# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

	The JC/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3	CANDIDATE/	MS / MRS / MR FIRST		30
	OFFICEHOLDER NAME	Judge SAWY	2	OFFICE USE ONLY
		NICKNAME LAST	SUFFIX	Date Received
		Montgomery ADDRESS / PO BOX; APT LABUTE #;	1	200 DA
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT LAUITE #; 13901 Midway Rd, 5 DAMAS, TX 75244	Ste 102, BOX315	022 JAN 18
5	CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	<b>3</b>
	OFFICEHOLDER PHONE	(972)247-7354	EXTENSION	Date Hand-delivered or Date Postmarked
6	CAMPAIGN TREASURER	MS/MRS (MR) FIRST Andrew	MI VA	Receipt # A A Sant \$
	NAME	NICKNAME LAST	M	Date Processed
		"Andy" Trusevice		Date Imaged
	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 5748 Kate Avenu Plano, TX 7502	UITE#; CITY; STATE;	ZIP CODE
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 849-4063	EXTENSION	
9	REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment
		July 15 8th day before ele	ction Exceeded \$500 limit	(Officeholder Only)  Final Report (Attach C/OH - FR)
	PERIOD COVERED	Month Day Year THROU	Month Day 12/31/	Year 2021
11	ELECTION	ELECTION DATE Month Day Year Primary  17. / 06 / 2018 General	ELECTION TYPE  Runoff Other Description  Special	
12 (	OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		County Court-at-land	V. C. Alexandra	
		GO ТО І	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 JC/OH NAME	1 10.	6	15 Filer ID (Ethics Commission Filers)		
DALLY	Lille	ontgemery			
POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	DITURES MADE BY POLITICAL COMMITTEES TO MITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE			
	COMMITTEE TYPE   COMMITTEE NAME				
	GENERAL	OOMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
7 CONTRIBUTION					
TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ -0-		
	2. TOTAL F	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 95,470 67		
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 95,470.67 \$ 2155.48		
	4. TOTAL F	OLITICAL EXPENDITURES	Δ		
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 32,696.85 DAY \$ 100,469.72		
OUTSTANDING LOAN TOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF I			
3 AFFIDAVIT					
CONTROL OF THE CONTRO	ARACELY MI Notary Put STATE OF T My Comm. Exp. Notary ID # 125	true and correct and includes all information (Code.)  EXAS 02-15-22 36042-0  May 1007	erjury, that the accompanying report is rmation required to be reported by me		
AFEIVNOTARY	2 = 100 0000 0000 0000 0000 0000 0000 00	/ Signature of Cand	eate or Officeholder		
AFFIX NOTARY STAMP					
Sworn to and subscrib	ped before me, by	the said SALLY L. Montgomer certify which, witness my hand and seal of office.	y, this the 182		
march Mi	inch-	Drace In Mindra Ac	actant Rook Man		
Signature of officer adn	ninistering outh	Printed name of officer administering oath	Title of officer administering oath		

### SUBTOTALS - JC/OH

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

19	SHUY L. Montgomery	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS		
	NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 90,470.67
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5 700 00
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ -0-
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON-	FRIBUTIONS	\$ 22 040 10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ - 2 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		-0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 6226.68
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	LICINICO OF SIGN	\$ 1365,54
11,			\$ -0-
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON-		\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$0-
			0

### MINETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 2 FILER NAME 5 Full name of contributor out-of-state PAC ID#: 2VAN SHAW, Esq. Contributor address; City; State; Zip Code 2723 Farmwart St Danas, TX 75201 7 Amount of contribution (\$) 8 Contributor's principal occupation 11 Law firm of contributor's spouse (if any) Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) Paul Wingo, Esq. Contributor address; Rity; State; Zip Code \$ 5000-00 325 N. SAINT Paul St. Ste#3300 Dans Contributor's principal occupation Law firm of contributor's spouse (if any) Hamilton Wingo, LLP If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) 2021 Contributor address; City; State: Zip Code 2100 Floors Hore Ste 2700 DAMAS, TX 75201 Contributor's principal occupation Contributor's ish state. \$1000,00

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

If contributor is a child, law firm of parent(s) (if any)

Contributor's employer/law fir

Contributor's job title

Law firm of contributor's spouse (if any)

#### SCHEDULE A(J)1

The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A(J	)1:
2 FILER NAME	2722	
SALL IMantsamery	3 Filer 16 (Ethics Commissi	on Filers)
4 Date 5 Full name of contributor  ut-of-state PAC I	#:7 Amount of contribution	(\$)
Shamound Norman, L  6 Contributor address; City: State; 1800 Valley View Cane,	7. Zip Code \$ 5000.00	
- HAWAS, 1x 75234	DE 200	
8 Contributor's principal occupation  Whorn Eys	9 Contributor's job title	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
parameter (in daily)		
	×	
Date Full name of contributor out-of-state PAC II		(\$)
111/ homas E. Shaw, Es	2	
Contributor address; City; State; 9304 Forest Lane, Daste 2527 North Bldg. Da	Zip Code \$1000.00	
Ste 2522 North Bldg. Da	11as, Tx 75243-	
Contributor's principal occupation	Contributor's job title	
attorneys	and the second post time	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
	er contributor a spouse (ii arry)	
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC ID	f:) Amount of contribution (	Φ)
Contributor address; City; State: 1807 Ross Ave. Ste 325	, modified continuation (	D)
130/71	18:000	
Contributor address; City; State:	Zip Code # S OOO . CT	う
- mi	HS, TX 7520/	
Contributor's principal occupation	Contributor's job title	
attorner		
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)		

### SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1:
FILER NAME	,		3 Filer (Ethics Commission Filers
5.	5 Full name of contributor out-of-state PAC		0
Date	E = "		
	Full name of contributor out-of-state PAC ID#:		7 Amount of contribution (\$)
10/ Robert C, Slim FAW F 8/21 6 Contributor address; City; State; P.O. 7304 Z-50 City; State; Stap Everne Tx 76099-		Firm, PLLC	\$ 400.00
		e: Zip Code	A 700.00
121	P.O. 730x 250	( ) (7)	
Contributorio	principal occupation	-0230	
Continbutors	principal occupation	9 Contributor's job title	
	attorney		
200 mm	employer/law firm U	11 Law firm of contributor	s spouse (if any)
Koker	+ C. Slim LAW Firm, PLLC		
If contributor	is a child, law firm of parent(s) (if any)		
	-		
Date	Full name of contributor out-of-state PAC	ID#	Amount of contribution (b)
01		10#:)	Amount of contribution (\$)
28/21	Miller Weisbrod, Llf		H
121	Contributor address; City; State	; Zip Code	\$1000.00
	Contributor address; City; State 11551 Forest Central On. 5	te 300	
	principal occupation	Contributor's job title	
3	attorneys	Contributor's job title	
The second secon			
Contributor's	employer/law firm		
Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	employer/law firm	Law firm of contributor's	s spouse (if any)
	employer/law firm s a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor i	employer/law firm s a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
lf contributor i	employer/law firm  s a child, law firm of parent(s) (if any)  Full name of contributor		Amount of contribution (\$)
f contributor i	employer/law firm  s a child, law firm of parent(s) (if any)  Full name of contributor		
!f contributor i	s a child, law firm of parent(s) (if any)  Full name of contributor  out-of-state PAC  Koning Rubarts, LLP	ID#:)	Amount of contribution (\$)
ontributor i	s a child, law firm of parent(s) (if any)  Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City: State	ID#:)	
oate	Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:	ID#:)	Amount of contribution (\$)
oate	Full name of contributor Out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:  1700 Pacific Aue Stery 5000  Danies, TX 75201-4619  Orincipal occupation	ID#:)	Amount of contribution (\$)
oate  17/2/ Contributor's p	Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:  1700 Pacific Aue Stery 500  DAMAS, TX 75201-4619  orincipal occupation  attorneys	ID#:) Zip Code	Amount of contribution (\$)
oate  17/2/ Contributor's p	Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:	Zip Code  Contributor's job title	Amount of contribution (\$)
If contributor i	Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:  1700 Pacific Aue Stery 500  DAMAS, TX 75201-4619  orincipal occupation  attorneys	ID#:) Zip Code	Amount of contribution (\$)
If contributor i	Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:  1700 Pacific Aue Stery 500  DAMPS, TX 75201-4619  orincipal occupation  attorneys  employer/law firm	Zip Code  Contributor's job title	Amount of contribution (\$)
If contributor i	Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:  1700 Pacific Aue Stery 500  DAMAS, TX 75201-4619  orincipal occupation  attorneys	Zip Code  Contributor's job title	Amount of contribution (\$)
If contributor i	Full name of contributor out-of-state PAC  Koning Rubarts, LLP  Contributor address; City; State:  1700 Pacific Aue Stery 500  DAMPS, TX 75201-4619  orincipal occupation  attorneys  employer/law firm	Zip Code  Contributor's job title	Amount of contribution (\$)

