CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	ed: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr NICKNAME	DeMondre LAST		MI C SUFFIX	OFFICE Date Received	USE ONLY	
CANDIDATE		Montsomery	Contract Con				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	821 Sherbroom		Chardson TX,	75080	JOH COU DALL	2022 JAN	
5 CANDIDATE/	AREA CODE PHONE	E NUMBER	EXTENS	ION	>24	-	
OFFICEHOLDER PHONE	(972) 900-		EATER	ION	Date Hand-99 yered	0	j
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST Charles		MI B	Date Projessed	Armount \$	7
IVAIVIE	NICKNAME	LAST		SUFFIX	~	÷	
	\	Williams		皿	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO)		1316 Da	llas, TX,	STATE: 75208	ZIP CODE	
Residence or Business)	THE COLOR SHEET SEE	- AMABOORINGSOOD					
8 CAMPAIGN TREASURER	TOO SEE THE COURSE OF THE SECOND SECO	NUMBER	EXTENSI	ON			
PHONE	(469) 494-8222						
9 REPORT TYPE	January 15	30th day before ele	ection Rur	noff	15th day afte treasurer app (Officeholder	pointment	
	July 15	8th day before elec	1011	eeded Modified porting Limit	Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	Month Day	Year		Month	Day Year		
COVERED	07 /01	18831	THROUGH	19	/ 31 / 200	21	
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year Primary Runoff Other Description						
	03 / 01 / 2023	General	Special				_
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if known)		
			Dalle	as Const	able Pet .	3	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITI THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE	THESE EXPENDITURES I	MAY HAVE BEEN MADE I	EXPENDITURES MA	ADE BY POLITICAL COMM	MITTEES TO SUPPOR	OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL COMMITTEE ADDRESS					_	
Additional Pages		SEE CAMPAIGN TOEA	211252 11115				
	SPECIFIC COMMITT	TEE CAMPAIGN TREA	SURER NAME				
	СОММІТТ	FEE CAMPAIGN TREA	ASURER ADDRESS				
		GO TO P	PAGE 2				=
		OU IU F	AULZ				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	londre C.	Montsomery	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN					
	v sumermore contract and the first terms	ITICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOAN	s 700.00			
EXPENDITURE TOTALS	TURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$					
*** * **** * **** * ***** * ***** * ****	4. TOTAL POL	ITICAL EXPENDITURES	s 700.00			
CONTRIBUTION BALANCE	5. TOTAL POLITOR OF REPORTE	TICAL CONTRIBUTIONS MAINTAINED AS OF THE L ING PERIOD	AST DAY \$			
OUTSTANDING LOAN TOTALS		CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS F THE REPORTING PERIOD	OF THE \$			
18 SIGNATURE I s	wear, or affirm, under ne	enalty of perjury, that the accompanying report is t	rue and correct and includes all information			
		e under Title 15, Election Code.	rue and correct and includes all information			
	,					
		Signature of (Candidate or Officeholder			
	_					
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEA	L					
0 1 1 1 1 1 1						
Sworn to and subscribed before me by this the day of,						
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ring oath	Printed name of officer administering oath	Title of officer administering oath			
The latest and the la		OR				
(2) Unsworn Declaration	on					
(2) Showship Declaration	511					
My name is Demondr	C. Martines	, and my date of birth	is 02.18-1998			
My address is 821 S1	nerbrook Dr	/				
my address is DVI OI	(street)		January.			
Executed in Dallas		(city)	(state) (zip code) (country)			
Executed in Dallas	County, State of	of Texas on the 18 day of To				
		Signature of Cand	didate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	DeMonde Montsomery	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS § 700.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	e Instruction Guide explains how to complete thi	1 Total pages Schedule A1:			
2 FILER NAME	Mondre Montsomery		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA Kirk Myers - Hill 6 Contributor address; City; 3311 Mortin Luther King Blod	7 Amount of contribution (\$) 7 700.00			
	upation / Job title (See Instructions)	9 Employer (See Instruct Abounding P			
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)		
	Contributor address: City;				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PA(C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
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 CA	TEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
00 - 00 - 00 - 00 - 00 - 00 - 00 - 00		The Instruction Guide exp	plains how to c	omplete this form.			
1 Total pages Schedule F1:	ages Schedule F1: 2 FILER NAME DeMondre C. Montsomery				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Pavee n	ame	15 Olyter 4				
9-18-21	Vista Print						
6 Amount (\$) 213.42	7 Payee a	ddress: Internet 5	alc	City:	State;	Zip Code	
8	(a) Catego	ry (See Categories listed at the top o	f this schedule)	(b) Description			
PURPOSE				Cards			
OF EXPENDITURE	Printing Expinse		Caras				
	(c)	Check if travel outside of Texas Compl	ete Schedule T.	Check if Austr	Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
11-21-2021	Texas	Votor Access Ne	twork				
Amount (\$)	Payee ad			City:	State:	Zip Code	
400.00	Inter	net Skle					
	Category	(See Categories listed at the top of t	this schedule)	Description			
PURPOSE	Othe	ur .		VAN			
OF				11110			
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T		Check if Austin	neck if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
11-5-21	Bre	yun Dillard					
Amount (\$)	Payee ad	ddress;		City;	State:	Zip Code	
86.58	722	Monroe pr		Duncanville	TX		
	Category	(See Categories listed at the top of the	his schedule)	Description			
PURPOSE OF EXPENDITURE	Adve	rtising Exposse		Shirts ? FI	B Advortisement		
Check if travel outside of Texas. Complete Schedule T. Check if A.			Check if Austin	stin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NEE	DED		