JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Judge	SALLY	۷.	OFFICE USE	ONLY
,,,,,,,,,	Monta	om ery	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	13901 DALLA		STE 102 730x315		DALLAS C
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972) 2	PHONE NUMBER 47- 7354	EXTENSION	Date Hand-delivered or Da	R
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Andre NICKNAME	LAST Trusevice	M. SUFFIX	Date Processed Date Imaged	TEXAS
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	6000 Co	NO PO BOX PLEASE), APT /S 1 um bus Avenu Tx 75024		STATE. ZII	PCODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 49-4063	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after can treasurer appoint (Officeholder Only) Final Report (Attact	nent)
10 PERIOD COVERED	Month 02	Day Year 23 / 2022	Month	Day Year 72022	>
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special		
12 OFFICE	County	Count at - LAW	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDER'S	KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			COULTAS JAN
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		PM 4: 27
		GO ТО	PAGE 2		- 0)

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	,		16 Filer ID (Ethics Commission Filers)
SAWY (. montgomery		To the in (Eures commission theis)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLIT	TICAL CONTRIBUTIONS (OTHER THAT ARANTEES OF LOANS OR LECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOAN	\$ 59 ,700
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	ICAL EXPENDITURE	\$ 3093.88
	4. TOTAL POLITICAL EXPE	NDITURES	\$19,674.9
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE L	\$ 65,803.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	F OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE \$ -0 -
18 SIGNATURE I sv	vear, or affirm, under penalty of perjury	, that the accompanying report is tr	true and correct and includes all information
	Please con	nplete either option belo	ow:
			the 1th day of Fawuary. Notary Title of officer administering oats
My name is		, and my date of birth	n is
My address is			
	(street)		(state) (zip code) (country)
Executed in	County, State of	, on the day of (mo	onth) . 20 (year)
		Signature of Can	ndidate/Officeholder (Declarant)

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The state of the s

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	SALLY L. Montgomery	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 58, 200
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,500
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s -0 -
4.	SCHEDULE E: LOANS		s -0 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 16,581.0
6.	SCHEDULE F2. UNPAID INCURRED OBLIGATIONS		s -o-
7.	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	s -0 -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 8947.42
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	s - 0 -
0.	SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	s - 0 -
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	s - 0 -
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBITOFILER	UTIONS RETURNED	\$ -0-

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC		
4 Date 5 Full name of contributorout-of-state PAC	ID#)	7 Amount of contribution (\$)
Jonathan R. Patton 6 Contributor address; City: State		"
6 Contributor address: City: State	Zin Code	\$5000.00
7/1/ Contributor address, Oity, State	Zip Code	# 3000.00
3449 Milton Ave, Unit 2	ALLAS, 74 75205	
8 Contributors principal occupation	9 Contributor's job title	
a Horney		
10 Contributor's employer/law firm	11 Law firm of contributor's	spouse (if any)
TilletSON LAW		
12 If contributor is a child, law firm of parent(s) (if any)		
2,000,000 (1,000,000 (0, 10) mystrolostatolo		
Date		A (C)
Full name of contributor out-of-state PAC		Amount of contribution (\$)
Ontributor address: City State	1.6	
1722	7:- 01-	# 5000.00
1700 Pacific Ave. Ste. 2390	Zip Code	4 3000.00
1,100 facific inc. 512.2590	Dalla, 1 X 13201	
Contributor's principal occupation	Contributor's job title	
attorneys		
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
		31
If contributor is a child, law firm of parent(s) (if any)		
Data		
Date Full name of contributor out-of-state PAC	ID#:	Amount of contribution (\$)
8/10. France d to PILC		
8/19/22 Freese & Goss, PLLG		\$5000.00
Contributor address; City; State:		# 3000.00
3500 Maple Ave Ste 1100, Ox	MAS. TX. 75219	
Contributor's principal occupation	Contributor's job title	
ATT		
Contributor's employer/law firm		The second secon
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
*		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

٦	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer D (Ethics Commission Filers)
5,	11. Mintonneral		3/40/157
J. t	I'y c. money		
4 Date	5 Full name of contributor Dout-of-state PAC	ID#)	7 Amount of contribution (\$)
	Tim K. Goss 6 Contributor address; City: State 3500 Maple Are Ste 1100, Box		\$5000.00
	principal occupation	The same of the sa	
6 Contributors		9 Contributor's job title	
	attornay		
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)
I	11 11 0111		(21))
10 11	reese & boss, PUL		
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date			
	Full name of contributor		Amount of contribution (\$)
91	Contributor address: City: State: P.O. Boy 802023, DAMPS, T.		
1/27/27	Kache CAW IIII		\$5000.00
12/1/22	Contributor address; City; State;	Zip Code	#3000,00
	P.O. BOY 802023, DAMPET	V.7530D	
		~ 13380	
Contributor's	principal occupation attornays	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	(a ana
	The state of the s	Law IIIII of contributor	s spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	ID#:	Amount of contribution (\$)
			CONTROL PRODUCT CONTROL CONTRO
7/25/22	Contributor address; City; State:		4
25/22			\$1000.00
,	Contributor address; City; State:	Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	7441 Murvin D. Love Fray, 5.	+e400. Oper 12	
Contributed	principal occupation		
Contributors		Contributor's job title	
	attorney		
Contributor's	employer/law firm /	Law firm of contributor	's spouse (if any)
LAW	Office of Glenn D Tucker		
	s a child, law firm of parent(s) (if any)		
ii continuator i	s a come, law lifti of parent(s) (if any)		
B			