#### SCHEDULE A(J)1

ELERNAME SALLY L., Montgomery  4 Date  5 Full name of contributor   Out-of-state PAC IDE   Dr.	Date 5 Full name of contributor out-of-state PAC II  Arthur Anderson, E.  6 Contributor address; City; States 66/5/4/2/5/2/5-2326  Contributor's principal occupation  Attorney	D#:	Filer (Ethics Commission Filers     Amount of contribution (\$)
Contributor's principal occupation   Qui-of-state PAC IDE   Tourishutor address:   City: State: Zip Code   December   Parameter   Parame	Full name of contributor out-of-state PAC II  Arthur Anderson, E.  Contributor address; City; States, 66/5 Lupton Dr.  DALAS, 7x.75225-2326  Contributor's principal occupation  Attorney	D#:	
Second   General Contributor   Qui-of-state PAC   DE   TAMOUNT of contribution (\$)	Full name of contributor out-of-state PAC II  Arthur Anderson, E.  Contributor address; City; States  66/5/4/2007 Dr.  DALLAS, 7X.75225-2326  Contributor's principal occupation  Attorney	D#:	
Contributor's principal occupation   State	Contributor's principal occupation  Allowness	Zip Code Baxter	19250.00
9 Contributor's principal occupation  Winstead, PC  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Contributor's principal occupation  Winstead, PC  Contributor address;  2728 North Harvoord St. Stz Soo  Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Amount of contribution (\$)  Contributor's principal occupation  Law firm of contributor's spouse (if any)  If contributor's a child, law firm of parent(s) (if any)  Contributor's principal occupation  Contributor's	attorney		
Law firm of contributor's spouse (if any)   Law firm of contributor's spouse (if any)   Mind stead, fl   Mind stead   Mind stea	Contributor's employer/law firm	9 Contributor's job title	
Winsteal PC  2 If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor   out-of-state PAC ID#:   Amount of contribution (\$)    17/21   Contributor address;   City: State: Zip Code   BIDDD, OD     Date   PAC   Contributor sprincipal occupation   Contributor's principal occupation     Contributor's employer/law firm   Law firm of contributor's spouse (if any)  Date   Full name of contributor   out-of-state PAC ID#:   Amount of contribution (\$)  If contributor is a child, law firm of parent(s) (if any)  Date   Full name of contributor   out-of-state PAC ID#:   Amount of contribution (\$)    I/1/21   Contributor address:   City: State: Zip Code   BIDDD, OD     Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contribution (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Amount of contributor (\$)    Date   Full name of contributor   Out-of-state PAC ID#:   Out-of-state PAC ID			я
Date   Full name of contributor   Out-of-state PAC ID#   Amount of contribution (\$)   The contributor   Out-of-state PAC ID#   Amount of contribution (\$)   The contributor's principal occupation   Contributor's principal occupation   Contributor's employer/law firm   Contributor   Out-of-state PAC ID#   Amount of contributor (\$)  Date   Full name of contributor   Out-of-state PAC ID#   Amount of contribution (\$)  Date   Full name of contributor   Out-of-state PAC ID#   Amount of contribution (\$)    The contributor address;   City; State: Zip Code   Amount of contribution (\$)   The contributor address;   City; State: Zip Code   Amount of contributor (\$)   The contributor address;   City; State: Zip Code   Amount of contributor (\$)   The contributor address;   City; State: Zip Code   Amount of contributor (\$)   The contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor address;   City; State: Zip Code   Amount of contributor (\$)   Contributor's principal occupation   Contributor's principal occup	The state of the s		's spouse (if any)
Full name of contributor   out-of-state PAC ID#:   Amount of contribution (\$)  Winstend, PC PAC  Contributor address; City; State; Zip Code PACATAS, TYTSZO  Contributor's principal occupation   Contributor's job title  Attorneys  Contributor is a child, law firm of parent(s) (if any)  Date   Full name of contributor   out-of-state PAC ID#:   Amount of contribution (\$)  Buron & Budd, P.C.   Amount of contribution (\$)  Tootributor's principal occupation   Contributor's spouse (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor's principal occupation   Contributor's princip	If contributor is a child, law firm of parent(s) (if any)	/ 01	
Winstead, PC PAC   Contributor address; City; State; Zip Code   BIDDD.DD		74.	Amount of contribution (th)
Contributor address; City; State; Zip Code  2728 North Harwood St, Ste Soo  Contributor's principal occupation  Contributor's employer/law firm  Contributor's employer/law firm  Contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Buron & Budd, P.C.  Contributor address; City: State: Zip Code  3102 Oak Lawn Ave. Ste/100  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  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)	11) Will a De Dona	)#:)	Amount of contribution (\$)
Contributor's employer/law firm  Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Date  Full name of contributor  Buron & Budd, P.C.  Contributor address;  City; State: Zip Code  3102 OAK LAWN Ave. Stelloo  Date Amount of contribution (\$)  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer/law firm  Law firm of contributor's spouse (if any)	Contributor address; City; State; 2728 North Harwood St. State;	Zip Code	\$1000.00
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)  Date  Full name of contributor  Buron & Budd, P.C.  Contributor address;  City; State: Zip Code  3102 OAK LAWN AVE. SIE 1100  Contributor's principal occupation  Contributor's principal occupation  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)	Contributor's principal occupation	Contributor's job title	
Law firm of contributor's spouse (if any)  Law firm of contributor's spouse (if any)  Date  Full name of contributor out-of-state PAC ID#:  Buron & Budd, P.C.  Contributor address; City; State: Zip Code 3102 OAK LAWN AVE. Stelloo  Contributor's principal occupation  Contributor's principal occupation  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)	attorners		
Date   Full name of contributor	Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)
Amount of contribution (\$)    Buron & Budd, P.C.     Contributor address; City; State: Zip Code   #3000.00   Dauges, Tx 75219   Contributor's principal occupation   Contributor's job title     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)		
Buron & Budd, P.C.  Contributor address; City; State: Zip Code  3102 Oak Lawn Ave Stelloo  Dawns, Tx 75219  Contributor's principal occupation  Contributor's principal occupation  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)	Full name of contributor out-of-state PAC ID	#:	Amount of contile 11 (A)
Contributor's principal occupation  Contributor's principal occupation  Contributor's job title  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)	11/11 Baron & Budd, P.C.		Amount of contribution (\$)
Contributor's principal occupation  Contributor's job title  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)	DALLAS, TX 75719	Zip Code	\$5000.00
If contributor is a child, law firm of parent(s) (if any)	at toines	Contributor's job title	
	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)		

P.O. Box 12070

#### SCHEDULE A (J)

The Instruction Guide explains how to complete th	ic form	1 Total pages Sch	nedule A(J):
Calab explains now to complete the	is ioriii.	557-20	10.00
2 FILER NAME		3 ACCOUNT # 15	Ethics Commission Filers)
Sully L Montgernery  4 Date 5 Full name of contributor Dout-of-state PAC (ID#:		3 7000011 # (E	thics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
III Larry E. Ackels, In., &	Se.	contribution (\$)	description(if applicable)
11/ 117/21 6 Contributor address; City; State; ZIRCode 3030 LBJ Freeway Sta DAMHS, TX75234	21550	#250	
DAUMS, TX75234		(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job	title	o. Toxao, complete conedule 1)
attorney			
11 Contributor's employer/law firm  Azkels & Ackels, LLP	12 Law firm of contri	butor's spouse (if any	<b>y</b> )
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:		A	
Henry J. Ackels, Esq. Contributor address; City; State; Zip Code 3030 LB L Freeway St  DALAS, TX 75234		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City: State: Zip Code		H	
20301 B. F France 1- 50	to 1500	#250	
30 cost recording so	21330	,, ,,	
DAMAS, TX 75234		(If toward as to it	
	Contributor's job	(II travel outside (	of Texas, complete Schedule T)
Contributors ample attorney	o character o job	ando	
Contributor semployer/law firm	Law firm of contrib	outor's spouse (if any	2
Ackels & Ackels, LLP	Law million contain	outor's spouse (ir any	)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#;	. 1		
		Amount of contribution (\$)	In-kind contribution
Bell, Nunnally & Martin, Contributor address; City; State; Zip Code 2323 Rass Ave Stel902	LLP	σοτιαποσαίστι (Φ)	description(if applicable)
Contributor address; City; State; Zip Code		HD. 1	
2323 Ross Ave Ste 1907		\$1000.00	
7.		.,	
DAMAS, TX75201		(If travel outside o	of Toyon and the Color to the
Contributor's principal occupation	Contributor's job ti		of Texas, complete Schedule T)
attorneys	, , , ,		
Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
- Parento, (ii dily)			

P.O. Box 12070

#### SCHEDULE A (J)

The Instruction Guide explains how to complete the	his form.  1 Total pages Schedule A(J):
	+ -/)
2 FILER NAME  SHLY L. Montgomery  4 Date 5 Full name of contributor Dout-of-state PAC (164)	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor Gout-of-state PAC (16) MI WALL S. Burnstev. 6 Contributor address; City; State; Zip Code 41 & S. Third St.	
9 Contributor's principal occupation	-6426 (If travel outside of Texas, complete Schedule T)
attorney	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC (ID#:	) Amount of In-kind contribution
11, AKin Gump Strausst	Lauer Feld (C) contribution (\$) description(if applicable)
Contributor address: City: State: Zin Code	· Critis Ash
11/21 AKin Gump Struusst Contributor address; City; State; Zip Code 300 West Gto State Sta Au 577N, TX 78701	
Contributor's principal occupation	Committee \$1000,00 (If travel outside of Texas, complete Schedule T)
HusTIN, 1x 78701	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	(If travel outside of Texas, complete Schedule T)  Contributor's job title
Contributor's principal occupation  Wildering  Contributor's employer/law firm  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Out-of-state PAC (ID#	(If travel outside of Texas, complete Schedule T)  Contributor's job title  Law firm of contributor's spouse (if any)  Amount of contribution (\$)  In-kind contribution description(if applicable)
Contributor's principal occupation  Wilderning  Contributor's employer/law firm  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor    Dut-of-state PAC (ID#	(If travel outside of Texas, complete Schedule T)  Contributor's job title  Law firm of contributor's spouse (if any)  Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's principal occupation  Withorney  Contributor's employer/law firm  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor    Dut-of-state PAC (ID#	(If travel outside of Texas, complete Schedule T)  Contributor's job title  Law firm of contributor's spouse (if any)  Amount of contribution (\$) In-kind contribution description(if applicable)  (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation  With The Contributor's employer/law firm  If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor out-of-state PAC (ID#:  11/7/2/ Contributor address; City; State; Zip Code 1445 Ross Ave Stazyon  DAMAS, TX 75202  Contributor's principal occupation  With The Contributor address; City and Contributor's principal occupation  With The Contributor's principal occupation	(If travel outside of Texas, complete Schedule T)  Contributor's job title  Law firm of contributor's spouse (if any)  Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's principal occupation  Wilderney  Contributor's employer/law firm  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor   out-of-state PAC (ID#	(If travel outside of Texas, complete Schedule T)  Contributor's job title  Law firm of contributor's spouse (if any)  Amount of contribution (\$) In-kind contribution description(if applicable)  (If travel outside of Texas, complete Schedule T)

P.O. Box 12070

#### SCHEDULE A (J)

The Instruction Guide explains how to complete thi	s form.  1 Total pages Schedule A(J):
2 FILER NAME	7.7
	3 ACCOUNT # (Ethics Commission Filers)
2014 Ly Ly Montgomery	
5ally-Li Montgemery  4 Date 5 Full name of contributor Dout-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
DALLAS, TX 75202	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation  Althorag	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributorout-of-state PAC (ID#	#10
Carrallton, Tx 75010 - 457	
atting	Contributor's job title
Contributor's employer/law firm  Stephen Niermann PUL	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributor  Out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description(if applicable)
8150 N. Centrac Expury Ste	500 \$5000.00
DAMAS, TX 75206	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	
Contributor s employer/iaw iiim	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

P.O. Box 12070

### SCHEDULE A (J)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	
2 FILER NAME				thics Commission Filers)
	1 1 2 1		3 ACCOUNT # (E	thics Commission Filers)
JAI	5 Full name of contributo   Dut-of-state PC (ID#			
4 Date	5 Full name of contributo   Dout-of-state PAC (ID#		7 Amount of	
	to law of		contribution (\$)	8 In-kind contribution description(if applicable)
11/	renneth K. Stephens, Es	5	(Φ)	description(ii applicable)
1 1/	6 Contributes of the	<b>Y</b>	. 14	ľ
17/21	Contributor address; City; State; Zip Code		\$125.00	I
19	Kenneth K. Stephens, Es  6 Contributor address; City; State; Zip Code 47109 Lovers Lane Ste	100	71 3100	
	Day of Time	·		
	DALLAS/TX 75209		(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	orincipal occupation	10 Contributor's job	title	or rexas, complete schedule 1)
	attorney			
11 Contributor's e	employer/law firm	12 Law firm of contri	hutor's spause (if an	. \
LAW	Office of Kenatth K. Stephens a a child, law firm of parent(s) (if any)	Law min or contain	butor's spouse (if any	y)
13 If contributor is	s a child, law firm of parent(s) (if any)			
	(ii dily)			
Date	Full name of contributorout-of-state PAC (ID#:	1	Amount of	In-kind contribution
, 1 7	Ben Taylor  Contributor address; City; State; Zip Code 2654 Lakeforest Court  Danas, Tx 75214		contribution (\$)	description(if applicable)
91/,	Sen Mylor			("applicable)
19121	Contributor address; City; State; Zip Code		Ains in	
4/-/	265410kolon, + 10, +		\$100.00	
	and an and			
	DAMAS, TX 75214			
Contributor's p	rincipal occupation	0 17 11 11	(If travel outside	of Texas, complete Schedule T)
CONTRACTOR CONTRACTOR CONTRACTOR	otto	Contributor's job	title	
Contributors	attorney mployer/law firm			
Ta :		Law firm of contril	outor's spouse (if any	")
166	a child, law firm of parent(s) (if any)			
if contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:			
	Pmint of man		Amount of contribution (\$)	In-kind contribution
111	. MICHAEL MICEUMOUS	54	(Φ)	description(if applicable)
11/19/21	P. Michael Mc Cullous Contributor address; City; State; Zip Code 12222 Merit Dr. Ste 12		# .	
11/2/	12227 man 1 D- Str 12	777	\$ 500.00	
	TELES PRESIT DE DE 10	00	, , , ,	
	DALLAS, TX 75251			
Contributada na	incipal occupation		(If travel outside	of Texas, complete Schedule T)
Contributor's pr	incipal occupation	Contributor's job t	itle	
- C	Morney			
Contributor's er	mployer/law firm	Law firm of contrib	outor's spouse (if any	
1. 1111cl	a child, law firm of parents) (if any)		, ( 311)	
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

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filer
St	ney L. Montgomery		3 The ID (Ethics Commission Filer
11/ <sub>19/2/</sub>	5 Full name of contributor out-of-state PAC  Lennifer Kinder, Est  6 Contributor address; City; State  3701 W. Northwest Hwy  Damps, TX 75220	ip#:	7 Amount of contribution (\$) \$\frac{42500.00}{}{}
Contributor's	principal occupation  Altorney	9 Contributor's job title	
Contributor's	employer/law firm  Kinder LAW, PLLC	11 Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 	3/3/ McKinney Ave Ste	Martin, UP	Amount of contribution (\$)
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor i	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC I Craig Albert  Contributor address; City; State: \$350 N. Central Expression Danas, Tx 75206	Zin Code	Amount of contribution (\$)
Contributor's r	orincipal occupation actionney	Contributor's job title	
ran sa mana mana an			
Contributor's e	employer/law firm  ry Petersen Landry Albert  s a child, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
FILER NAME		3 Filer ID Athics Commission Filers
Date 5 Full name of contributor Out-of-state PAC		The To Actuacs Commission Filers
6 Contributor address; City; 14801 Quorum Dr. Ste 50	P.C. State; Zip Code	7 Amount of contribution (\$)
Contributor's principal occupation	9 Contributor's job title	
Contributor's employer/lawfirm	GR	
Contributor's employer/law/irm	11 Law firm of contributor	's spouse (if any)
Date  Full name of contributor	104.	Amount of contribution (4)
DAVID Kent, Ess.  Contributor address; Daty;  Twin Bridge Ct.  DAURS, TX 25243	State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
attorney		
Contributor's employer/law firm  Faegre Drinker Biddle greath  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor	s spouse (if any)
Date Full name of contributor ☐ out-of-state PAC I	ID#:	Amount of contribution (A)
Russell Button, Es  8/21 Contributor address; City;  4315 W. Lovers Lane, 5	State: Zin Code	Amount of contribution $(\$)$
attorney	Contributor's job title	
Contributor's employer/law firm  The Button LAW Firm, PLLL f contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
or parent(s) (if any)		

#### SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILERNAME		3 Filer IO (Ethics Commission Filers)
SALLY L. Montgomery  Date 5 Full name of contributor out-of-state-PAC		GETTIES COMMISSION FILERS
Date  5 Full name of contributor out-of-state PAC  11/  10/2/ 6 Contributor address; City; State  9/36 Liptonshire Dr.  Danas TX 75238  8 Contributor's principal occupation	ID#:) p; Zip Code	7 Amount of contribution (\$)
DAMAS, TX 75238  3. Contributor's principal occupation		
attorney	9 Contributor's job title	
O Contributor's employer/law firm  Best Watson 6-ilbert  If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor	s spouse (if any)
Date  Full name of contributor    Out-of-state PAC	V Eo.; Zip Cade	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
attorney		
Contributor's employer/law firm  Friedman Feiger, LLP  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
Date Full constitution		
Charla G. Aldous, Es  Contributor address; City; State:  4311 Oak LAWN Ave Stels  Darras, TX 75219		Amount of contribution (\$)
attorney.	Contributor's job title	
Aldous Walker LLP	Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1:
FILER NAME		3 Filer ID (Ethics Commission Filer
Date 5 Full name of contributor out-of-state PAC		Curics Commission Filer
	ID#:)	7 Amount of contribution (\$)
1/2/21 6 Contributor address; City; State		0/200
Contributor address; City; State	e; Zip Code	\$1000.00
6 Contributor address; City; State 3141 Hood Street Science  DAMAS, TX 75219	700	
Contributor's principal occupation	9 Contributor's job title	
attorneys	o sommodion's job title	
Contributor's employer/law firm	11   aw firm of contributed	
	11 Law firm of contributor	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor ☐ out-of-state PAC	ID#:	Amount of contribution (\$)
1/12/21 Tom Carse, Esq. Contributor address; City; State	)	Amount of contribution (\$)
12/2/		
7039 Mossuine Dr	; Zip Code	\$ 2500 ,00
- DAU AS TV 75351	/	
Contributors principal occupation	Contributor's job title	
attorney	13	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
Carse LAW FIRM		******
If contributor is a child, law firm of parent(s) (if any)		
		*
Date Full		
Full name of contributor  out-of-state PAC 1	D#:)	Amount of contribution (\$)
17/71 Stephen F. Malouf	, Esq	
Contributor address; City; State:		\$1000.00
4305 W. Loverslane	zip code	
Contributor's principal occupation		
attorney	Contributor's job title	,
Contributor's employer/law firm	lau film t	
Malouf & Nockels, UP	Law firm of contributor's	spouse (if any)
contributor is a child, law firm of parent(s) (if any)		
parent(s) (ii any)		
	2	
		20

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

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1:
FILERNAME		137722
SALLYL Montgomery	(	3 Filer ID (Ethics Commission Filers
Full name of contributor out-of-state PAC  Carol Donovan Esquition  6 Contributor address; City; State  6 Danner Dr.  Danner Dr.	: ID#:)	7 Amount of contribution (\$)
Contributor's principal occupation	9 Contributor's job title	
Contributor's employer/law firm  Curol Crabtree Donovan, PC	11 Law firm of contributor	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Pate Full name of contributor out-of-state PAC		Amount of contribution (\$)
Contributor address; City; State; 13214 Glad Acres Gr	; Zip Code	\$125.00
Contributor's principal occupation  Attorney	Contributor's job title	
Contributor's employer/law firm  Law Pfice 7 Windel A. Withrow  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)
Date Full name of contributor out-of-state PAC II  Ben jamen Fulcies Es	D#:)	Amount of contribution (\$)
Contributor address; City; State:	/	\$125.00
Darras, Tx 75240 Contributor's principal occupation  Attorney Contributor's employer/law firm	Contributor's job title	
Contributor's employer/law firm  LAW Pfried Kelly T. Curran  contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)
in any)	4	

### SCHEDULE A(J)1

The Instruction Guide explains how to complete	this form.  1 Total pages Schedule A(J)1:
FILERNAME	3 Filor ID / Fabian Commission Filo
SALLY L'Montgame	2,74
Date  5 Full name of contributor out-of-state  1//9/21  6 Contributor address; City; 2  7206 Wester Way  Drups, TX 75248	PAC ID#:
DAMPS, TX 75 2 VS	2
Contributor's principal occupation  Allowing	9 Contributor's job title
Contributor's employer/law firm  Cagnon, Peacock & Vereke,  If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor's spouse (if any)
, or parentes (ii any)	
Pate Full name of contributor out-of-state of Contributor Also Sell (Contributor address; City; & 2305 Beach view Dr.	
Flower Marina, TX	.75022
Contributor's principal occupation  Attorney	Contributor's job title
Contributor's employer/law firm  The Russell Law Firm  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor out-of-state P  Kizzia Jahnson, A  Contributor address; City; St  1910 Pacific Ave. S  Darry 75201	PLLC
Contributor's principal occupation  Attanyo  Contributor's employer/law firm	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
f contributor is a child, law firm of parent(s) (if any)	

### SCHEDULE A(J)1

The Instruction Guide explains how to complete	this form.  1 Total pages Schedule A(J)1:	:.
FILER NAME	13422	
SANY L. Montgo	3 Filer ID (Ethics Commission	Filer
5 Full name of contributor out-or-state	PAC ID#: 7 Amount of contribution (\$	5)
11/8/21 6 Godwin Bown An.  Contributor address; City; Struct Swite Drups, TX 7527	State; Zip Code \$500.00	
Contributor's principal occupation	9 Contributor's job title	
Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	
,		
If contributor is a child, law firm of parent(s) (if any)		
	•	*
Date Full name of contributor out-of-state P	PAC ID#:	
1/11 Andrew M. Truse	vich, EAG	
11/2/ Contributor address; City; St	tate; Zip Code 4 2000.00	
Contributor's principal occupation	Contributor's job title	
altornen		
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)		
Pate Full name of contributor out-of-state PA	AC ID#	
	Amount of contribution (a)	
1/10 John C. Danish, 2	Amount of contribution (\$)	
John C. Danish, E Contributor address; City; Sta	Zip Code #125.00	
John C. Danish, Contributor address; City; Star III 7 Capatal Ct. Try ing, Tx 75060	Zip Code  Zip Code  Contributor's job title	-
Contributor address; City; Sta III 7 Cupital Ct. Danish, Contributor address; City; Sta III 7 Cupital Ct. Sta IIII 1 Contributor's principal occupation	Zip Code #125,00	
John C. Danish, 2  Contributor address; City; Sta  III7 Capital C+.  Try in Tx 757 60	Zip Code #125,00	
Contributor address; City; Sta III 7 Cupital Ct. Danish, Contributor address; City; Sta III 7 Cupital Ct. Sta IIII 1 Contributor's principal occupation	Zip Code #125.00  Contributor's job title	
Contributor address: City; Starting Tx 75060  Contributor's principal occupation  Contributor's employer/law firm	Zip Code #125.00  Contributor's job title	

SCHEDULE A(J)1

2 FILERNAME  SALLY Lo Mondanney  4 Date  5 Full name of contributor  1	The Instruction Guide explains how to complete	this form. 1 Total pages Schedule A(J)1:
Stumped LAW, PL	2 FILER NAME	16822
Stumped LAW, PL	SAUX L. Montgome	3 Filer ID (Ethics Commission Filers
Contributor's principal occupation    Contributor's employer/law firm   Contributor's principal occupation   Contributor's employer/law firm   Contributor's employer/law firm	5 Full name of contributor Cout-of-state  Grunta LAW, P.	7 Amount of contribution (\$)
Date Full name of contributors Contributor's employer/law firm  Full name of contributor  Contributor's principal occupation  Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Amount of contribution (\$)  ### Amount of contribution (\$)  ### Amount of contribution (\$)  #### Amount of contribution (\$)  #### Contributor's principal occupation  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)  ###################################		042
The contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor    Vassallo 4 Sulazar Pac ID#   Amount of contribution (\$)    Vassallo 5 Sullo 5 Sulazar Pac ID#   Amount of contribution (\$)    Vassallo 6 Sulazar Pac ID#   Amount of contribution (\$)    Vassallo 7 Sulazar Pac ID#   Amount of contribution (\$)    Contributor address; City; State; Zip Code   Blood of the contributor's principal occupation   Contributor's principal occupation   Contributor's principal occupation   Contributor's spouse (if any)    Contributor's employer/law firm   Law firm of contributor's spouse (if any)    Date	attorney	9 Contributor's job title
Date   Full name of contributor	Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
Date   Full name of contributor   Out-of-state PAC   D#:   Amount of contribution (\$)   1	If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor out-of-state PAC ID#: Amount of contribution (\$)  11/7/21 Contributor address; City: State: Zip Code  37/0 Rawlins, Skelle 14w0  Contributor's principal occupation  Attorneys  Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Date  Full name of contributor out-of-state PAC ID#: Amount of contribution (\$)  15/21 Contributor address: City: State: Zip Code  14/45 Rosa Ave. Swile 1700  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Contributor's principal occupation  Contributor's employer/law firm  Law firm of contributor's spouse (if any)		
Contributor's principal occupation  Contributor's employer/law firm  Contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Contributor address;  City: State: Zip Code  Attorneys  Contributor's principal occupation  Contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Contributor address;  City: State: Zip Code  Dana Amount of contribution (\$)  Amount of contribution (\$)  Contributor address;  City: State: Zip Code  Dana Amount of contribution (\$)  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer/law firm  Law firm of contributor's spouse (if any)	Full name of contributor	AC ID#:
Contributor's principal occupation  Attorneys  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)  Date  Full name of contributor  Out-of-state PAC ID#:  Amount of contribution (\$)  Amount of contribution (\$)  Law firm of contributor (\$)  Contributor address:  City; State: Zip Code  1445 Ross Auc Suite 1700  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer/law firm  Law firm of contributor's spouse (if any)	Vassallo & Salazar / Contributor address; City; Str	ate; Zip Code \$1000.00
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)  Date  Full name of contributor  Gran Law Grang PUC  Contributor address:  City: State: Zip Code  1445 Ross Aux Suita 1700  Contributor's principal occupation  Atturneys  Contributor's employer/law firm  Contributor's employer/law firm  Law firm of contributor's spouse (if any)		2/400
Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Law firm of contributor's spouse (if any)  Date  Full name of contributor  Grant Law Group, PLC  Contributor address; City; State: Zip Code  DALAS TY 75702  Contributor's principal occupation  Attorneys  Contributor's employer/law firm  Law firm of contributor's spouse (if any)		Contributor's job title
Date  Full name of contributor   out-of-state PAC   D#:   Amount of contribution (\$)    15/2/   Contributor address; City; State: Zip Code   DALLAS, TX 7500  Contributor's principal occupation   Contributor's principal occupation   Contributor's employer/law firm   Law firm of contributor's spouse (if any)	Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Date  Full name of contributor  Oran Law Group, PUC  Contributor address;  City; State: Zip Code  1445 Ross And Suite 1700  Contributor's principal occupation  Contributor's employer/law firm  Contributor's employer/law firm  Contributor's spouse (if any)	I.	- Special (ii arry)
Amount of contribution (\$)  Contributor address; City; State: Zip Code  1445 Ross Aux Suite 1700  Contributor's principal occupation  Contributor's employer/law firm  Contributor's employer/law firm  Contributor's spouse (if any)	if contributor is a child, law firm of parent(s) (if any)	
Amount of contribution (\$)    15/21   Contributor address; City; State: Zip Code   1445 Ross Auc Susta 1700     Contributor's principal occupation   Contributor's job title     Contributor's employer/law firm   Law firm of contributor's spouse (if any)		
Contributor's job title  Contributor's employer/law firm  Law firm of contributor's spouse (if any)	Contributor address; City; State 1445 Ross Aug Suite	PP, PUC \$500.00
Law firm of contributor's spouse (if any)	attorners	Contributor's job title
f contributor is a child, law firm of parent(s) (if any)	Contributor's employer/law firm	Law firm of contributor's spouse (if any)
, and or parenties) (ii any)	f contributor is a child, law firm of parent/o) (if and	***
	a sime, law min of parent(s) (if any)	

SCHEDULE A(J)1

The Instruction Guide explains how to complet	te this form	1 Total pages Schedule A(J)1:
2 FILER NAME		17722
SARRY L. Montgome	ery	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state	te PAC ID#:	7 Amount of contribution (\$)
10 Contributor's employer/law firm	9 Contributor's job title  11 Law firm of contributor	s spouse (if any)
12 If contributor is a shill law of		
12 If contributor is a child, law firm of parent(s) (if any)		
Full name of contributor out-of-state  The Abeita Law  Contributor address; City; S  1408 N River Front  Dawns, TX 75207	FIRM, PLLC. State; Zip Code Blvd Sta 350	Amount of contribution (\$)
attorneip	Contributor's job title	
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)		
6030 Want land 1	y Fo Bell  Mate: Zip Code	Amount of contribution (\$)
Contributor's principal occupation  Attorney	Contributor's job title	
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)		

### SCHEDULE A(J)1

The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1:
2 FILER NAME		18222
SALLY L. Montgomera  Date 5 Full name of contributor out-of-state PAC  12/  4 Date 5 Full name of contributor out-of-state PAC	j	3 Filer 16 (Ethics Commission Filers
5 Full name of contributor out-of-state PAC 12/1/21 6 Contributor address; City: State 12001 North Central Expan	PC.  PC.  Zip Code	Amount of contribution (\$)
Contributor's principal occupation		μ/000.00
Contributor's employer/law firm	9 Contributor's job title	
	11 Law firm of contributor	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Out-of-state PAC		
2/ Kane Russell Colema	10 / DR AND PC	Amount of contribution (\$)
Drugs TX Steel Ste	; Zip Code 5 200	\$250.00
. attimus	Contributor's job title	
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)		
Date Full name of contributor Out-of-state PAC I		
2/11 H. Grady Chandler,	Ess	Amount of contribution (\$)
Contributor address; City; State:  12722 Merit Drive 57  Daylas, 7 × 75251  Contributor's principal occupation	# Code 12.00	4230-00
Contributor's employer/law firm	Contributor's job title	
Low offices of H. Gady Chundler, P.C	Law firm of contributor's	spouse (if any)
contributor's a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A(J)1:
FILERNAME		1422
SALLY L. Montgomer	-4	3 Filer (Ethics Commission Filers)
Date  5 Full name of contributor out-of-state  12/ 1/21 6 Contributor address; City; S 27/1 N. Haskell Ave  Dallas, TY 75204  Contributor's principal occupation	State; Zip Code	7 Amount of contribution (\$)
attorners	9 Contributor's job title	
Contributor's employer/law firm	. 11 Law firm of contributor	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(if any)		. *
Full name of contributor out-of-state P.    12/   SChorsch & Associ    Contributor address: City; St.    8080 N. Untral Experience   Damas, Tx 75705	iates pr	Amount of contribution (\$)
Contributor's principal occupation  Money	Contributor's job title	
Contributor's employer/law firm  If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)
or any)		
Indian applicans	LEP /TEXAS	Amount of contribution (\$)
attorners	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
contributor is a child, law firm of parent(s) (if any)		¥
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SCHEDULE A(J)1

2 FILERNAME 20 A 22	The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1:
SALLY L Mongament  4 Date  5 Full name of contributor  6 Contributor address;  5 Full name of contributor  Contributor's employer/law firm  Date  Full name of contributor  Contributor's employer/law firm  Contributor address;  City: State: Zip Code  Full name of contribution  Contributor's employer/law firm  Contributor address;  City: State: Zip Code  Full name of contribution  Contributor's employer/law firm  Contributor's			20 AZZ
2   Full name of contributor   out-of-state PAC   Det	SALLY L Montgom	ery	3 Filer ID (Ethics Commission Filers
Attorney  O Contributor's employer/law firm  It Law firm of contributor's spouse (if any)  Date  Full name of contributor  Contributor address;  Contributor's principal occupation  Contributor is a child, law firm of parent(e) (if any)  Date  Full name of contributor  Contributor address;  Contributor's principal occupation  Contributor's employer/law firm  Coty PUL  Date  Full name of contributor  Contributor's employer/law firm  Coty PUL  Contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Contributor's employer/law firm  Coty PUL  Contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Coty PUL  Contributor is a child, law firm of parent(s) (if any)  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer/law firm  Contributor's employer/law firm  Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Law firm of contributor's spouse (if any)	5 Full name of contributor out-of-state PAC  12/  12/ 6 Contributor address; City; State  524 E. Lamar Blud.	te; Zip Code Ste 280	
Date   Full name of contributor   Contributor's spouse (if any)      Date   Full name of contributor   Contributor   Contributor   Contributor   Contributor   Contributor   Contributor   Contributor   Contributor's principal occupation   Contributor's employer/law firm   Contributor   Contributor   Contributor   Contributor   Contributor   Contributor   Contributor's principal   Contributor   Contributor's principal   Contributor   Contributor   Contributor's principal   Contributor   Co	attorners	9 Contributor's job title	
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Date  Full name of contributor  Robert Nussballm 1 las  Contributor address;  City; State: Zip Code  3405 Chaney Lane Plano To 9750 93  Contributor's principal occupation  Contributor's employer/law firm  Nussballm Malakations  Amount of contribution (\$)  All 150, 00  Contributor's job title  Law firm of contributor's spouse (if any)		Law firm of contributor's	spouse (if any)
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SCHEDULE A(J)1

2 FILERNAME SALLY L. Montgonery 4 Date 5 Full name of contributor Dut-of-state PAC ID#	3 Filer ID (Ethics Commission Filers
SALLY L. Montzomeny.	3 Filer ID (Ethics Commission Filers
12/23/21 6 Contributor address; City; State; Zip Code 2520 Fairmorent 3t. Sta 202  8 Contributor's principal occupation	Amount of contribution (\$)  BS000.00
O Contributor's employer/law firm	b title
Hersley & Hensley, P.C.  2 If contributor is a child, law firm of parentle) (if any)	ntributor's spouse (if any)
Date	
Full name of contributor out-of-state PAC ID#:  Frank L. Branson, P. C.  Contributor address; City; State; Zip Code Highland Park Place, Swite 1800 4314 Cole Aug. Dallas 3775375 111	Amount of contribution (\$)  42500.00
attorney	o title
Contributor's employer/law firm  Law firm of cont	tributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor out-of-state PAC ID#:  Schor Law Firm, P.C.  Contributor address; City; State: Zip Code  328 w Interstate 30 Ste Z  Garland, TY 75043	Amount of contribution (\$)  B345.67
Contributor's principal occupation  Contributor's principal occupation  Contributor's employer/law firm	title
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### SCHEDULE A(J)1

The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1:
2 FILER NAME		ad HEC
SAWY L. Montgomery  5 Full name of contributes 5		3 Filer 6 (Ethics Commission Filers
Date  5 Full name of contributor out-of-state PACE  12/ 21/21  6 Contributor address; City; State  24 Lakyfunt Court  Damas Tx 75214  3 Contributor's principal occupation		7 Amount of contribution (\$) \$100.00
DAMAS TX 75214	∠ Zip Code	
attorney	9 Contributor's job title	
Contributor's employer/law firm ()  Teil B. Lyon & Association, P()  If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor	s spouse (if any)
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Ray Sheen Low Ficon	Law firm of contributor's	spouse (if any)
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Date Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)
Hunton Andrews Kurth  2/21 Contributor address; City; State: 600 TRAVIS Houston,  Contributor's principal occupation	TEXAS PAC Zip Code Tx 77002	\$2500,00
attorners	Contributor's job title	
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If contributor is a child, law firm of parent(s) (if any)		

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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 A2:
2 FILER NAME SARLY L. Mont	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POL	LITICAL CONTRIBUTIONS \$
11/ Quilling Sclander La. 18/21 7 Contributor address; C. 2001 Bryan St., DALLAS, TX 75	Suite 1800  3 Amount of Contribution \$ In-kind contribution description  \$ 5000.00 Fundraise    11/8/21   Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIA	AL)(See Instructions) 11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	) 13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any)	(FOR JUDICIAL)
Date Full name of contributor out-	Of-state PAC (ID#:)  Amount of   In-kind contribution description
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Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
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If contributor is a child, law firm of parent(s) (if any)	(FOR JUDICIAL)

	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Consulting Uppense		
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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Amount (\$) \$\frac{1}{3}\$56,63	Payee address: P.O. Box 260689 Plano, Tx 75026-06	City;	State; Zip Code
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12/27/21 6 Amount (\$) \$450,00	7 Payee address: P.O. BOX 7952 DAMAS; TXT	247	City;	Ulmon. State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ed at the top of this schedule)	2/6	22021	n booklet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder		Office sought	n, TX. officeholder living	Office held
Date 12/30/2/	Payee name Dullus Ba	r Associ	ition		
Amount (S) # 270.00	Payee address; 2101 Ross; DANAS, 77		City;	State;	Zip Code
PURPOSE . OF EXPENDITURE	Category (See Categories listed		Description  Wills -	- 2022	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Candidate / Officeholder r	Texas, Complete Schedule T.	Check if Austin	. TX, officeholder living	expense Office held
Date. 12/30/21	Payee name Southern	Metroa	list Uni	erates.	
Amount (\$) \$150.00	Payee address; Ador C/O Sefto Ador P. D. TSdy 65088 Darras, TX 7 50	rinistration	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed a	Źn .	Presidents Imme	AL Fundiate Ne	l. for
Complete ONLY if direct expenditure to benefit C/OH	Checkif travel outside of To	exas. Complete Schedule T.	Check if Austin, Office sought	TX. officeholder living s	expense Office held
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor S 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 F	5 Payee name  5 Payee name	amery	3 Filer ID (Ethics Commission Filers)
12/30/2/ 6 Amount (\$) #150.00	7 Payer Jan Shoot 7 Payer address: Alumni Relations of 1114 So. University One Bear Place	Development	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	chedule) . (b) Description	0,7×76798
9 Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Scr Candidate / Officeholder name	Cited ii Austin	n, TX, officeholder living expense
expenditure to benefit C/O	Н .	Office sought	Office held
12/30/21	Rappa Delfa For	undation	3
#150.00	Payee address: 3205 Pelayers Lane Memphis, TN 381.	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho		ships
Complete ONLY if direct	Check if travel outside of Texas. Complete Sche		TX, officeholder living expense
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/30/2/	Payee name Tex AS Bar Founda	dian .	
Amount (S)	Payee address; 515 Congress Ave St. Austin, TX 78701-3	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	
Complete Company	Check if travel outside of Texas. Complete Schedu	ele T. Check if Austin, T.	X. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: 2 FILER NAME  Spurity L. Mantaument  Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.  Total pages Schedule F1: 2 FILER NAME  Spury L. Mantaument  3 Filer ID (Ethics Commission Filers)			EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Total pages Schedule Ft: 2 FILER NAME  Date  5 Payee name  12/30/21  Amount (8)  PURPOSE  COMPILED DAY  Condidate / Officeholder name  Payee address:  Condidate / Officeholder name  Complete DNLY if direct appenditure to benefit COH  Payee address:  Complete DNLY if direct appenditure to benefit COH  Category (See Categories listed at the top of this schedule)  Payee name  Payee name  Payee name  Payee name  Category (See Categories listed at the top of this schedule)  Payee address:  City: State: Zip Code  Complete DNLY if direct appenditure to benefit COH  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Payee address:  City: State: Zip Code  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete DNLY if direct appenditure to benefit COH  Candidate / Officeholder name  Office sought  Office held  Office held  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete DNLY if direct appenditure to benefit COH  Candidate / Officeholder name  Office sought  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Description  Payee address:  City: State: Zip Code  Payee name  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed	Accounting/Banking Consulting Expense Contributions/Donations Made By		Event Expense Fees Food/Beverage Expense Gftf/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expension Travel In District  Travel Out Of District
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Complete ONLY if direct  Complete Only if dire	Amount (\$)	7 Payee ad 2/0/	Rosa Ave.	City;	State: Zip Code
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Officeholder iving expense  Officeholder iving expense  Officeholder iving expense  Officeholder name  Office sought  Officeholder living expense  Officeholder iving expense	OF	Car	ntribution	pro bono	legar assistance
Date Payee name    Category   See Categories listed at the top of this schedule		<u> </u>		nedule T. Check if Austin	, TX. officeholder living expense
Amount (S) Payee address; City; State; Zip Code  # 434.167  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Complete ONLY if direct expenditure to banefit C/OH  Candidate / Officeholder schedule to office sought  Category (See Categories listed at the top of this schedule to office sought)  Candidate / Officeholder name  Candidate / Officeholder name  City; State; Zip Code  # 144.89  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)	Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	Office sought	Office held
Amount (s) Payee address:  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Office holder name  Candidate / Office holder at the top of this schedule T.  Candidate / Office holder name  Candidate / Office holder name  Category (See Categories listed at the top of this schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)	Date	Payee nar	ne		
City; State; Zip Code  ##34.67    Category (See Categories listed at the top of this schedule)   Description	11/19/21	Pm	pal feed		
PURPOSE OF EXPENDITURE    Check if travel outside of Texas, Complete Schedule T.   Check if Austin, TX, officeholder living expense		Payee add	ress;	City;	State; Zip Code
Candidate / Officeholder name  Office sought  Office held	OF			edule) Description	
Candidate / Officeholder name  Office sought  Office held			The state of the s	edule T. Check if Austin.	TX, officeholder living expense
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City; State; Zip Code  #144. 89  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name	12/23/21	pmy	pul fue		
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implete ONLY if direct Candidate / Officeholder name	OF	_		dule) Description	
omplete ONLY if direct Candidate / Officeholder name		Che	eck if travel outside of Texas. Complete Sched	lule T. Check if Austin. T	X. officeholder living expense
	omplete ONLY if direct penditure to benefit C/OH	Candidate	/ Officeholder name		

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULF F4

	EX	PENDITURE CATE	GORIES FOR	RBOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Ex Fees Food/Be Gift/Awa al Committee Legal Se	pense verage Expense rds/Memorials Expense	Loan Repayme Office Overhea Polling Expens Printing Expens Salaries/Wage	ent/Reimbursement ad/Rental Expense se sse ss/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exper 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)
4 TOTAL OF UNITEM	IZED EXPENDIT	URES CHARGE	Goinero TOACREI	OIT CARD	\$
5 Date 7/1/2/	6 Payee name				•
7 Amount (\$)	8 Payee address; 2422 7	Space Store City; State; Narsh Lan Iton, TX 7	Zip Code		
9 TYPE OF EXPENDITURE	Political	10n, 1x 1	Non-Politica	l	
PURPOSE OF EXPENDITURE	(a) Category (See Ca	tegories listed at the top of th	is schedule)	Check if	travel outside of Texas. Complete Schedule T.  If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	fficeholder name	Office	sought	Office held
Date 7//3/2/	Chris Cr	aft Frami	ing & Sa	llen	
Amount (\$) 4 337. 94	Payee address;		Zip Code		
TYPE OF EXPENDITURE	Political	L	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this	s schedule)		avel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense  Lulye Henevein
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	EXPENDITURE CATE	GORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I 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:	1 Total pages Schedule F4: 2 FILER NAME Sally L. Montsonia 3 Filer ID (Ethics Commission Filers)					
	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 10/9/2/	6 Payee name AT &T Mahility					
7 Amount (\$)	8 Payee address; City; State;	Zin Code				
\$ 143.72	P. D. Box 537104 Atlanta, GA 3035					
9 TYPE OF EXPENDITURE	Political	3 Non-Political				
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Descripti	on			
PURPOSE						
OF	Check if travel outside of Texas. Complete Schedule					
EXPENDITURE	office overhead		if Austin, TX, officeholder living expense hore & fablet communication			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date 11 / 9/2/	Payee name ATAT Mobility					
Amount (\$)	Payee address; City; State;	Zin Code				
\$143.49	P. O. BOY 537104 Atlanta, GA 3035					
TYPE OF EXPENDITURE	Political	Non-Political	) •			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Checki Check	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense  TO COMMUNICATES			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
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	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains 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)
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37 LH	Sally L. Mont	somery	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGE		\$
5 Date	6 Payee name		
7/24/21	AT&T Uversu		
7 Amount (\$)	8 Payee address; City; State	; Zip Code	
\$160.83	P.D. Boy SO14 Carol Stream, &	14.60197-5014	
9 TYPE OF EXPENDITURE	Political [	Non-Political	
10	(a) Category (See Categories listed at the top of	this schedule) (b) Description	on
PURPOSE			travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	MI. mushia	Oleckii Oleckii	
CAPENDITORE	Office overkear	inter	Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 8/1/2/	Payee name  Extra Space Strz  Payee address; City; State;	ace)	
Amount (\$)	Payee address; City; State:	; Zip Code	
\$217.00	2422 Marsh La Carrollton, TX	ne	
TYPE OF EXPENDITURE	1 Political	Non-Political	
	Category (See Categories listed at the top of	this schedule) Descriptio	n
PURPOSE		Check if t	ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE	1 1 A	Check if	Austin, TX, officeholder living expense
	rent	pign	strage
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	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee  Event Expense Fees Office Overhead/Rental Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete this form			Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
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5 Date		D TO A CREDIT CARD	\$
7/15/21	6 Payee name  Dallas Mornin	a News	
7 Amount (\$) \$167.13	Dallus Mornin  8 Payee address; City; State; 1954 Commerce Danne, Tx 75201	5+.	
9 TYPE OF EXPENDITURE	Political [	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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Amount (\$) \$160.83	Payee address; City; State; P.O. Box 5014 Card Stream, For	Zip Code	72/
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		EXPENDITURE CAT	EGORIES FOR	BOX 10(a)		
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5 Date 9/1/21	6 Payee r	ame las Museum 1	Art			
7 Amount (\$)	8 Payee a	iddress; City; Stat	e; Zip Code			
#470.00		U. Harwoodst CAS, TX 75201				
9 TYPE OF EXPENDITURE		olitical	Z Non-Political			
10	(a) Categor	y (See Categories listed at the top of	of this schedule)	(b) Description	on	
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11 Complete ONLY if direct expenditure to benefit C/OI	Cand H	idate / Officeholder name	Office	sought	Office held	
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47.0 7	P.O.	Box 537104	1	¥/		
#218.25		lanta, GA 30.		4		
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	Categor	(See Categories listed at the top o	f this schedule)	Descriptio	n	
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	EXPENDITURE CAT	EGORIES FOR BOX 10(a)				
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7 Amount (\$)		e; Zip Code				
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9 TYPE OF EXPENDITURE	Political	Non-Political				
10 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  crefund & 12021 and					
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 8(21/21	Payee name Kalahuri Resort	Round Rock				
Amount (\$)	Payee address; City; State	; Zip Code				
-195.00	Round Rock,	TX				
TYPE OF EXPENDITURE	Political	Non-Political	*			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Even & Expense Travel Lodg	Check	ion if travel outside of Texas. Complete Schedule T. if 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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		EXPENDITURE CAT	EGORIES FOR	BOX 10(a)		
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7 Amount (\$) #163, 52	7 Amount (\$) 8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE		Political [	Won-Political	•		
10 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				travel outside of Texas. Complete Schedule T.	
11 Complete ONLY if direct expenditure to benefit C/Oh	Cand I	lidate / Officeholder name	Office	sought	Office held	
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1 Total pages Schedule F4:	The Instruction Guide explains how to complete this form.  2 FILER NAME  3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEN		ENDITURES CHARGED			\$		
5 Date 12/10/21	6 Payee						
7 Amount (\$) \$143.72	P.O.	AT47Mobility  8 Payee address; City; State; Zip Code  P.O.Box 537104  Atlanta, Ga 30353-7104					
9 TYPE OF EXPENDITURE		Political	Non-Political				
10 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  Cultular Communic ATION						
11 Complete ONLY if direct expenditure to benefit C/Oł	Cano	lidate / Officeholder name	Office	sought	Office held		
Date 11/1/2/	Payee r	ame "s Morning	New:	5			
Amount (\$) \$117.84	Payee a	address; City; State:). 4 Commerce St.	Zip Code				
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		EXPENDITURE CA	ATEGORIES FO	R BOX 10(a)	
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4 TOTAL OF UNITEM  5 Date	IZED EXPE	NDITURES CHARG	SED TO A CREI	DIT CARD	\$
11/20/21	6 Payee n	Ollahinin	n's		
7 Amount (\$) \$265.16	S80	ddress; City; Sta le Lovers Lo	te; Zip Code		
9 TYPE OF EXPENDITURE		litical	Non-Politica		
10 PURPOSE OF EXPENDITURE		(See Categories listed at the top  ATION FUND  LPINSE FOR U		(b) Descriptio  Check if	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		sought	Office held
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		EXPENDITURE CATI	EGORIES FOI	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gi	Event Expense Fees Con Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services  Con Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains 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 NAM	1 Le Monte	gomery		3 Filer ID (Ethics Commission Filers)
5 Date /2//3/2 / 7 Amount (\$) \$/73, 20	6 Payee nam Neede 8 Payee add	le In A HA			\$
9 TYPE OF EXPENDITURE	Politi	cal	Non-Politica		
PURPOSE OF EXPENDITURE	Mulitarion Itunalaista Lehek if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OF	Candidat	e / Officeholder name	Office	sought	office held
Date /0/1/2/	Payee name	Apace Sto	rage		
# Z17,00	Payee addre		Zip Code		
TYPE OF EXPENDITURE	Politica		Non-Political		
PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at the top of this	s schedule)	Check if A	vel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	Office s		Office held
3			•		
	ATTACH AD	DITIONAL COPIES OF	THIS SCHEE	OULE AS NEED	DED

	<b>EXPENDITURE</b> CATEG	ORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made   Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor is 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)	
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4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 9/1/2/	6 Payee name Extra Space Stores	00)		
7 Amount (\$) # 217. 00	ExtrA Space Stores 8 Payee address: 2422 March Lane Carrollton, Texa	City;	State; Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Dign	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 9/23/2/	Payee name ATAT UVerse			
#140,83	Payee address: P.O. Box 5014 Caral Stream, A	city: M 60197-501	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this soil  Africa Overhead	internet	Communication	
	Check if travel outside of Texas. Complete Sch	check if Aus	tin, 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 NEE	EDED	

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Contributions/Donations Made By Gift/Awards/Memorials 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. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name City; State; Zip Code 7 Amount (\$) 8 Payee address; TYPE OF Non-Political 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. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name ess; City; State; Zip Code Botham Jean Blud Payee address; 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 EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*	EXPENDITURE CATEO	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)	
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13 D 14	Sally L. Monta	omera	3 Filer ID (Ethics Commission Filers)	
0	IZED EXPENDITURES CHARGED		\$	
5 Date	6 Payee name			
10/25/21	ATOT Uverse			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$162.21	P.O. Box SO14 Carol Stream, A	4 60197-5014		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	is schedule) (b) Description	on	
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office overhead	Check	f Austin, TX, officeholder living expense	
	10 Colling	intern	it communication	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date / / / Z /	Payee name Extra Space 50	torace		
Amount (\$)	Payee address; City; State;	Zip Code		
\$217.00	2422 Mershlas Carrollton, T	re		
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of thi	is schedule) Description	on	
PURPOSE	p. 4		travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Rent -		f Austin, TX, officeholder living expense	
	- 4	Sign	Storage	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held	
			-	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

	4	EXPENDITURE CATE	GORIES FOR	BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica			Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Other (enter a category not listed above)		
		The Instruction Guide expla	ins how to comple	ete this form.		
1 Total pages Schedule F4:	2 FILERNA	ME LI LI MON	Tamery	<u></u>	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM			(/		\$	
5 Date 10/15/21		as Bur Ass		ن		-
7 Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		dress; City; State; I ROSS AVE  MAS, TX 752				
9 TYPE OF EXPENDITURE	Po	itical [	Non-Political			
10	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description	on	
PURPOSE				Check if	travel outside of Texas. Com	plete Schedule T.
OF EXPENDITURE	Even	fexpense-		Check i	f Austin, TX, officeholder	living expense
		Lexpense - annual Boro	LIBER Confer	ence	Oct 3-5,	2021
11 Complete ONLY if direct expenditure to benefit C/Oh	Candid	date / Officeholder name	•	sought	Office I	
Date 11/5/2/	Payee na	me se shoe Ban	a Resort	1		
Amount (\$)		Idress; City; State				
\$430.00	701	rseshoe BAY		7		
TYPE OF EXPENDITURE	Po	litical [	Non-Political			
PURPOSE OF EXPENDITURE	TRAVE	(See Categories listed at the top of Ling Oct 3-5 <sup>th</sup> unch Bar Ci			on travel outside of Texas. Con if Austin, TX, officeholder	• *************************************
Complete ONLY if direct expenditure to benefit C/Oh	Candi	date / Officeholder name	//	sought	Office	neld
*						,
	ATTACH	ADDITIONAL COPIES	OF THIS SCHE	EDULE AS NE	EDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sally L. Montgomera 5 Payee name Rayo Hardwurd Sporting Grades 7 Payee address; City; State; Zip Code 730 Singleton Blud Reimbursement from DAMAS, TX 75212 political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name TEXAS Coalition of Black Democrato - DARCERS Chapter Payee address; City; State; Zip Code 12/17/21 P.O. BOX 143712 \$150.00 Reimbursement from Ft. Worth, TX76161 political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contribution Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City, State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED