JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers 2 Total pages filed The JC/OH Instruction Guide explains how to complete this form. 18 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Judge NAME Date Received 4 CANDIDATE / OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Po OFFICEHOLDER (972)PHONE 6 CAMPAIGN TREASURER NAME NICKNAME 7 CAMPAIGN TREASURER 6000 Columbus Avenue No. 2411 **ADDRESS** Plano, TX 75024 (Residence or Business) PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 849 - 4063 PHONE (972)9 REPORT TYPE 15th day after campaign 30th day before election treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) 10 PERIOD COVERED 01 2023 06 30 2023 11 ELECTION ELECTION DATE ELECTION TYPE 08 11

	County	Court-al-LAW#3			
4 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.				
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

13 OFFICE SOUGHT of known

OFFICE HELD (if any)

12 OFFICE

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	SALLY	L. Montgor	nery		16 File	er ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POPULEDGES, LOANS, OR CONTRIBUTIONS MAD	GUARANTEES OF	LOANS OR	IAN	\$ - 2) –
	2.	TOTAL POLITICAL CO		ARANTEES OF LOAM	(5)	\$ 65	80.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED PO	DLITICAL EXPENDI	TURE		\$ /3	17.66
	4.	TOTAL POLITICAL EX	(PENDITURES			\$ 73	10.35
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CON OF REPORTING PERIO		TAINED AS OF THE I	AST DAY	\$ 43	,114.18
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMO LAST DAY OF THE REP		TANDING LOANS AS	OF THE	\$ _	0 -
18 SIGNATURE I	swear, or a	ffirm, under penalty of per	jury, that the acco	mpanying report is to	ue and co	rrect and inclu	ides all information
r	equired to be	reported by me under Title	15, Election Code				
				7. 10	20		
			<u></u>	the F	/ no	ntrem	en.
				Signature of	Condidata	3	- ag
				/ Signature of	Candidate/	Cipcenolder	U
		Please c	omplete eith	er option belo)W:		
	-						
		JILLIAN TOW	NSEND				
(1) Affidavit	4 /	Notary ID #130					
(1) 111100111	4 6	My Commission					
		March 11,	2024				
NOTARY STAMP/SE	AL						
Manager Convention of the Conv			/		-		0
Sworn to and subscribe	ed before me	by SANY L	. Montag	mery this th	e 175	> day of -	Tulu
_ ^			(1		- /	day_of	1
20 2 Jan in deru	ry which, with	ess my hand and seal of of	fice.	_		Al i	4
y Man	usud	JILLAL	1 IUMX	nd		Notan	
Signature of officer adminis	stering oath	Printed name	e of officer administe	ring oath		Title of officer	administering oath
			OR				,
			OK				
(2) Unsworn Declara	tion						
My name is			. 8	ind my date of birth	is		
My address is							
S5.		(street)	*	(Othy)	(otate)	(7.5. co.d.)	
F						(ZIP code)	(country)
Executed in		County, State of	, on the _	day of	A la V		
				(mor	itri)	(year)	
				Const/ C	didata iOff	- h - l - l - l - l - l - l - l - l - l	41
				Signature of Cand	aidate/Offic	enoider (Decla	arant)

and the second contract of the second contract of
The state of the s

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	SAMY L. Montgomery 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 6500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s - 0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s - 0 -
4.	SCHEDULE E LOANS	s -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 7,310.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s - D -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5032.76
9.	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ *
10.	SCHEDULE HE 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 (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME Sally - Montgernery 4 Date 5 Full name of contributor Dout-of-state PAC	3 Filer ID (Ethics Commission Filers)
1/13/23 6 Contributor address: City: State: 500 N. AKard St. 5th Days, Tx 75201-665	Zip Code \$1000.00
8 Contributor's principal occupation attornup	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)	
Date Full name of contributor out-of-state PAC in William M. Talia Contributor address; City; State; 500 N. A Kard St. State; Dawas, Tx 75201-665	Zip Code \$1000.00
Contributor's principal occupation Attorney Contributor's employer/law firm	Contributor's job title
Contributor's employer/law firm Munsch Henor Kops & Hang If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any) **Lightarrow *
Bull Nunnally of MA Contributor address; City; State: 2323 Ross Ave Ste 19 Drugs, TX 75201	7 1000,00
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)	

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 (JUDICIAL)

SCHEDULE A(J)1

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

	e Instruction Guide explains h		orm.	1 Total pages Schedule A(J)1:
FILER NAME 5	Full name of contributor	ntgomery		3 Filer ID Ethics Commission Filers)
3/8/23 6	Full name of contributor Akin Gump Contributor address: 2300 N. Fiela Damas, Tx 7	Strauss Has	State: Zip Code	Amount of contribution (\$)
Contributor's prin	attorneys	5 007	9 Contributor's job title	
Contributor's em	//		11 Law firm of contributor	s spouse (if any)
If contributor is a	a child, law firm of parent(s) (if	any)		
Date 3/8/23	2100 Rass	Ave Ste 27	Schwegmann, LLP	Amount of contribution (\$)
Contributor's prin	Drins, T actornal	× 15001	Contributor's job title	
Contributor's emp	ployer/law firm 0		Law firm of contributor's	s spouse (if any)
If contributor is a	child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-o*-state PAC II)#	Amount of contribution (\$)
	Contributor address:	City:	State: Zip Code	
Contributor's prin	ncipal occupation		Contributor's job title	
Contributor's emp	oloyer/law firm		Law firm of contributor's	s spouse (if any)
f contributor is a	child, law firm of parent(s) (if	any)		
f contributor is a			F THIS SCHEDULE AS NI	EEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 11/15/2022

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Credit Card Payment

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name	7	
1/9/2023	Larry Duncan		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 921.17	DALLAS, TX 75227		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense Jan 1, 2023 - June 30, 2023	Check if Austin,	tside of Texas. Complete Schedule T. TX, officeholder living expense Crusulting
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/24/23	American Express		
Amount (\$)	Payee address; City; State; Zip Code		
\$2810.05	P.O. Box 6031 Carol Stream, All. 60	197-6031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	Description Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/21/23	FFVF Dallas Drin Cha	pter	
Amount (\$) \$\frac{1}{275,00}\$	Payee address; City; State; Zip Code Clo Dr. Wesley Playmor 5124 Star botough Lane Dallas, T+ 75250		
PURPOSE OF EXPENDITURE	Category (See Eategories listed at the top of this schedule) londribution - scholarship + lunt lypense	Description Check if travel out Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

www.ethics.state.tx.us

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	The state of the s	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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 F1	2 FILER NAME Soury L. Mony	teomery	3 Filer ID (Ethics Commission Filers)
4 Date 0 3/3/2023	5 Payee name American Express 7 Payee address		
6 Amount (\$) #425.54	7 Payee address. C.O. Box 6031 Carol Stream, Sll 60	City.	State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this see	(b) Description	
	(c) Check if travel outside of Texas Complete Scr	nedule T Check if Austin	n. TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
3/26/2 3	American Express)	
Amount (\$) \$92.59	Payee address, P.O. Box 6031 Carol Strom, Al	City.	State: Zip Code
PURPOSE OF EXPENDITURE	Credit Cand Payme		
	Check if travel outside of Texas. Complete Sch.	edule T Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
5/3/23	American Expres		
Amount (\$) 41,247,12	Payee address: P.O. Box 6031 Carol Stream M.	City:	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule Description	
	Check if travel outside of Texas. Complete Sche	eduleT Check if Austin.	TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED

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 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) State Zip Code \$ 1.038.88 8 PURPOSE Credit and payment OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City: State. Zip Code Category (See Categories listed at the top of this schedule, Description PURPOSE **EXPENDITURE** Check if travel outside of Texas Complete Schedule T Check if Austin TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (where Extremely and lighted above)

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F4:	Sally L. Mondgor	nery	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO CREDIT CARD	\$
5 Date 12/16/2022 7 Amount (\$)	6 Payee name DAR Equality 8 Payee address: City State; Dallas Bar Associa 2101 Ross Ave. Dallas, TX 75 20	Zip Code	
\$ 500.00	Dallas Bar Associ 2101 Ross Ave. DALLAS, TX 7520	2	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of t	his schedule) (b) Descripti	on
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Contribution	Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 12/25/2022	Payee name AT&T UVerse		
Amount (\$)	Payee address; City; State;	Zip Code	
# 157.54	P.O.BOX 5014 Carol Stream,	LU. 60197-50.	14
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of t	his schedule) Descript	ion
PURPOSE			if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	communication		it Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

Revised 9/8/2015

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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 6 Payee name ATGT Uverse 12/25/27 7 Amount (\$) 8 Payee address; City; State; Zip Code ATUT P.D. Box SOIY Carbe Stream, JU. 60197-5014 157.54 TYPE OF Political **EXPENDITURE** Non-Political 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 EXPENDITURE Communication 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 1/10/23 Payee address; City; State; Zip Code P. O., Box 6416 #137.16 TYPE OF Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Communication OF EXPENDITURE allular communication Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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) UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 12/3//22 DWLA 8 Payee address; City; State; Zip Co Arts District Mansion City; State; Zip Code # 1030.18 2101 Ross Ave DAMAS, TX 752 9 TYPE OF Political **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contribution Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX. officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 12/15/22 Amount (\$) Payee address; City; State; Zip Code \$240.07 TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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 6 Pavee name 12/14/22 8 Payee address; City; State; Zip Code 14280 Marsh Lane \$380.70 Addison, TX 75001 TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX. officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATAT Yverse 1/24/23 Amount (\$) Payee address: City; State; Zip Code 159.31 P.O. BOX 5014 arol Stream, All. 60197-5014 TYPE OF Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Communication OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Political Committee Travel Out Of District 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) Montgomery TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 7 Amount (\$) ATAT Mobility

8 Payee address; City: State: Zip Code

P.D. 7304 6416 \$ 136.96 Carol Streum, All. 60197-6414 TYPE OF 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 communication EXPENDITURE Check if Austin, TX, officeholder living expense cellulas 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee address; City: State Zip Code
P.O. Box 6416
Carof Stream, All. 60197-6416 3/10/23 # 136.96 TYPE OF EXPENDITURE V Non-Political Political Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Communication Check if Austin, TX, officeholder living expense EXPENDITURE Millulas Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (extra consecuted by the decision)

Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name AT 4 T Uverse 8 Payee address; City; State; Zip Code AT &T P.O. BOX 5014 Carol Stream, AU. 60197-5014 # 159.31 TYPE OF EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Communication OF EXPENDITURE Check if Austin, TX. officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Dallas Morning News
Payee address; City; State; Zip Code
1954 Commerce Street 1/24/23 #140.77 TYPE OF Z Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

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

		EXPENDITUI	RE CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	*	Event Expense Fees Food/Beverage Expens Gift/Awards/Memonals Legal Services	s Expense	Office Overf Polling Expe Printing Exp Salanes/Wa	ense ges/Contract Labor	Travel In Distri Travel Out Of I	Equipme ct District	Expense ent & Related Expens
	1	The Instruction G	uide explains	s how to co	mplete this form.	T		
1 Total pages Schedule F4:	Spu	y L. M	ontgo	men	~	3 Filer ID (E	thics Co	mmission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CH	HARGED	TOACK	EDIT CARD	\$		
5 Date 4/24/23	6 Payee	name T Uvers	x					
7 Amount (\$) \$157.60	8 Payee			0197	City:	State	9;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol				
10 PURPOSE OF EXPENDITURE	1 2 2 2 3	y (See Categories listed a			(b) Description	dohon		
	(c)	Check if travel outside of Te	exas. Complete Si	chedule T	Check if A	ustin, TX, officeholde	er living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholde	er name	Of	fice sought	Off	fice hel	d
Pate 4/25/23	Payee	The second secon	nin	Ne	ws			
#140.77		Mas Mor address: 954 Con Durs, T			City;	State	9,	Zip Code
TYPE OF EXPENDITURE		Political	L	Non-Pol	itical			
PURPOSE OF EXPENDITURE		y (See Categories listed a	at the top of this s	schedule)	Description			
		Check if travel outside of T	exas Complete S	chedule T	Check if A	ustin, TX, officehold	er living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ididate / Officeholde	er name	Of	fice sought	Of	fice hel	d

SCHEDULE F4

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

ii the requested infort	nation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME SALLY L. Mortgomery 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 4/26/23	6 Payee name Stanles
7 Amount (\$) #421.05	8 Payer address: City: State; Zip Code 4400 Beltline Rd Addison, TX 75001
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Printer Carbridge (c) Check if travel outside of Texas. Complete Schedule T Check if Austin. TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
5/10/23	Payee name ATUT Mobility
Amount (\$) #136.88	ATGT Mobility Payee address: City. State: Zip Code P.D. Box 6416 Carol Stream, SU. 60197-6476
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Communication Cullular 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	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

If the requested inform	mation is not applicable, DO NOT include thi	s page in the report.
	EXPENDITURE CATEGORIES F	FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Over 100 Over	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
90 10	SAUX L. Montgome	org
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A GE	REDITCARD \$
5 Date 3/28/23	Payee name Dallas Democratic Fore	um
7 Amount (\$) \$250.00	Price address: 1414 N Washington Ditches, TX75204	Aue City: State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought Office held
Date	Payee name	
3/29/23	The UPS Store	
#36000	Payee address: 13901 Midway Rel Str 102 DAUPS, TX 75244	7 City: State: Zip Code
TYPE OF EXPENDITURE	Political Non-P	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee5	Gently Rental
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought Office held

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Conference on Republishment Office Overflead Rental Expense Poiling Expense Printing Expense Salanes/Wages/Contract Labor	Solution # Fl. ndraising Expense Interestation Equipment & Related Expense Travelin Listinct Travel Call Of District Other (enter a category not listed above)
	The Instruction Guide exp	lains how to complete this form.	
1 Total pages Schedule F4	SAWY L. MONT	Lannery	3 Figer 10 (Ethics Commission Filers)
4 TOTAL OF UNITEM	SAWY L. MONT IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date 4/5/23	6 Pavee name Ataples		
7 Amount (S) # 93.08	8 Payeeleddress 4400 Belbline Addison, 7x 73		State: Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Printing Expense (c) Checkitrase pulsagent was considered.	printer	Carridge ston x office and der living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder hame	Office sought	Office held
Date 4/10/23	Payee name ATAT Mobil	itis	
# 136.88	P.O. Bex6416), SU. 60197-6	State: Zip Code
TYPE OF EXPENDITURE	Political	Mers-Political	
	Category (See Categories listential) in any	Description	
PURPOSE OF EXPENDITURE	Communica	tion	
	Checkitotaspinais de la l'existica di	are Sinted in Sines in Au	st
Complete ONLY if direct expenditure to benefit C/OH	Candidate Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NE	EDED