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

SCHEDULE A(J)1

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

	The Instruction Guide explains how to complete this	40	1 7
FILER NAM	E		1 Total pages Schedule A(J)1;
Date	5 Full name of contributor Out-of-state PAC	r4	3 Filer ID Jethics Commission File
	5 Full name of contributor Out-of-state PAC I	D#.	7 Amount of contribution (\$)
119/22	Den Martin, Esq		#_
	3219 McKinney Avenue, Stern	State: Zip Code	# 2500.00
Contributor's	principal occupation	9 Contributor's job title	
Contributor's	employer/law firm	11 Law firm of contributor's	s spouse (if any)
contributor i	s a child, law firm of parent(s) (if any)		
	passing (it dity)		
ate	Full name of contributor cut-of-state PAC De	d .	Amount of contribution (\$)
23/22	Connie Harring		· ·
-1112	Contributor address: City. 2310 Lawnmeadow Dr., Richa	State: Zip Code	\$100.00
ontributor's p	- Occopation	ulson, 1 x 75080	
	attorney	Contributor's job title	
	imployer/law firm	Law firm of contributor's	spouse (if any)
contributor is	eynier Resse Liber & Matter achild. law firm of parent(s) (if any)		
ate	Full name of contributor out-of-state PAC_ID#		Amount of contribution (\$)
/2/	RyAN Thompson		.,,
1/22	Contributor address: City:	State: Zip Code	\$1100.00
1/22	3300 Dale 1 a 2 A 7 . 151.		
ontributor's p	Ryan Thompson Contributor address: City: 3300 Oak Lawn Ave, 3rd Floor,	UNUAS,1×75219	
	,	Contributor's job title	
ontributor's er	attorney nployer/law firm	Contributor's job title Law firm of contributor's	spouse (if any)
ontributor's er	nployer/law firm Thompson LAW LLP	Contributor's job title	spouse (if any)
entributor's er	attorney nployer/law firm	Contributor's job title	spouse (if any)
entributor's er	nployer/law firm Thompson LAW LLP	Contributor's job title	spouse (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

FILER NA	The Instruction Guide explains how to	complete this form.	1 Total pages Schedule A(J)1.
FILEH NA	Spannia .	1	902//
	strey L. Mon	rameru	3 Filer ID Ethics Commission Filer
Date	5 Full name of contributor		_
	mark o	ut-or-state PAC ID#	7 Amount of contribution (\$)
1/4/22	6 Contributor address:	605	4
1/22	523311-	State; Zip Co	#200.00
Contails 1	6 Contributor address: SZ33 Ursula La	ne, tours, TX 152	29
Contributor		9 Contributor's jo	ob title
Contributor'	's employer/law firm		
	o omployer/law iiiiii	11 Law firm of cor	ntributor's spouse (if any)
f contributo	or is a child, law firm of parent(s) (if any)		
	parent(s) (if any)		
Date	Full name of contributor cut	-ot-state PAC ID#	
0/3/22			Amount of contribution (\$)
13/22	James W. Volbe Contributor address: 4902 Barclay D. Tyler, TX 7876 s principal occupation	rding	\$300.00
,	Contributor address:	ity. State: Zip Coo	do 4 300.00
	Tuler, TX 7071	C.	
Contributor's	s principal occupation	Contributor's joint	b title
	attorney		
	s employer/law firm	Law firm of con	tributor's spouse (if any)
F CONTRACTOR OF	Kretzer 4 Volberding	P.C.	
contributor	is a child, law firm of parent(s) (if any)		
ate	Full name of contributor cut-		
		on-state PAC ID#	Amount of contribution (\$)
14/22	H. Grady Chandles	, 800	#-
	Contributor address: 12222 Merit Driv	ty: State: Zip Code	\$250.00
	12222 your Driv	12 Ste 1200	5-1
antributor's	principal occupation	Contributor's job	o title
oritinoator 5	attorney		
	- 1	Law firm of cont	ributor's spouse (if any)
ontributor's	employer/law firm U		The state of the s
ontributor's	employer/law firm U	andler	
ontributor's	employer/law firm U	andler	
ontributor's	employer/law firm W Offices of H Grady (h is a child, law firm of parent(s) (if any)	andle r	
ontributor's	employer/law firm U	andle r	

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SCHEDULE A(J)1

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

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
FILER NAM	ME	50 11
D .	5 Full name of contributor Out-of-state PAC 10#	3 Filer ID Ethics Commission Filers
Date	5 Full name of contributor	7
1/30/22	6 Contributor address: City: Sta	7 Amount of contribution (\$) te; Zip Code
Contributor's	principal occupation 9 Co	ntributor's job title
Contributor's	employer/law firm	w firm of contributor's spouse (if any)
f contributor	is a child, law firm of parent(s) (if any)	
	any)	
Date	Full name of coats's	
. 2	Full name of contributorout-ot-state PAC_ID#	Amount of contribution (\$)
101	LAW Price John Lozano, P Contributo Godress: City: State 9900 State City & D	PUC #
8/22	Contributo andress: City: State	Zio Code \$500.00
	9900 Starlight Rd DALLAS, 7X	2.5 5500
Contributor's	principal occupation	15220-4546
	Cor	ntributor's job title
	attarney employer/law firm	tributor's job title
	attarney employer/law firm	firm of contributor's spouse (if any)
contributor's	attarney employer/law firm Law	tributor's job title
Contributor's	attarney employer/law firm	tributor's job title
ontributor's	attarney employer/law firm Law	tributor's job title
ontributor's	employer/law firm Law is a child, law firm of parent(s) (if any)	firm of contributor's spouse (if any)
contributor's	employer/law firm Law Is a child, law firm of parent(s) (if any) Full name of contributor Avant Law Firm	firm of contributor's spouse (if any) Amount of contribution (\$)
ontributor's	employer/law firm Law Law is a child, law firm of parent(s) (if any) Full name of contributor cut-ot-state PAC ID# Avant Law Firm	firm of contributor's spouse (if any) Amount of contribution (\$) Zip Code #200.07
contributor's	employer/law firm Law Law is a child, law firm of parent(s) (if any) Full name of contributor cut-ot-state PAC ID# Avant Law Firm	firm of contributor's spouse (if any) Amount of contribution (\$) Zip Code #200.07
contributor i	employer/law firm Law Is a child, law firm of parent(s) (if any) Full name of contributor Avant Law Firm Contributor address: City: State 15 95 N Central Approx Richardso	Amount of contribution (\$) Zip Code 2, 15080
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contributor's co	employer/law firm Law Eull name of contributor Avant Law Firm Contributor address: City: State 15 95 N Central Expany Contributor Contribut	Amount of contribution (\$) Zip Code Anount of contribution (\$) Tip Code Tibutor's job title
contributor's co	employer/law firm Law Is a child, law firm of parent(s) (if any) Full name of contributor Avant Law Firm Contributor address: City: State 1595 N Central Expany Richardse principal occupation Contributor	Amount of contribution (\$) Zip Code A 75080 tributor's job title
contributor's co	employer/law firm Law Eull name of contributor Avant Law Firm Contributor address: City: State 15 95 N Central Expany Contributor Contribut	Amount of contribution (\$) Zip Code A 75080 tributor's job title

