquite

State;

Texas

Zip Code

75149

Principal occupation / Job title (See Instructions)

Transportation

Employer (See Instructions)

DART

Date

09/22/2022

Full name of contributor

Sonya Lilly

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

101 Main Park Lane

City;

Duncanville

State;

Texas

Zip Code

75137

Principal occupation / Job title (See Instructions)

Counselor

Employer (See Instructions)

State of Texs

Date

09/26/2022

Full name of contributor

Lorenzo Cole

out-of-state PAC (ID# _____)

Amount of contribution (\$)

150.00

Contributor address;

7008 Glacier Dr

City;

Dallas

State;

Texas

Zip Code

75227

Principal occupation / Job title (See Instructions)

Reserve Deputy

Employer (See Instructions)

Dallas County

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: 1 of 8	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
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4 Date 07/06/2022	5 Payee name PayPal
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6 Amount (\$) 5.72	7 Payee address; 2211 N. 1st St California 95131	City; San Jose	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor fees through portal
	(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 07/12/2022	Payee name Mesquite Signs
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Amount (\$) 100.00	Payee address; 417 N Bryan-Belt Line Rd, Suite A 75149	City; Mesquite	State; Texas	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Deposit for Vehicle Wrap
	(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 07/15/2022	Payee name Stripe
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Amount (\$) 2.50	Payee address; www.stripe.com California	City;	State;	Zip Code Plato Alto
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through portal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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>2 of 8</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 07/19/2022	5 Payee name Mesquite Signs	
6 Amount (\$) 982.50	7 Payee address; 417 N Bryan-Belt Line Rd, Suite A Texas 75149	City: State: Zip Code Mesquite
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Remainder of balance for vehicle wrap
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/19/2022	Payee name Stripe	
Amount (\$) 4.88	Payee address; www.stripe.com	City: State: Zip Code Plato Alto California
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/20/2022	Payee name RamWeb Design	
Amount (\$) 85.00	Payee address; 7537 Gayglen Drive Texas 75217	City: State: Zip Code Dallas
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Graphic design - November 2022 Push Card / Campaign Business Card
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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: 3 of 8	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2022	5 Payee name Stripe	
6 Amount (\$) 2.59	7 Payee address; www.stripe.com California	City; State; Zip Code Plato Alto
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor fees through portal
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/2022	Payee name Stripe	
Amount (\$) 23.16	Payee address; www.stripe.com	City; State; Zip Code Plato Alto California
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/27/2022	Payee name Stripe	
Amount (\$) 1.51	Payee address; www.stripe.com California	City; State; Zip Code Plato Alto
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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>4 of 8</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2022	5 Payee name Stripe	
6 Amount (\$) 2.50	7 Payee address; www.stripe.com	City; State; Zip Code Plato Alto California
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor fees through portal
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/30/2022	Payee name Home Depot	
Amount (\$) 12.97	Payee address; 2201 Lakeview Pkwy	City; State; Zip Code Rowlett Texas 75088
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description 100PK Black Cable Ties
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/30/2022	Payee name RaceTrac 144	
Amount (\$) 40.15	Payee address; 7401 Lakeview Pkwy	City; State; Zip Code Rowlett Texas 75089
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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>5 of 8</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 09/06/2022	5 Payee name Stripe	
6 Amount (\$) 3.60	7 Payee address; www.stripe.com	City: Palo Alto State: California Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donor fees through portal
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/06/2022	Payee name Shell TA #49	
Amount (\$) 38.50	Payee address; 2185 S Goliad St	City: Rockwall State: Texas Zip Code 75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/12/2022	Payee name Al Green	
Amount (\$) 150.00	Payee address; alvingreen70@gmail.com	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description DLM Awards Banquet
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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 8</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2022	5 Payee name NAACP Garland	
6 Amount (\$) 59.98	7 Payee address; 5101 North President George Bush Hwy	City: Garland State: Texas Zip Code: 75040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description 31st Annual Freedom Fund Brunch
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/16/2022	Payee name Shell	
Amount (\$) 70.00	Payee address; 7014 Stemmons	City: Dallas State: Texas Zip Code: 75247
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/19/2022	Payee name RamWeb Designs	
Amount (\$) 50.00	Payee address; 7537 Gayglen Drive	City: Dallas State: Texas Zip Code: 75217
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4x8 Sign Design
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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>7 of 8</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2022	5 Payee name Signage Systems	
6 Amount (\$) 804.73	7 Payee address; City; State; Zip Code 7900 Ferguson Rd. Dallas Texas 75228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard signs; 4x4 Signs; 4x8 Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 09/20/2022	Payee name Stripe	
Amount (\$) 4.70	Payee address; City; State; Zip Code www.stripe.com Palo Alto California	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donor fees through portal
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 09/21/2022	Payee name RaceTrac 504	
Amount (\$) 61.00	Payee address; City; State; Zip Code 9620 Harry Hines Blvd Dallas Texas 75220	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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>8 of 8</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2022	5 Payee name RamWeb Design	
6 Amount (\$) 122.85	7 Payee address; 7537 Gayglen Drive	City; State; Zip Code Dallas Texas 75217
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Hosting Renewal
	(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	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held