

# 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

Ms

Deanna

M

NICKNAME

LAST

SUFFIX

Hammond

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

1200 E Davis St

Suite 115 PMB 137

Mesquite Texas 75149

Change of Address

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

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

101 Main Park Lane

Texas

75137

Duncanville

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 225 )

802-7927

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

9

30

22

THROUGH

Month

Day

Year

10

29

22

11 ELECTION

ELECTION DATE

Month

Day

Year

11

8

22

Primary

Runoff

ELECTION TYPE

Other

Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Constable Pct 2

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received

2022 NOV - 1 P 3:40

FILED

JOHN WALKER  
COUNTY CLERK  
DALLAS COUNTY  
PROPERTY

Date Hand Delivered or Deposited

Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	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)	\$ 2,535.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,944.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 703.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

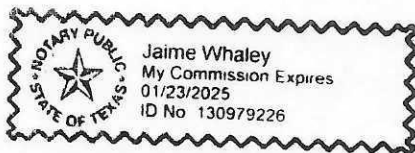
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*D 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 1<sup>st</sup> day of November, 2022, to certify which, witness my hand and seal of office.

Jaime Whaley Signature of officer administering oath  
Jaime Whaley 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)

# 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 of 3

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

10/02/2022

5 Full name of contributor

Ray Skinner

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

104.15

6 Contributor address;

City;

State;

Zip Code

1108 Westminister Dr

Richardson

Texas 75081

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date

10/02/2022

Full name of contributor

Edward Broadway

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

301Stone Ridge Dr

Sunnyvale

Texas 75182

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

10/06/2022

Full name of contributor

Various

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

434.00

Contributor address;

City;

State;

Zip Code

Cash App Donations \*See attachments

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

10/06/2022

Full name of contributor

Suzanne Hess

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

PO Box 192305

Dallas

Texas 75219

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

Stonewall Democrats of Dallas

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 of 3

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

10/12/2022

5 Full name of contributor

Deanna Hammond

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

1200 E Davis St Suite 115 PMB 137 Mesquite Texas 75149

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Self-employed

Date

10/17/2022

Full name of contributor

Various

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

370.00

Contributor address;

City;

State;

Zip Code

Cash App Donations \*See attachments

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/2022

Full name of contributor

Patricia Rainwater

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3105 Caribou Ct Mesquite Texas 75181

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

10/19/2022

Full name of contributor

Cathy Pikes

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

52.23

Contributor address;

City;

State;

Zip Code

3950 Sarasota Springs Dr Fort Worth Texas 76123

Principal occupation / Job title (See Instructions)

Director of Operations

Employer (See Instructions)

Christus Health

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

3 of 3

2 FILER NAME

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/2022

5 Full name of contributor

CWA Local 6215

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

750.00

6 Contributor address;

City;

State;

Zip Code

1408 N. Washington Suite 300

Dallas

Texas

75204

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

10/26/2022

Full name of contributor

Vertis McKinney

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2111 Camelot Drive

Lewisville

Texas

75067

Principal occupation / Job title (See Instructions)

Police

Employer (See Instructions)

Dallas PD

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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.

<b>1</b> Total pages Schedule F1: 1 of 7	<b>2</b> FILER NAME Deanna Hammond	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/03/2022	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) 4.88	<b>7</b> Payee address; www.stripe.com	City: Palo Alto State: California Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Donor fees through portal
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/03/2022	Payee name Home Depot	
Amount (\$) 151.12	Payee address; 12005 Elam Road	City: Balch Springs State: Texas Zip Code: 75180
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description (20) 6' Steel T Post
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/05/2022	Payee name Stripe	
Amount (\$) 11.30	Payee address; www.stripe.com	City: Palo Alto State: California Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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: <b>2 of 7</b>	2 FILER NAME <b>Deanna Hammond</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/05/2022</b>	5 Payee name <b>Cash App</b>
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6 Amount (\$) <b>7.60</b>	7 Payee address; <b>1455 Market Street Suite 600</b>	City; <b>San Francisco</b>	State; <b>California</b>	Zip Code <b>94103</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Donor fees through portal</b>
	(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
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Date <b>10/06/2022</b>	Payee name <b>Signage Systems</b>			
Amount (\$) <b>328.08</b>	Payee address; <b>7900 Ferguson Rd.</b>	City; <b>Dallas</b>	State; <b>Texas</b>	Zip Code <b>75228</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>4 x 8 Signs</b>
	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
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Date <b>10/11/2022</b>	Payee name <b>Home Depot</b>			
Amount (\$) <b>92.54</b>	Payee address; <b>11255 Garland Rd</b>	City; <b>Dallas</b>	State; <b>Texas</b>	Zip Code <b>75218</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>6' Steel T Posts / Cable Ties</b>
	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
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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: <b>3 of 7</b>	2 FILER NAME <b>Deanna Hammond</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/11/2022</b>	5 Payee name <b>Schlotsky's</b>
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6 Amount (\$) <b>41.85</b>	7 Payee address; <b>333 S. State Hwy 78</b>	City; <b>Wylie</b>	State; <b>Texas</b>	Zip Code <b>75098</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description <b>Lunch for campaign team</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/11/2022</b>	Payee name <b>Quiktrip #985</b>
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Amount (\$) <b>63.28</b>	Payee address; <b>1610 W. Scyene Rd</b>	City; <b>Mesquite</b>	State; <b>Texas</b>	Zip Code <b>75149</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Travel In District</b>	Description <b>Fuel</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/15/2022</b>	Payee name <b>Cash App</b>
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Amount (\$) <b>6.48</b>	Payee address; <b>1455 Market Street Suite 600</b>	City; <b>San Francisco</b>	State; <b>California</b>	Zip Code <b>94103</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Donor fees through portal</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

# SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4 of 7</b>	2 FILER NAME <b>Deanna Hammond</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/17/2022</b>	5 Payee name <b>Stripe</b>
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6 Amount (\$) <b>2.59</b>	7 Payee address; <b>www.stripe.com</b>	City; <b>Palo Alto</b>	State; <b>California</b>	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Donor fees through portal</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/17/2022</b>	Payee name <b>Hilltop Homeowners Association</b>
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Amount (\$) <b>400.00</b>	Payee address; <b>P.O. Box 800783</b>	City; <b>Balch Springs</b>	State; <b>Texas</b>	Zip Code <b>75180</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Rental fee for Billboard</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/17/2022</b>	Payee name <b>Home Depot</b>
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Amount (\$) <b>111.17</b>	Payee address; <b>2201 Lakeview Pkwy</b>	City; <b>Rowlett</b>	State; <b>Texas</b>	Zip Code <b>75088</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Cleaning Supplies</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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.

<b>1</b> Total pages Schedule F1: <i>5 of 7</i>	<b>2</b> FILER NAME Deanna Hammond	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/17/2022	<b>5</b> Payee name Starbucks #10300
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<b>6</b> Amount (\$) 17.21	<b>7</b> Payee address; 2609 Lakeview Pkwy City: Rowlett State: Texas Zip Code: 75088
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Coffee for campaign team
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/2022	Payee name Home Depot #8951
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Amount (\$) 14.05	Payee address; 2201 Lakeview Pkwy City: Rowlett State: Texas Zip Code: 75088
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description 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
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Date 10/18/2022	Payee name PayPal
--------------------	----------------------

Amount (\$) 2.69	Payee address; 2211 N 1st Street City: San Jose State: California Zip Code: 95131
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<b>PURPOSE OF EXPENDITURE</b>	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
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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: <b>6 of 7</b>	2 FILER NAME <b>Deanna Hammond</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/18/2022</b>	5 Payee name <b>GoDaddy.com</b>
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6 Amount (\$) <b>77.48</b>	7 Payee address; <b>2155 E GoDaddy Way</b>	City: <b>Tempe</b>	State; <b>Arizona</b>	Zip Code <b>85284</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Email/Domain Renewal</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/21/2022</b>	Payee name <b>Signage Systems</b>
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Amount (\$) <b>362.10</b>	Payee address; <b>7900 Ferguson Rd</b>	City: <b>Dallas</b>	State; <b>Texas</b>	Zip Code <b>75228</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>4 x 4 Signs; 18 x 24 Yard Signs; Wire Stakes</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/23/2022</b>	Payee name <b>Stripe</b>
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Amount (\$) <b>4.70</b>	Payee address; <b>www.stripe.com</b>	City: <b>Palo Alto</b>	State; <b>California</b>	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Donor fees through portal</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	

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

<b>1</b> Total pages Schedule F1: <b>7 of 7</b>	<b>2</b> FILER NAME Deanna Hammond	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/24/2022	<b>5</b> Payee name Tractor Supply	
<b>6</b> Amount (\$) <b>12.98</b>	<b>7</b> Payee address; City: State: Zip Code 1740 North Belt Line Rd Mesquite Texas 75149	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Cable Ties
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/28/2022</b>	Payee name Tom Thumb	
Amount (\$) <b>13.59</b>	Payee address; City: State: Zip Code 1501 Pioneer Rd Mesquite Texas 75149	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Lunch
	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 <b>10/28/2022</b>	Payee name Signage Systems	
Amount (\$) <b>218.99</b>	Payee address; City: State: Zip Code 7900 Ferguson Rd Dallas Texas 75228	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description 18 x 24 Yard Signs / Wire Stakes
	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



3:29

20%



# Cash Out

To MasterCard Debit 3449



## Instantly Deposited

Amount	\$434.00
Instant Fee	\$7.60
Deposited	\$426.40
Destination	MasterCard Debit 3449

10/5/22

Cash App Support

Close

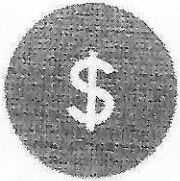
Cash App

1 of 3



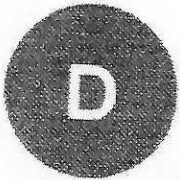
**Cash Out** 10/5/22  
MasterCard Debit 34...

**\$434**



**Cash Out**  
Chase Bank

**\$1**



**Lisa Wright**  
You replied ❤️

**+ \$100**



**Ellis Register**

**+ \$50**

You replied

**October 4**



**Staci Anderson**

**+ \$50**

You replied



**Sarah Smith**

**+ \$50**

You replied



**Clarence Griffin**

**+ \$100**

You replied



**Temika S. Tillman**

**+ \$50**

You replied



**Christian Thomas**  
Payment from \$BigT0311

**\$35.00**

For Donation

Oct 3 at 5:42 PM

34.00

You replied

Web Receipt





1:27

33%



**Cash Out**  
To MasterCard Debit 3449



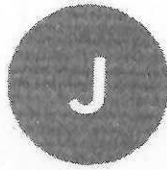
**Instantly Deposited**

Amount	\$370.00
Instant Fee	\$6.48
Deposited	\$363.52
Destination	MasterCard Debit 3449

10/15/22

Cash App Support

Close



**Jimmy Deamus**  
Payment from \$deamusj

**\$300.00**

For Campagin Donation

Oct 14 at 3:33 PM

**You replied** ❤️

**Web Receipt**





**Charles Allen**  
Payment from \$UnkCharlie

**\$50.00**

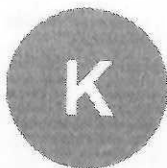
For the win votes just win Baby

Oct 5 at 4:55 PM

You replied

Web Receipt





**Katina Whitfield**

Payment from \$tinawhitfield1979

**\$10.00**

Oct 6 at 9:33 PM

You replied

Web Receipt







**Kay Kabinga**

Payment from \$MadisonBoulevard

**\$10.00**

For Campaign Donation

Oct 15 at 11:30 AM

✓ **Received**

**Web Receipt**

