

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>13</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received  BY _____ JOHN F. WEAVER COUNTY CLERK DALLAS COUNTY DEPUTY 2026 JAN 16 PM 4:25 FILED
	Ms	Deanna	M	
NICKNAME		LAST	SUFFIX	
		Hammond		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;	
	1200 E Davis St Texas 75149		Suite 115 PMB 137 Mesquite	
Change of Address		CITY;	STATE; ZIP CODE	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 214 )	444-6994		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Mrs	Sonya		
NICKNAME		LAST	SUFFIX	
		Lilly		
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	
	101 Main Park Lane		Duncanville	
(Residence or Business)		CITY;	STATE; ZIP CODE	
		Texas	75137	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 225 )	802-7927		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10</b> PERIOD COVERED	Month	Day	Year	
	7	1	25	
		THROUGH	Month Day Year	
			12 / 31 / 25	
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
		3 / 3 / 26	<input checked="" type="checkbox"/> Primary	
			<input type="checkbox"/> Runoff	
			<input type="checkbox"/> Other Description	
			<input type="checkbox"/> General	
			<input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)	
	Dallas County Constable Pct 2			
<b>14</b> 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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>GO TO PAGE 2</b>				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

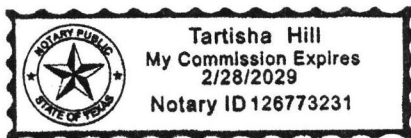
<b>15 C/OH NAME</b> Deana Hammond		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES,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

<b>19 FILER NAME</b> Deanna Hammond		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
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 (\$) <b>26.41</b>
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 (\$) <b>25.00</b>
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 (\$) <b>25.00</b>
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 (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Deputy		Employer (See Instructions) Dallas County
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 3 of 4
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 (\$) <b>50.00</b>
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 (\$) <b>250.00</b>
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 (\$) <b>100.00</b>
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 (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Fire Inspector Captain		Employer (See Instructions) City of Dallas
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>3 of 6</i>
2 FILER NAME <b>Deanna Hammond</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>07/16/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Carolyn Livingston</b>	7 Amount of contribution (\$)  <b>200.00</b>
	6 Contributor address; City; State; Zip Code <b>6104 Creekhaven Dr Mesquite TX 75181</b>	
8 Principal occupation / Job title (See Instructions) <b>IT Project Manager</b>		9 Employer (See Instructions) <b>DOJ</b>
Date <i>7/9/2025</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tartisha Hill / Test Donation Site</i>	Amount of contribution (\$)  <i>3.00</i>
	Contributor address; City; State; Zip Code <i>4604 Creekview Ln Balch Springs TX 75180</i>	
Principal occupation / Job title (See Instructions) <i>Chief Clerk / Councilwoman</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>7/9/2025</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ed Ramirez</i>	Amount of contribution (\$)  <i>5.00</i>
	Contributor address; City; State; Zip Code <i>330 Buckner Blvd. Dallas Tx 75217</i>	
Principal occupation / Job title (See Instructions) <i>Web Designer</i>		Employer (See Instructions) <i>RamWeb Design</i>
Date <i>7/31/2025</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Deanna Hammond</i>	Amount of contribution (\$)  <i>0.75</i>
	Contributor address; City; State; Zip Code <i>1200 E. DAVIS St Ste 113 Mesquite TX 75149</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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

Charlotte Beckwith

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

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

Mike Jones

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

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

Karen Copeland

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

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

Chantel Parker

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

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**

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