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

SCHEDULE A(J)1

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

	The Instruction Guide explains how to	complete this form.	1 Total pages Schedule A(J)1:
FILER NA	ME		6 D 11
	SALLY L. Mon	temesous	3 Filer ID Prics Commission File
Date	SALLY L. Mon	Jane	
	4 - 1	but-or-state PAC IDE	7 Amount of contribution (\$)
40,	5 Sanuar	7. P.C.	4-2-
18/22	6 Contributor address: 3030 LBJ Fwy St	E130 Downs, TX	\$250.00
Contributor'	's principal occupation	9 Contributor's job title	
	attorney	5 Commoditier's Job line	
contributor's	s employer/law firm		
		11 Law firm of contributor	's spouse (if any)
contributo	r is a child, law firm of parent(s) (if any)		
	parent(s) (If any)		
ate	-		
	Full name of contributorcu	ut-of-state PAC ID#	Amount of contribution (\$)
1	Law offices BSee	TON	1:
8/22	Contributor address:	~ A . C&X	\$500.00
•	400 N Erway St. #	City. State: Zip Code	,, , , , , , , , , , , , , , , , , , , ,
ontributor's	Contributor address: 400 N Erway St. #	NAS, TX 753/3	
Millibutor S		Contributor's job title	
	attorney		
ontributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
			6- 50-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
contributor	is a child, law firm of parent(s) (if any)		
te			
te	Full name of contributor cut	-o'-state PAC ID#	Amount of contribution (\$)
te /	1/		Amount of contribution (\$)
te /8/22	HAMILTON Wingo, L	LIP	Amount of contribution (\$)
8/2Z	HAMILTON Wingo, L	LIP	Amount of contribution (\$)
8/22	Contributor address St. Paul St.	LIP	Amount of contribution (\$)
8/22	1/	LIP	Amount of contribution (\$)
8/2Z Intributor's	Contributor address. 325 N St. Paul St. principal occupation	ity: State: Zip Code 3300 Onum Tx 7520/	Amount of contribution (\$)
8/2Z Intributor's	Contributor address St. Paul St.	State: Zip Code 3300 Contributor's job title	\$5000.00
8/2Z Intributor's	Contributor address. 325 N St. Paul St. principal occupation	ity: State: Zip Code 3300 Onum Tx 7520/	\$5000.00
8/2Z Intributor's	Contributor address. Contribut	State: Zip Code 3300 Contributor's job title	\$5000.00
8/2Z Intributor's	Contributor address. 325 N St. Paul St. principal occupation	State: Zip Code 3300 Contributor's job title	\$5000.00
8/2Z Intributor's	Contributor address. Contribut	State: Zip Code 3300 Contributor's job title	\$5000.00

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

SCHEDULE A(J)1

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

SALLY L. Montgantry Date 5 Full name of contributor Tel. B. Lyon of Association Pile 6 Contributor address 7 Amount of contribution (\$) 7 Amount of contribution (\$) 7 Amount of contribution (\$) 8 Lyon of Association Pile 8 State: Zip Code 7 Amount of contribution (\$) 8 Contributor's principal occupation Full name of contributor 11 Law firm of contributor's spouse (if any) 12 Law firm of contributor's spouse (if any) 13 Law firm of contributor (\$) 14 SVD. OD 15 State: Code 2 S17 State St. Druins TX 75201 16 Ontributor's employer law firm 17 Amount of contributor (\$) 18 Law firm of contributor's spouse (if any) 19 Law firm of contributor (\$) 19 State: Code 2 S17 State St. Druins TX 75201 10 Ontributor's employer law firm 11 Law firm of contributor's spouse (if any) 12 Law firm of contributor's spouse (if any) 13 Filer C Entire Commission File 14 SVD. OD 15 Law firm of contributor (\$) 16 Law firm of contributor's spouse (if any) 17 Amount of contributor (\$) 18 Law firm of contributor's spouse (if any) 19 Law firm of contributor's spouse (if any) 19 Law firm of contributor (\$) 20 Law firm of contributor (\$) 21 Law firm of contributor (\$) 22 Law firm of contributors spouse (if any) 23 Law firm of contributor's spouse (if any) 24 Law firm of contributor's spouse (if any) 25 Law firm of contributor's spouse (if any) 26 Law firm of contributor's spouse (if any)	The Instruction Guide explains how to complete this form.	
Contributor's employer/law firm Full name of contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Full name of contributor Contributor's principal occupation Contributor's employer/law firm Full name of contributor Contributor is a child, law firm of parent(s) (if any) Contributor is principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Contributor's principal occupation Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is principal occupation Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is a child, law firm of parent(s) (if any) Contributor is principal occupation Contributor is principal occupation Contributor's principal occupation Contributor	FILER NAME	Total pages Schedule A(J)1.
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Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) (contributor is a child, law firm of parent(s) (if any) (ate Full name of contributor	5 Full name of contributor out-of-state PAC ID= Ted B. Lyon & Associates, P.C. 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$)
Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 22 Full name of contributor 23/22 Contributor toofices: 25/12 State St. Drugs TX 7520/ Contributor's employer/law firm 24/2 Contributor contributor 25/12 State St. Drugs TX 7520/ Contributor's employer/law firm 25/20 Contributor of parent(s) (if any) 25/21 Contributor of parent(s) (if any) 25/22 Contributor of parent(s) (if any) 25/23 State St. Drugs TX 7520/ Contributor's employer/law firm 25/24 Contributor spouse (if any) 25/25 Contributor's pion title 26/25 Contributor's pion title 26/25 Contributor's pion title 26/25 Contributor's spouse (if any) 26/25 Contributor's spouse (if any) 26/25 Contributor's pion title 26/25 Contributor's spouse (if any) 26/25 Contributor's spouse (if any) 26/25 Contributor's spouse (if any) 27/25 Contributor's spouse (if any) 27/25 Contributor's spouse (if any)	Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation 9 Contributor's job title	
Contributor is a child, law firm of parent(s) (if any) ate Full name of contributor Contributor Contributor Contributor Contributor Contributor Contributor Contributor Contributor's principal occupation Contributor is a child, law firm of parent(s) (if any) The full name of contributor Contributor's employer/law firm Law firm of contributor's spouse (if any) The full name of contributor Contributor is a child, law firm of parent(s) (if any) The full name of contributor Contributor is a child, law firm of parent(s) (if any) The full name of contributor Contributor is a child, law firm of parent(s) (if any) The full name of contributor Contributor is a child, law firm of parent(s) (if any) The full name of contributor Contributor's principal occupation	avvingers	
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Amount of contribution (\$) James Nifehell Contributor address: City: State: Zip Code #1500.00 Obos Park Jane, Darres Tx 75225 Intributor's principal occupation Attorney Contributor's employer/law firm Carpain Mitchell Law Green	contributor is a child, law firm of parent(s) (if any)	
Contributor address: City: State: Zip Code #1500-00 6605 Park Jane, Darriss Tx 75225 Intributor's principal occupation Contributor's job title Afformey Intributor's employer/law firm Parme Mitchell Law Grange Law firm of contributor's spouse (if any)		Amount of contribution (\$)
ontributor's principal occupation Afterney Ontributor's employer/law firm Payne Mitchell Law Group Law firm of contributor's spouse (if any)	920	HIERO -
Parme Mitchell Law Group Law firm of contributor's spouse (if any)		41500.00
Parme Mitchell Law Group Law firm of contributor's spouse (if any)	entributor's principal occupation Contributor's poblitile	
Parme Mitchell Law Group Law firm of contributor's spouse (if any)	attorney	
contributor is a colid, law firm of parent(s) (if any)	The state of the s	's spouse (if any)
	contributor is a colid, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

FILER NA	The Instruction Guide explains how to complete t		1 Total pages Schedule A(J)1.
	5 Full name of contributor Out-of-state PA		3 Filer ID Et & Commission File
Date	5 5 W	ery	
12/	5 Full name of contributor Out-of-state PA	C ID#	7 Amount of contribution (\$)
2/7/22	6 Contributor address		
120	5 Full name of contributor Out-of-state PA Amy Witherite 6 Contributor address: City: 10440 N. Centractypy-V s principal occupation Attorney	State: Zip Code	\$ 2500
Contributor's	s principal occupation	9 Contributor's job title	/
Contributor's	attorney s employer/law firm		
n	litherite LAW Group	11 Law firm of contributor	's spouse (if any)
contributor	is a child, law firm of parent(s) (if any)		
ate	Full name of contributor Cut-of-state PAC		
2/		ID#	Amount of contribution (\$)
48/22	Ben Taylor Contributor address: City.		\$100.00
	2654 Laky orest Court, 6	State: Zip Code	H100.00
Contributor's	principal occupation	3881	
		Contributor's job title	
	allmes		
	employer/law firm	Law firm of contributor	s snouse lift and
		Law firm of contributor	s spouse (if any)
	employer/law firm Ed B. Ly on & Association PC is a child, law figh of parent(s) (if any)	Law firm of contributor	s spouse (if any)
		Law firm of contributor	s spouse (if any)
Contributor	ed B. Lyon & Assertis, PC is a child, law from of parent(s) (if any)		
contributor	Full name of contributor out-of-state PAC		Amount of contribution (\$)
contributor	Full name of contributor out-of-state PAC Adam B. Lecrone	IDs	
Contributor date	Full name of contributor Out-of-state PAC Adam B. Lecrone Contributor address: City:	State: Zip Code	
Contributor late	Full name of contributor Out-of-state PAC Adam B. Lecrone Contributor address: City:	State: Zip Code	
Contributor litte	Full name of contributor Out-of-state PAC Adam B. Lecrone Contributor address: City:	State: Zip Code	
Contributor late	Full name of contributor Out-of-state PAC Adam B. Lecrone Contributor address: City:	State: Zip Code	Amount of contribution (\$)
contributor ate 8/22 entributor's particularity of the contributor's particularity	Full name of contributor out-of-state PAC Adam B. Lecrone Contributor address: City: 123 N. Crockett Shut Steprincipal occupation Attorney employer/law firm Lecrone Law Firm PC	State: Zip Code	Amount of contribution (\$)
contributor ate 8/23 pontributor's pontributor's e	Full name of contributor out-of-state PAC Adam B. Lecrone	State: Zip Code	Amount of contribution (\$)
contributor ate 8/22 contributor's pontributor's e	Full name of contributor out-of-state PAC Adam B. Lecrone Contributor address: City: 123 N. Crockett Shut Steprincipal occupation Attorney employer/law firm Lecrone Law Firm PC	State: Zip Code	Amount of contribution (\$)

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

SCHEDULE A(J)1

	The Instruction Guide explains	s how to complete this	form.	1 Total pages Schedule A(J)1.
FILER NAM	ME			90211
5	SALLY L. M 5 Full name of contributor	rontgamer	-4	3 Filer Etnics Commission File
Date	5 Full name of contributor	Out-of-state PAC 10);	7 Amount of contribution (\$)
2/8/22	Carlos Corte	2		40
144	5 Full name of contributor Carlos Corte 6 Contributor address 1280/N. Certral principal occupation	Expury Ste 3	State; Zip Code	\$5000.00
Contributor's	principal occupation	· Moory	9 Contributor's job title	
Contributor's	employer/law firm			
	Cortez LAW Fir	m. PHI	11 Law firm of contributor	's spouse (if any)
f contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	cut-of-state PAC ID#		Amount of contribution (\$)
18/22	Thomas Hera			******
	Contributor address: 7800NStemmo	City.	State: Zip Code	\$1000.00
Contributor's	principal occupation	75247		
	attorney		Contributor's job title	
Contributor's			Law firm of contributor's	s spouse (if any)
f	Thomas A. Heral			
Contributor i	s a child, law firm of parent(s) (if	any)		
ate	Full name of contributor	Out-of-state PAC ID#		
19/22	Marissa Maa			Amount of contribution (\$)
1/22	Contributor address:	City:	State: Zip Code	\$200.00
	2621 Regal Rd	Plano, TX	75074	
ontributor's p	orncipal occupation	,	Contributor's job title	
ontributor's e	a Horney			
			Law firm of contributor's	spouse (if any)
contributor is	a child, law firm of parent(s) (if a	iny)		
	ATTACH ADDITI	ONAL CODIES OF T	HIS SCHEDULE AS NE	
14	contributor is out-of-state PAC	STAL SOFIES OF I	INS SCHEDULE AS NE	EDED

SCHEDULE A(J)1

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

	The Instruction O	W. #006809055
FILER NAM	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
· ILLII INAIV	Survey (3 Filer ID Ethics Commission File
Date	5 Full name of contributor Out-of-state PAC IDE	3 Filer ID CEInics Commission File
Date	5 Full name of contributor Out-of-state PAC ID#	7 Amount of contribution (\$)
/	DAVID Crowe	Amount of contribution (\$)
10/22	6 Contributor address: City: State; Zip C	Code \$2500.00
	401 Main Sheet, Stal 530 DAWAS, TX	75202
Contributor's	9 Contributor's	
	attorney	,,
Ontributor's		contributor's spouse (if any)
TOWE	Arnold & Majors, UP Is a child, law firm of parents) (if any)	n
CONTRIBUTOR	is a child, law firm of parenter (if any)	
ate	Full name of contributor cut-of-state PAC_ID#	
2-/	Contributor address: City. State: Zip Contributor accupation Contributor accupation Contributor accupation Contributor accupation Contributor's	Amount of contribution (\$)
19122	Contributor address	\$ 3000.00
11	2555 X1 Par 154 0 45 17	ode 71 3000.00
ontributor's r	principal occupation	5201
	Mul detate Contributor's	job title
ontributor's e	employer/law firm	
	Law IIIII OF Co	ontributor's spouse (if any)
contributor is	s a child, law firm of parent(s) (if any)	
te	Full name of contributor cut-of-state PAC_ID#	
,	1.7://.	Amount of contribution (\$)
	William Water	4
18/22	Coatribute	M 5757 AC
18/22	William Curtis Contributor address: City: State: Zip Co.	de \$500.00
18/22	rincipal occupation	252
18/22	rincipal occupation	252
ntributor's er	rincipal occupation Atomey mployer/law firm	252 ob title
ntributor's en	rincipal occupation Attorney mployer/law firm Curtis Low Group Law firm of con	252
ntributor's er	rincipal occupation A Horney A proper law time	252 ob title
ntributor's er	rincipal occupation Attorney mployer/law firm Curtis Low Group Law firm of con	252 ob title

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

SCHEDULE A(J)1

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

	The Instruction Guide explains	how to complete this	form	1 Total pages Schedule A(J)1:
FILER NAI	ME			Jages Schedule A(J)1:
	C1	/		11/2//
Date	SALLY L. M. 5 Full name of contributor	Contgame	ry	3 Filer ID Ethies Commission File
	5 Full name of contributor	Control state BAC		7
2/30/22	Munsch Hardt 6 Contributor address: 500 N. Akard Stu Daylas A	Kopf & HAR	er, P.C	7 Amount of contribution (\$)
	- A C C R 3 . / K 7 6	est, Ste 3800	State; Zip Code	\$1000.00
Contributor's	- Date of the second	W 6651	9 Contributor's job title	
Contributor's	employer/law firm			
501111001015	employer/law firm		11 Law firm of contributor	's spouse (if any)
f contributor	is a child, law firm of parent(s) (if	Description of the second of t		
Date				
2/30/22	Full name of contributor William M	. Tolen		Amount of contribution (\$)
20/22	Contributor address: SIDO Verde Va Direction	City. 151	State: Zip Code	\$1000.00
	DAT	100 X75	750	
Contributor's	principal occupation	11/-12	237	
	employer/law firm		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor:	
_			Care in in di commodici :	s spouse (if any)
[1]		Sd Han.		
contributor		faHan		
f contributor	oun sch Hardt Kop. is a child. law firm of parent(s) (if a	f# Han		
f contributor		f # Han any)		Amount of contribution (th)
	Pun sch Hardt Kop.			Amount of contribution (\$)
	Full name of contributor	ut-of-state PAC IDE		Amount of contribution (\$)
	Pun sch Hardt Kop.		State: Zip Code	Amount of contribution (\$)
ate	Full name of contributor	ut-of-state PAC IDE	State: Zip Code	Amount of contribution (\$)
ate ontributor's p	Full name of contributor Contributor address:	ut-of-state PAC IDE	***************************************	Amount of contribution (\$)
ate ontributor's p	Full name of contributor Contributor address:	ut-of-state PAC IDE	State: Zip Code	
contributor's pontributor's e	Full name of contributor Contributor address: crincipal occupation	City:	State: Zip Code Contributor's job title	
ontributor's pontributor's e	Full name of contributor Contributor address:	City:	State: Zip Code Contributor's job title	
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ate ontributor's p ontributor's e	Full name of contributor Contributor address: crincipal occupation	City:	State: Zip Code Contributor's job title	

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

9 In-kind contribution \$ description fund raising		
9 In-kind contribution description		
\$ description		
\$ description		
outside of Texas. Complete Schedule DICIAL)(See Instructions)		
R JUDICIAL) (See Instructions) spouse (if any) (FOR JUDICIAL)		
In-kind contribution In-kind contribution description outside of Texas. Complete Schedule 1		
DICIAL)(See Instructions)		
R JUDICIAL)(See Instructions)		
aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
) I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Print	ing Expense Travel Out Of District other (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME SALLY L. Montgo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
7/5/2022	American apress	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
1213.19	P.O. BOX 650448 DAWAS, TX 75265-044	8
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Mand French Dument	Check if Austin, TX, officeholder living expense
EXPENSIONE	Credit card payment	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/4/22	American Express	
Amount (\$)	Payee address; City; State; Zip Coo	de
1078.81	P.O. BOX 650448 DAMAS, 7X75265-0	2008
	Category (See Categories listed at the top of this schedule	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Credit and payment	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/6/22	Fish Fry Democrats,	, PAC
Amount (\$)	Payee address; City; State; Zip Coo	de
\$250.00	6333 E. Mocking bird Lan	ne, Ste 147-800
#250.00	DAMAS, TX 75214	
	Category (See Categories listed at the top of this schedule	Description
PURPOSE	6 1 11 1:11: 11	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event of Contribution experi	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Sauy L. Monto	comerci	3 Filer ID (Ethics Commission Filers)		
4 Date 8/6/22	5 Payee name Larry Duncan				
6 Amount (\$) # 900.00	7 Payee address; 5415 Banting WAY DANAS, TX 75227	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this so				
PURPOSE OF EXPENDITURE	Consulting April	July 1 -]	Cec 31, 2022		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	. TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8/6/22	Moody FAMILY YI	NCA			
Amount (\$)	Pavee address:	City;	State; Zip Code		
\$250.00	6000 Preston Rd DAMAS, TX 75205				
PURPOSE OF EXPENDITURE	Cantribution	edule) Description			
	Check if travel outside of Texas. Complete Sche	edule 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				
8/10/22	Boyles & Son Fenci	ing and Out do	ow		
Amount (\$) \$\frac{4}{3662.10}\$	Payee Address; 2530 Rochelle Rd Rockwall, Tx 75032	Oity,	State; Zip Code		
PURPOSE OF EXPENDITURE	Other - Security	Description funcing			
	Check if travel outside of Texas. Complete Sche	dule 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 COPIES O	F THIS SCHEDULE AS NEED	DED		

SCHEDULE F1

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 7-11	N = 1	\$200.00 M OBS 00 M OB	2.5
1 Total pages Schedule F1:	SAUY L. MOR	tapmeru	3 Filer ID (Ethics Commission Filers)
4 Date 9/4/2022	5 Payee name		
6 Amount (\$)	7 Payee address:	City;	State, Zip Code
\$1541.38	P.O. BOX 650448 Dallas, TX 7526	5-0448	
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Oudit cand pay	ment	
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	tin. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/4/2022	american Expre		
Amount (S) #1563.98	Payee address; P.D. Boxlo 50448 Oullas, Tx 7524	City:	State; Zip Code
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Credit and pay.	ment	
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/5/2022	Larry Duncan	/	
Amount (\$)	Payee address;	City;	State; Zip Code
\$346.91	S415 Banting Was	uz.	
	Category (See Categories listed at the top of this	schedule Description	
PURPOSE OF EXPENDITURE	Fles	website	expense
	Check if travel outside of Texas. Complete	Schedule T Check if Aus	tin TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officenolder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overnead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor ins how to complete this form.	Solicitation F Indraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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437	SALLY L. MOR	taomeru	Territor Commission Thers
10/18/2Z	SALLY L. MOR 5 Payee name Amith Thomps 7 Payee address.	on Securiti	
#356.63	P.O. BOX 260689. Plano, Tx 75026	9 -0689	State. Zip Code
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Other	security	system
	(c) Check if travel outside of Texas. Complete S	Schedule T Check if Austin	TX, officensider living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/4/2022	American Expr	e n	
Amount (S) \$1349.68	P.O. Box 650448	Ony.	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s		
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin	TX, officendidar living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/3/2022	american Exp	ness	
# 1061. 81	Payee address. P. D. Box650448 Davies Tx7526	50448	State. Zip Code
PURPOSE OF EXPENDITURE	Culled Carel Pay	mont Description	
	Check if travel outside of Texas. Complete S	chedule T Check of Austin	"X officer slater living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officenoider/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Grift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distr	ipment & Related Expense
		The Instruction Guide expl	ains how to co	emplete this form.		
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12/24/2022	5 Payee na		un			
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PURPOSE OF EXPENDITURE						
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9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/24/2022	Jews	sh Federat	in N	Greater	Danne	
Amount (S)	Payee ad	dress;		City:	State;	Zip Code
\$150.00		O Northwen & CAS, TX 75230				
	Category	(See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Co	ntribution				φ.
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n TX. officeroiderving	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/26/2022	Dal	las Bur Ass	ociat.	ion		
Amount (S)	Payee ad			City:	State,	Zip Code
\$ 270.00		OI ROSSANCE	201			
-		(See Categories listed at the top of this		Description		
PURPOSE OF EXPENDITURE	F	eis		DWGA, Tr.S		port
		Check if travel outside of Texas. Complete	Schedule T	Check / Austin	TX office older lying	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officenolder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overnead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor ns how to complete this form.	Solicitation in noraising Expense I ransportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		ns now to complete this form.	
677		tgonery	3 Filer ID (Ethics Commission Filers)
12/26/2022	Texas Center For		4
6 Amount (\$)	7 Payee address. 1210 San Antoni Dustin, Tx 787	o Suite 800	State. Zip Code
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Contribution	burksos-	pidicial education
	(C) Check if travel outside of Texas. Complete S	chedule T Check if Austin	TX, officensider living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/15/2022	Freedom Foundat	tions D Valley	Forse
#100.00	Po Box 67 Valley Forge, Pa 19	1481-0067	Ostate: Zip Code
PURPOSE OF EXPENDITURE	Contribution	Description Quite	ership
	Check if travel outside of Texas. Complete S	chequie T. Check if Austin	TX, officers der living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/27/2022	Freedom Founda	Tions of Valley	Forge
Amount (S)	Payee address.	City:	State. Zip Code
\$150.00	POBRESSET VI	elley Forge, 6	Pa 19481-0067
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this set	Description Description	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officenolder/Politica Credit Card Payment	Fe Fo y Gil Committee Le	vent Expense ves vod/Beverage Expense ft/Awards/Memorials Expense vgal Services The Instruction Guide explai	Office Overi Polling Exp Printing Exp Salaries/Wa	ense iges/Contract Labor	Travel In District Travel Cut Of Distri	pment & Related Expense
1 -			iis now to co	mplete this form.		
1 Total pages Schedule F1:	SAL	1 1 1/1 4	taom	ery	3 Filer ID (Ethic	s Commission Filers)
10/23/22	5 Payee name	Center for	the.	Indicion	1	
6 Amount (S)	7 Payee addre			City,	State:	Zip Code
-\$498.65	12/1c	SAN ANT	8761		800	
8	(a) Category (S	ee Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	JCLE	- Annual Cony	ference	Rumbus	ment	,
	(C) Che	ck if travel outside of Texas. Complete S	Schedule T	Check if Austr	n TX, officensider living	; expense
9 Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name					
12/3/122	PA Y	PAL		City:	State:	Zip Code
\$547.29	22111	JORTH FIRST	St.	5/3/		2.9 0000
11.21	Category (Se	e Categories listed at the top of this s	schedule)	Description		
PURPOSE						
OF	E					
EXPENDITURE	Fee	S				
	Che	cx if travel outside of Texas. Complete S	ichedule T.	Check if Austr	n. TX. officendider living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	Officeholder name		Office sought	5	Office held
Date	Payee name					fa
Amount (S)	Payee addre	ss.		City:	State.	Zip Code
PURPOSE OF EXPENDITURE	Category (See	e Categories listed at the top of this s	chedule	Description		
	Chec	k if travel outside of Texas. Complete So	chedule T	Check if Austin	X officerolaer living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	Officeholder name		Office sought		Office held
	ATTAC	H ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CHEDIT CARD 5 Date Texas Center for the Indicions 8 Payee address: City: State: Zip Code 1210 San Antonio Suite 800 \$ 400.00 Austin, 7x 78701 TYPE OF Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. JCLE - Annual Conference EXPENDITURE 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name AT&T UVERSE 5/26/22 Amount (\$) City: State: Zip Code P.O. BOX 5014 Carol Stream, All 60197-5014 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF sice overhear Check if Austin, TX. officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee 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 explain	ins how to complete this form.	
1 Total pages Schedule F4:	SAWY L. MON	gemen	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGET		\$
5 Date 6/1/2022	6 Payee name Extra Space 50 8 Payee address. City: State:	torage	
7 Amount (\$)	8 Payee address: City; State;	Zip Code	
\$257.00	Larrollton, Tx		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descripti	on
PURPOSE		Check	if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Rent		if Austin, TX, officeholder living expense
		Rigi	~ storage
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date 6/9/2022	Payee name AT&T Mobility	ry	
Amount (\$)		; Zip Code	
\$204.15	P.O. BOX 537109		
#204.13	Atlanta, 6230	353-7/04	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of	of this schedule) Descrip	
PURPOSE		The second secon	k if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	office,		
	office overhead	cell.	alar
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica						
1 Total pages Schedule F4:	2 FILER NAME Sally L Montgemens 3 Filer ID (Ethics Commission Filers)					
	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
	6 Pavee name					
5 Date 5/25/22	Chris Craft Framing of Lallery 8 Payee address; City: State: Zip Code					
7 Amount (\$) \$140.59	8 Payee address; City: State: Zip Code 52/1 W. Lovers Cone Danas, TX75209					
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Other - Court room Furnishers Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held					
Date 6/27/2022	Payee name ATIT UVIISE					
Amount (\$)	Payee address; City; State; Zip Code					
#144.89	P.O. 730x 5014 Carol Stream, All 60197-5014					
TYPE OF EXPENDITURE	Political Non-Political					
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 internet					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee 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 explain	ns how to complete this form.			
1 Total pages Schedule F4:	Sally & Monda	gomery	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date 6/30/2022	6 Payee name Pallas Museum 8 Payee address; City; State;	RAT			
7 Amount (\$)	8 Payee address; City; State;	Zlo Code			
#480	DAMAS, TX75				
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Contribution - Adla	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX. officeholder living expense fill access		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date 7/9/2022	Payee name ATVT Mobil	1, ty			
Amount (\$)		Zip Code			
\$ 204.67	POTBOX5371 Attenta Ga.	04 30353-7104			
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Chec	ktion ktif travel outside of Texas. Complete Schedule T. ktif Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS I	NEEDED		

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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 explai	ns how to complete this form.		
1 Total pages Schedule F4:	Sally L Mont	somery	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	TO A CRED T CARD	\$	
5 Date 8/4/22	6 Payee name Darnas - Mara			
7 Amount (\$) \$140.78	8 Payee address; City; Siaic, 1954 Commerce DANAS, 7×7			
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of t	his schedule) (b) Description	on	
PURPOSE		Check	f travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Other		if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date 8/9/22	Payee name AT &T Mobility	1		
Amount (\$) \$Z79.59	Payee address; City; State; P. D. Boy 537/6 Atlanta, Ga 3	04		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check	ion if travel outside of Texas, Complete Schedule T. k if Austin, TX. officeholder living expense in Committing Committee	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N		
	O what othic	s state tx us	Revised 9/8/2015	

	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead Polling Expense Polling Expense Printing Expense	se	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 comp	lete this form.			
1 Total pages Schedule F4:	Sally L Montgemery	,	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CRED	OIT CARD	\$		
5 Date	6 Payee name				
7/25/22	ATET Werse				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
\$429.77	Carol Stream, All 601	97-50	14		
9 TYPE OF EXPENDITURE	Political Non-Politica				
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on		
PURPOSE		Check	f travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Africe overhead	Check	if Austin, TX, officeholder living expense		
EXPENDITURE		inte	ernet		
11 Complete ONLY if direct expenditure to benefit C/O	Garididate Former	e sought	Office held		
Date	Payee name	15			
8/10/22	Chris Craft Custom	9 Fran	ung		
Amount (\$)	Payee address; City; State; Zip Code		\supset		
\$505.53	Drups, TX 7520				
TYPE OF EXPENDITURE	Political Non-Politic	al			
	Category (See Categories listed at the top of this schedule)	Descript			
PURPOSE			if travel outside of Texas. Complete Schedule T,		
OF EXPENDITURE	07-11	Check	if Austin, TX, officeholder living expense		
EXI ENDINONE	of rec	gran	ung		
Complete ONLY if direct expenditure to benefit C/O	Carraidate / Cincerter	e sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE AS N	EEDED		

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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 explain	is now to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME L MONSEN	meny	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$	
5 Date	DAllas County Democs	ochi Ponten		
8/17/22	8 Payee address; City; State;	and more		
7 Amount (\$)	ABO TO DESCRIPTION OF THE PROPERTY OF THE PROP			
\$1000.00	1414 N. WASHINGTO. DAMAS, TX 75204	7		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Descripti	on	
10	(a) Oatogory (See Gategories listed at the top of the			
PURPOSE	A	Check	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Contribution	Check	if Austin, TX, officeholder living expense	
EXPENDITORE	amilouseen			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date \$100100	Payee name			
8/22/22	- Company			
Amount (\$)	Payee address; City; State;			
#280.90	4400 Bet Live & ADDISON, TX	15001		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Africe Description of the Carter	Check	ion if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		xpense F norials Expense F	oan Repayment/Reimbu Office Overhead/Rental I Polling Expense Printing Expense Balaries/Wages/Contrac	Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instructi	on Guide explains h	now to complete this	s form.	
1 Total pages Schedule F4:	2 FILER NAME Sully L	Montre	mely		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES	S CHARGED TO	DACREDITCA	RD	\$
5 Date 9/3/2022	6 Payee name Dr. Delphe	nium's			
7 Amount (\$)	8 Pavee address:	City: State: Zin	o Code		
#154.80	DANAS,				
9 TYPE OF EXPENDITURE	Political	4	Non-Political		
10	(a) Category (See Categories	s listed at the top of this so	chedule) (b) [Description	on
PURPOSE				Check if	travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Gift - si	yporter		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officer	nolder name	Office sough	nt	Office held
Date 9/15/22	Payee name Dallas	Bar As	suitio	~	
Amount (\$)	Payee address;	City; State; Zi			
#395.00	DAMAS	Tx 752			
TYPE OF EXPENDITURE	Political		Non-Political		
PURPOSE OF EXPENDITURE	Event Exp Bar Confe		one date /		On If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officel		Office sough	nt	Office held
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	ATTACH ADDITION	TAL COPIES OF	THIS SCHEDUL	- A3 N	

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME	/	3 Filer ID (Ethics Commission Filers)	
9 15	Sally & Monto	Jomesy		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 9/30/22	6 Payee name	Evert		
7 Amount (\$)	8 Payee address; City: State;	Zip Code		
\$420.93	200 HI CIR N. HORSHOE BAY	•		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	on	
PURPOSE	6 1.000	Check	f travel outside of Texas, Complete Schedule T,	
OF EXPENDITURE	Event expense - 10	Check	if Austin, TX, officeholder living expense	
	Event expense - to	4 Bar Conference		
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	Payee name			
Date 1/19/22	ATAT Mobile	to		
Amount (\$)	Payee address; City; State;	Zip Code		
#118.64	P.O. BOX 537/0 Atlanta, GA 30	4		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Category)	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: \$ 6 Pavee name 5 Date DAYL Foundation 8 Payee address; City; State; Zip Code 7 Amount (\$) 2101 Ross Ave DAMAS, TX 7520Z TYPE OF Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas, Complete Schedule T. PURPOSE Event expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATAT Yverse Payee address; City; State; Zip Code PD Bux 5014 #157.54 Carol Stream, All 60197-5014 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin TX officeholder living expense Office overhead EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense By Grift/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 Other (enter a category not listed above)	
	The Instruction Guide explain	ns how to complete this form.	E 2 00000000000000000000000000000000000	
1 Total pages Schedule F4:	Sally E. Mon	Tromery	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEN	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date ///0/22	ATAT Mobility			
7 Amount (\$)	8 Payee address: City: State: PO Box 537104			
\$118.64	ATIANTA, GA 30			
TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of the	s schedule) (b) Descriptio	n	
PURPOSE OF EXPENDITURE	Pfice merhead		ravel outside of Texas. Complete Schedule T. Austin, TX. officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date 1//2/22	Payee name Dallas Mornin	e News		
Amount (\$) 140.77	Payee address: City: State 1954 Commerce DAMAS 7×75	257		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if tr	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

		EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	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 Expen Travel In District Travel Out Of District Other (enter a category not listed above)
ł		The Instruction Guide expla	ains how to complete this form.	
	1 Total pages Schedule F4:		ntsomery	3 Filer ID (Ethics Commission Filers)
-	4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
	5 Date 11/9/22	6 Payee name Chris Craft Cu	es tom & Frams	
	7 Amount (\$)	8 Payee address; City; State;	Zip Code	9
	\$ 644.86	DAMAS, 74 73	1205	
	9 TYPE OF EXPENDITURE	Political	Non-Political	
	10	(a) Category (See Categories listed at the top of	this schedule) (b) Descripti	on
	PURPOSE OF		Check	f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Stree	Check gran	if Austin, TX, officeholder living expense
	11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Date ////3/22	Payee name American Ann	o of Court	
	# 200 . D	Pavee address; City: State; CLO CHAD RUBOU BITT PRESTON ROAD DALLAS, TX 75225	CK, ESq.,	
	TYPE OF EXPENDITURE	Political	Non-Political	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if	on. travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED
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			EXPENDITURE	CATEGORIES FO	R BOX 10(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Office Overhe Polling Exper pense Printing Expe	nent/Reimbursement ead/Rental Expense nse inse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)
-		,	The Instruction Guid	e explains how to com	plete this form.	
-	1 Total pages Schedule F4:	2 FILER		hontsome	19	3 Filer ID (Ethics Commission Filers)
-	4 TOTAL OF UNITEM	IZED EXP	PENDITURES CHA	RGED TO A CRE	BH CARD	\$
	5 Date	6 Payee	name			
-	10/23/22	AT	g / Uver	Se .		
	7 Amount (\$)	8 Payee	0	State; Zip Code		
	#157.54	CR	(30x 3014)	4	10197-	5014
	9 TYPE OF EXPENDITURE		Political	Won-Politic		
	10	(a) Catego	ory (See Categories listed at th	e top of this schedule)	(b) Description	on
	PURPOSE	1 -			Check if	travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	177	hic week	en l		if Austin, TX. officeholder living expense
		00	-		inter	n F
	11 Complete ONLY if direct expenditure to benefit C/OF	Can	didate / Officeholder na	ime Offic	e sought	Office held
	Date /2 / 2 / 2	Payee	name	111		
_	12/10/22 Amount (\$)	M	1/1/60/	179		
	4	Payee		State; Zip Code		
	#138.88	At		30353-	フノカン	
	TYPE OF EXPENDITURE		Political	V Non-Politica		
		Catego	ery (See Categories listed at the	e top of this schedule)	Descriptio	n
	PURPOSE			,		travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	A	fice overt	1 - 0	Check if	Austin, TX, officeholder living expense
			fue overn	react	cella	lar communication
	Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder nam	me Office	e sought	Office held
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	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee 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 explain	ns how to complete this form.	
1 Total pages Schedule F4:	Sally L. Mon.	Tromery	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 11/22/2Z	6 Payee name AT&T D17 D		
7 Amount (\$) \$1099.99	8 Payee address; City; State; 5/00 Belt LiN ADDISON, Th	Zip Code C RO. Ste#10 75001	0.32
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Lommunicano New Lympon	Check if the Check if	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date / / / 23/22	Payee name ATELT Uverse		
Amount (\$)	Payee address; City: State; PD BOX 5014	zip Code U 60197-50.	14
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this) Hill druhead	Check if tr	avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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	ATTACH ADDITIONAL COPIES OF	- THIS SCHEDULE AS NEE	DED

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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic	
1 Total pages Schedule F4:	2 FILER NAME Sally L. Montgomery 3 Filer ID (Ethics Commission Filers)
m di con	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 11/24/22	ATAT DI7D
7 Amount (\$)	8 Payee address: City; State; Zip Code 5100 Belt Line RD Ste# 1032 ADDISON TX 75001
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct	
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
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
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED