

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms

Deanna

M

NICKNAME

LAST

SUFFIX

Hammond

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1200 E Davis St
Texas 75149

Suite 115 PMB 137

Mesquite

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

444-6994

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Sonya

NICKNAME

LAST

SUFFIX

Lilly

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

101 Main Park Lane

Duncanville

Texas

75137

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(225)

802-7927

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7

1

25

THROUGH

Month

Day

Year

12

31

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Dallas County Constable Pct 2

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Deana Hammond		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,354.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,407.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 150.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

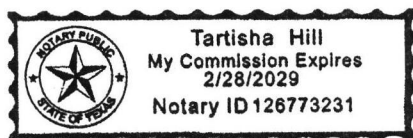
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Deana Hammond

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Deana Hammond this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

Tartisha Hill
Signature of officer administering oath

Tartisha Hill
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 6
2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
4 Date 07/12/2025	5 Full name of contributor out-of-state PAC (ID#: Yordlak Thongsana 6 Contributor address; City; State; Zip Code 2916 Cascade Ln Heartland TX 75126	7 Amount of contribution (\$) 26.41
8 Principal occupation / Job title (See Instructions) Deputy		9 Employer (See Instructions) Dallas County
Date 07/12/2025	Full name of contributor out-of-state PAC (ID#: Latoya Lane Contributor address; City; State; Zip Code 1228 Junction Run Mesquite TX 75181	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Law Office
Date 07/12/2025	Full name of contributor out-of-state PAC (ID#: Karen Copeland Contributor address; City; State; Zip Code 405 Parakeet Drive Desoto TX 75115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Scheduling Manager		Employer (See Instructions) UT Southwestern
Date 07/12/2025	Full name of contributor out-of-state PAC (ID#: Alejandro Hernandez Contributor address; City; State; Zip Code 9914 Tamalpais Dr Dallas TX 75217	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Deputy		Employer (See Instructions) Dallas County
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 6
2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
4 Date 07/12/2025	5 Full name of contributor out-of-state PAC (ID#: Frederick Nickens 6 Contributor address; City; State; Zip Code 2101 E Graves St Melissa TX 75454	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Carpenter Middle School
Date 07/12/2025	Full name of contributor out-of-state PAC (ID#: Kristin McIntyre Contributor address; City; State; Zip Code 10011 Greyson Dr Forney TX 75126	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 07/12/2025	Full name of contributor out-of-state PAC (ID#: Randall Bryant Contributor address; City; State; Zip Code 350 N Ervay #2109 Dallas TX 75201	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CEO Politics		Employer (See Instructions) United Marketing
Date 07/12/2025	Full name of contributor out-of-state PAC (ID#: Delisa Seals Contributor address; City; State; Zip Code 1313 Mary Horn Dr Savannah TX 76227	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Fire Inspector Captain		Employer (See Instructions) City of Dallas
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 of 6

Deanna Hammond

3 Filer ID (Ethics Commission Filers)

200.00

DOJ

3.00

Employer (See instructions)
Dallas County

5.00

Employer (See Instructions)
RamWeb Design

75

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 6
2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
4 Date 07/12/2025	5 Full name of contributor out-of-state PAC (ID#: Charlotte Beckwith 6 Contributor address; City; State; Zip Code 1566 Oasis St Waxahachie TX 75165	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Golden Gate
Date 07/14/2025	Full name of contributor out-of-state PAC (ID#: Mike Jones Contributor address; City; State; Zip Code P.O. Box 2457 Desoto TX 75123	Amount of contribution (\$) 52.51
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dallas County
Date 08/13/2025	Full name of contributor out-of-state PAC (ID#: Karen Copeland Contributor address; City; State; Zip Code 405 Parakeet Dr Desoto TX 75115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Scheduling Manager		Employer (See Instructions) UT Southwestern
Date 08/13/2025	Full name of contributor out-of-state PAC (ID#: Chantel Parker Contributor address; City; State; Zip Code 3637 Flair Dr Dallas TX 75229	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>5 of 6</i>
2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Tymerian Oluwole 6 Contributor address; City; State; Zip Code 554 Renee Ln Desoto TX 75115	7 Amount of contribution (\$) 52.51
8 Principal occupation / Job title (See Instructions) Lieutenant		9 Employer (See Instructions) Dallas County
Date 09/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Karen Copeland Contributor address; City; State; Zip Code 405 Parakeet Dr Desoto TX 75115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Scheduling Manager		Employer (See Instructions) UT Southwestern
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Karen Copeland Contributor address; City; State; Zip Code 405 Parakeet Dr Desoto TX 75115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Scheduling Manager		Employer (See Instructions) UT Southwestern
Date 11/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Carrie Marshall Contributor address; City; State; Zip Code 12601 Natalie Dr Balch Springs TX 75180	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>6 of 6</i>
2 FILER NAME Deanna Hammond		3 Filer ID (Ethics Commission Filers)
4 Date 07/30/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Edward Broadway 6 Contributor address; City; State; Zip Code 301 Stone Ridge Dr Sunnyvale TX 75182	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Interim Pastor		9 Employer (See Instructions) Pilgrim Rest
Date 11/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Deanna Hammond Contributor address; City; State; Zip Code 1200 E Davis St Ste 115 PMB 137 Mesquite TX 75149	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions) Elected Official		Employer (See Instructions) Dallas County
Date 11/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Karen Copeland Contributor address; City; State; Zip Code 405 Parakeet Dr Desoto TX 75115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Scheduling Manager		Employer (See Instructions) UT Southwestern
Date 12/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Karen Copeland Contributor address; City; State; Zip Code 405 Parakeet Dr Desoto TX 75115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Scheduling Manager		Employer (See Instructions) UT Southwestern
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)			
4 Date 09/02/2025	5 Payee name Braums				
6 Amount (\$) 119.35	7 Payee address; City; State; Zip Code 3506 N Galloway Ave Mesquite Texas 75150 <small>Check if individual's residence address.</small>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description Breakfast for Verna's H.E.L.P			
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 09/02/2025	Payee name Dallas County Democratic Party (DCDP)				
Amount (\$) 60.00	Payee address; City; State; Zip Code 1414 N Washington Ave Dallas Texas 75204 <small>Check if individual's residence address.</small>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description Ticket for Labor Day Fest			
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 09/15/2025	Payee name Elite News				
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 380071 Duncanville Texas 75183 <small>Check if individual's residence address.</small>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description AD for Elite newspaper (final payment)			
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2025	5 Payee name Elizabeth Rodriguez-Ross	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code P.O. Box 850137 Mesquite Texas 75185 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description Donation to Elizabeth Rodriguez-Ross Campaign
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/15/2025	Payee name National Association of Blacks in Criminal Justice (NABCJ) - Dallas Chapter	
Amount (\$) 52.00	Payee address; City; State; Zip Code 320 South R L Thornton Freeway #100 Dallas Texas 75203 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Annual Membership Dues
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/20/2025	Payee name GoDaddy	
Amount (\$) 44.38	Payee address; City; State; Zip Code 1002 York Ct Forney Texas 75126 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Host Fees
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2025	5 Payee name DST NDSA	
6 Amount (\$) 155.93	7 Payee address; City; State; Zip Code P.O. Box 830604 Richardson Texas 75083 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description Sponsorship / Ticket for AD
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Stripe	
Amount (\$) 36.18	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco CA 94080 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees for payouts
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 1 of 4	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 07/15/2025	5 Payee name African American Museum	
6 Amount (\$) 100.00	7 Payee address; 3536 Grand Ave <small>Check if individual's residence address.</small>	City; State; Zip Code Dallas Texas 75210
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description AD for Texas Black Invitational Rodeo
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/13/2025	Payee name Elite News	
Amount (\$) 250.00	Payee address; P.O. Box 380071 <small>Check if individual's residence address.</small>	City; State; Zip Code Duncanville Texas 75183
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description AD for Elite newspaper (partial payment)
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Dallas AFL-CIO	
Amount (\$) 240.00	Payee address; 1408 N Washington Ave <small>Check if individual's residence address.</small>	City; State; Zip Code Dallas Texas 75204
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description AD / 2 tickets for Labor Day Breakfast
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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		