

# 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 Ms	FIRST Deanna	MI M	OFFICE USE ONLY  Date Received  BY JOHN F. WILKINSON COUNTY CLERK DALLAS COUNTY FEB 2026 JAN 16 PM 125 Date Hand-delivered or Date Postmarked Receipt DEPUTY Amount \$ 25 Date Processed Date Imaged			
	NICKNAME	LAST Hammond	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1200 E Davis St Suite 115 PMB 137 Mesquite Texas 75149						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214 )	PHONE NUMBER 444-6994	EXTENSION				
6 CANDIDATE TREASURER NAME	MS / MRS / MR Mrs	FIRST Sonya	MI				
	NICKNAME	LAST Lilly	SUFFIX				
7 CANDIDATE TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 101 Main Park Lane Duncanville			STATE; ZIP CODE Texas 75137			
8 CANDIDATE TREASURER PHONE	AREA CODE ( 225 )	PHONE NUMBER 802-7927	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month 7	Day 1	Year 25	Month 12	Day 31	Year 25	
11 ELECTION	ELECTION DATE Month 3 Day 3 Year 26		ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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.						
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

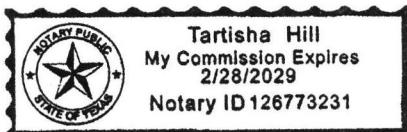
15 C/OH NAME Deana Hammond	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES,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



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Deanna Hammond this the 15<sup>th</sup> day of January,  
20 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</b> FILER NAME Deanna Hammond	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> 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: <i>1 of 10</i>
<b>2 FILER NAME</b> Deanna Hammond			<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 07/12/2025	<b>5 Full name of contributor</b> Yordlak Thongsana	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>26.41</b>
	<b>6 Contributor address;</b> 2916 Cascade Ln Heartland TX 75126	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Deputy		<b>9 Employer (See Instructions)</b> Dallas County	
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> Latoya Lane	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
	<b>Contributor address;</b> 1228 Junction Run Mesquite TX 75181	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Paralegal		<b>Employer (See Instructions)</b> Law Office	
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> Karen Copeland	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
	<b>Contributor address;</b> 405 Parakeet Drive Desoto TX 75115	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Scheduling Manager		<b>Employer (See Instructions)</b> <i>UT Southwestern</i>	
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> Alejandro Hernandez	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>50.00</b>
	<b>Contributor address;</b> 9914 Tamalpais Dr Dallas TX 75217	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Deputy		<b>Employer (See Instructions)</b> 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: <i>3 of 4</i>
<b>2 FILER NAME</b> Deanna Hammond			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 07/12/2025	<b>5 Full name of contributor</b> Frederick Nickens	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>50.00</b>
<b>6 Contributor address;</b> 2101 E Graves St Melissa TX 75454		City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Teacher		<b>9 Employer (See Instructions)</b> Carpenter Middle School	
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> Kristin McIntyre	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Contributor address;</b> 10011 Greyson Dr Forney TX 75126		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Real Estate Agent		<b>Employer (See Instructions)</b>	
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> Randall Bryant	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Contributor address;</b> 350 N Ervay #2109 Dallas TX 75201		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> CEO Politics		<b>Employer (See Instructions)</b> United Marketing	
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> Delisa Seals	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>50.00</b>
<b>Contributor address;</b> 1313 Mary Horn Dr Savannah TX 76227		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Fire Inspector Captain		<b>Employer (See Instructions)</b> 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>
<b>2 FILER NAME</b> Deanna Hammond			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 07/16/2025	<b>5 Full name of contributor</b> Carolyn Livingston	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
<b>6 Contributor address;</b> 6104 Creekhaven Dr Mesquite TX 75181		City:      State:      Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> IT Project Manager		<b>9 Employer (See Instructions)</b> DOJ	
<b>Date</b> <i>7/9/2025</i>	<b>Full name of contributor</b> <i>Tartisha Hill / Test Donation Site</i>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>3.00</b>
	<b>Contributor address;</b> <i>4604 Creekview Ln Balch Springs</i>	City:      State:      Zip Code <i>75180</i>	
<b>Principal occupation / Job title (See Instructions)</b> Chief Clerk/Councilwoman		<b>Employer (See Instructions)</b> Dallas County	
<b>Date</b> <i>7/9/2025</i>	<b>Full name of contributor</b> <i>Ed Ramirez</i>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>5.00</b>
	<b>Contributor address;</b> <i>330 Buckner Blvd. Dallas Tx 75217</i>	City:      State:      Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Web Designer		<b>Employer (See Instructions)</b> Ram Web Design	
<b>Date</b> <i>7/31/2025</i>	<b>Full name of contributor</b> <i>Deanna Hammond</i>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>.75</b>
<b>Contributor address;</b> <i>1200 E. DAVIS ST PMB 137 Ste 115 Mesquite TX 75149</i>		City:      State:      Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<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>4 of 6</i>
<b>2 FILER NAME</b> Deanna Hammond			<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 07/12/2025	<b>5 Full name of contributor</b> Charlotte Beckwith	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
	<b>6 Contributor address;</b> 1566 Oasis St Waxahachie TX 75165	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Funeral Director		<b>9 Employer (See Instructions)</b> Golden Gate	
<b>Date</b> 07/14/2025	<b>Full name of contributor</b> Mike Jones	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>52.51</b>
	<b>Contributor address;</b> P.O. Box 2457 Desoto TX 75123	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Judge		<b>Employer (See Instructions)</b> Dallas County	
<b>Date</b> 08/13/2025	<b>Full name of contributor</b> Karen Copeland	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
	<b>Contributor address;</b> 405 Parakeet Dr Desoto TX 75115	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Scheduling Manager		<b>Employer (See Instructions)</b> UT Southwestern	
<b>Date</b> 08/13/2025	<b>Full name of contributor</b> Chantel Parker	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>150.00</b>
	<b>Contributor address;</b> 3637 Flair Dr Dallas TX 75229	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Political Consultant		<b>Employer (See Instructions)</b>	
<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>5 of 6</i>
<b>2 FILER NAME</b> Deanna Hammond			<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 09/13/2025	<b>5 Full name of contributor</b> Tymerian Oluwole	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>52.51</b>
<b>6 Contributor address;</b> 554 Renee Ln Desoto TX 75115		City; State; Zip Code	
<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</b> Karen Copeland	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
<b>Contributor address;</b> 405 Parakeet Dr Desoto TX 75115		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Scheduling Manager		<b>Employer (See Instructions)</b> <i>UT Southwestern</i>	
<b>Date</b> 10/16/2025	<b>Full name of contributor</b> Karen Copeland	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
<b>Contributor address;</b> 405 Parakeet Dr Desoto TX 75115		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Scheduling Manager		<b>Employer (See Instructions)</b> <i>UT Southwestern</i>	
<b>Date</b> 11/05/2025	<b>Full name of contributor</b> Carrie Marshall	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
<b>Contributor address;</b> 12601 Natalie Dr Balch Springs TX 75180		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>	
<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>6 of 6</i>
<b>2 FILER NAME</b> Deanna Hammond			<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 07/30/2025	<b>5 Full name of contributor</b> Edward Broadway	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
	<b>6 Contributor address;</b> 301 Stone Ridge Dr Sunnyvale TX 75182	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Interim Pastor		<b>9 Employer (See Instructions)</b> Pilgrim Rest	
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> Deanna Hammond	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>3,000.00</b>
	<b>Contributor address;</b> 1200 E Davis St Ste 115 PMB 137 Mesquite TX 75149	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Elected Official		<b>Employer (See Instructions)</b> Dallas County	
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> Karen Copeland	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
	<b>Contributor address;</b> 405 Parakeet Dr Desoto TX 75115	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Scheduling Manager		<b>Employer (See Instructions)</b> UT Southwestern	
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> Karen Copeland	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>25.00</b>
	<b>Contributor address;</b> 405 Parakeet Dr Desoto TX 75115	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Scheduling Manager		<b>Employer (See Instructions)</b> UT Southwestern	
<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.			

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <i>4 of 4</i>	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; P.O. Box 830604	City; State; Zip Code Richardson Texas 75083	
Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description Sponsorship / Ticket for AD	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
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; 354 Oyster Point Blvd	City; State; Zip Code South San Francisco CA 94080	
Check if individual's residence address.			
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees for payouts	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
Check if individual's residence address.			
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <i>1 of 4</i>	2 FILER NAME Deanna Hammond	3 Filer ID (Ethics Commission Filers)
4 Date 07/15/2025	5 Payee name African American Museum	
6 Amount (\$) <b>100.00</b>	7 Payee address; 3536 Grand Ave	City; State; Zip Code Dallas Texas 75210
Check if individual's residence address.		
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) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 08/13/2025	Payee name Elite News	Office held
Amount (\$) <b>250.00</b>	Payee address; P.O. Box 380071	City; State; Zip Code Duncanville Texas 75183
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description AD for Elite newspaper (partial payment)
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 08/22/2025	Payee name Dallas AFL-CIO	Office held
Amount (\$) <b>240.00</b>	Payee address; 1408 N Washington Ave	City; State; Zip Code Dallas Texas 75204
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description AD / 2 tickets for Labor Day Breakfast
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		