JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE/ MS / MRS / MR Ludge OFFICEHOLDER OFFICE USE ONLY Snux NAME Date Received NICKNAME SUFFIX Montgomery ADDRESS / PO BOX; APT / SOJE #, CITY STATE ZIP CODE 13901 Midway Rd Str 102 Box 315 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** DAMAS, TX 75244 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** Date Hand-delivered or Date Postmarked (972)PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER NAME Date Processed SUFFIX Date Imaged 7 CAMPAIGN STATE. ZIP CODE 6000 Columbus Avenue No 2411 **TREASURER** ADDRESS Plano, Tx 75024 (Residence or Business) PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER (972) 849 - 4063 PHONE 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 Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month COVERED THROUGH 06 2024 11 ELECTION ELECTION DATE ELECTION TYPE Runoff 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 KNOWING OF CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	1 1 m 1		16 Filer ID (Ethics Commission Filers)
Sal	ly L. Montgome	ry	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PO PLEDGES, LOANS, OR (CONTRIBUTIONS MADE	LITUAL CONTRIBUTIONS (OTHER THA GUARANTEES OF LOANS, OR ELECTRONICALLY)	s -0-
	2. TOTAL POLITICAL COI (OTHER THAN PLEDGES	NTRIBUTIONS LOANS, OR GUARANTEES OF LOANS	\$ -0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$ 2714.24
	4. TOTAL POLITICAL EXP	PENDITURES	\$ 13,473.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LA	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS AS O RTING PERIOD	
18 SIGNATURE Is	wear, or affirm, under penalty of perju	ry, that the accompanying report is true	and correct and includes all informatic
rec	uired to be reported by me under Title 1	15, Election Code.	
1) Affidavit		JILLIAN TOWNSEND Notary ID #130579989 My Commission Expires March 11, 2028	
NOTARY STAMP/SEAL	-		
Sworn to and subscribed	before me by SAUY L. /	nentgomery this the	15 the day of Lely
	which, witness my hand and seal of offic		15th day of Luly.
ignature of officer administer	No. of the control of	of officer administering oath	Title of officer administering oath
		OR	THE WATER STREET
2) Unsworn Declaration	on		
y name is		, and my date of birth is	
y address is		, and my date of billing	
	(stroot)	4	iate) (zip code) (country)
recuted in	County, State of	(city) (st , on the day of (month)	, 20, (year)
		Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	SCHEDULE SUBTOTALS 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS O O NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s —
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	s 7363.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3395 87
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s —
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u>—</u>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE F1

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 176 4 Date 2/2/24 6 Amount (\$) 1938.86	2 FILER NAME SACY L. Montgome 5 Payee name Merican Express 7 Payee address; City; State; Zip Code P. D. Brox 6 0 3 1 Land Stream, All 60 (a) Category (See Categories listed at the top of this schedule)		3 Filer ID (Ethics Commission Filers)
PURPOSE OF EXPENDITURE	Credit card purgment	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 2/29/24	Dallas Dimocratic For	-um	
Amount (\$) # 250.00	Payee address; City; State; Zip Code P.O. Thox 634 Dallas, 7x 75221		
PURPOSE OF EXPENDITURE	Fees - Annual Dues		le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/4/2 4 Amount (\$)	Payee name Moody Family YML, Payee address; City: State; Zip Code 6000 Preston Rul	4	
\$250.00	DAMAS, TX 75205-2	020	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Summer Contribution - Swimming Lesson		e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	ED .

SCHEDULE F1

	EXPENDITURE CATE	lude this page in the rep GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officenolder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1 27 4 Date 0	Sauy L. Mont 5 Payee name	gomery	3 Filer ID (Ethics Commission Filers)
3/7/2024 5 Amount (S)	American Expres	City:	State: Zip Code
571.71	Carol Stream, A		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
Complete ONLY & disease	(c) Check if travel outside of Texas. Complete Sc	iedule T. Cneck if Austin	TX, officendider living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
3/15/2024 Amount (S) \$1001.49	Payee name Larry Duncan Payee address: 5415 Bunting Wa		State; Zip Code
	Dallas, Tx 7522		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Consulting upper Jan 1, 2024 - Jane	nse websir	te aresulting
OF EXPENDITURE	Jan 1, 2024 - Jerne. Check if travel outside of Texas. Complete School	nse webser	TX, officeholder living expense
OF	Jan 1, 2024 - Jerne. Check if travel outside of Texas, Complete School	nse webser	.)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 4/2/2024	Consulting upper Jan 1, 2029 - Jane Check if travel outside of Texas. Complete Scho Candidate / Officeholder name Payee name	30, 2024 Bedule T. Check if Austin. Office sought	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 4/2/2024	Consulting upper Jan. 1, 2029 - Jane. Check if travel outside of Texas. Complete Sche Candidate / Officeholder name Payee name Anguing 647 Payee address: P. D. Buy 6631	30,2024 Websit	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 4/2/2024 Amount (S)	Consent Hing upper Jan 1, 2024 - Jenne. Check if travel outside of Texas. Complete School Candidate / Officeholder name Payee name American Cyps Payee address: P. D. Buy 6631	Office sought City:	TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 4/2/2024 Amount (S) #541.88 PURPOSE OF	Check if travel outside of Texas. Complete School Candidate / Officeholder name Payee name American Cyps Payee address: P. D. Boy 6631 Carol Stream, All Category (See Categories listed at the top of this school	onse 30,204 Buthsit Check if Austin Office sought City: (10197-6031 Indule: Description	TX, officeholder living expense Office held

SCHEDULE F1

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

	EVPENDITURE CATECO	ODIEC FOR DOVAL	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Y Gift/Awards/Memorials Expense I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solici Tran Trav Othe	citation/Fundraising Expense isportation Equipment & Related Expense rel In District rel Out Of District or (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains In 2 FILER NAME SALLY L Montage		iler ID (Ethics Commission Filers)
5/2/24 6 Amount (\$)	5 Payee name American Expus 7 Payee address;	City;	State; Zip Code
835.83		60197-6031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
9 Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Sched	oneek ii ykaskiii, 1X, 6	fficeholder living expense
expenditure to benefit C/OH		Office sought	Office held
2/8/2024 Amount (\$)	Payee name Fuldoms Foundation Payee address; Clo Shirley Smit 50324 Air line & Dallas, 7x 7526	25	State; Zip Code
PURPOSE OF EXPENDITURE	Scholarship - high Second Scholarship - high Second Scholarship - high Second Scholarship - high Second Sec	shoot in	erspay
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedu	Office sought	ficeholder living expense Office held
5/11/24	Freedoms Founda	tion of Valley 7.	nze
Amount (\$)	Payee address; P.O. Box 67 Valley Forbles Pa	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedules of the Control but on Scholar		
EXPENDITURE			
EXPENDITURE	Check if travel outside of Texas. Complete Schedul Candidate / Officeholder name	leT. Check if Austin, TX, office	ceholder living expense

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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Gftf/Awards/Memorials Expense Legal Services Printing Salaries The Instruction Guide explains how to	Expense Wages/Contract Labor	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:	Selly 1 Montgome	-4	3 Filer ID (Ethics Commission Filers)
5/14/24	Texas Center for the	relicion	
6 Amount (\$) #480.00	7 Payee address: 1210 San Antonio St AUSTIN, TX 78701	z. 800	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contribution.	Silver gau	rel
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/28/24	North Dallas Texas Oer	nonatic bl	omen
Amount (\$)	Payee address; Clo Lenna Webb 17201 Hidden Glen Dr	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	i, 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		
5/28/24	American Express		
Amount (\$) # 739. 87	Payee address; P.O. Box 6031 Evral Stream; All 60	City;	State. Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Cand Payment	Description	
	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	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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 Max, 7x 75225 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event - Lunch OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 3/6/2024 Public Aftairs Lunches Club-Payee address; City: State: Zip Code 0. Bax 12625 43.00 allas, Tx 75225 ory (See Categories listed at the top of this schedule) Description **PURPOSE** Event-Lunch 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 Office held expenditure to benefit C/OH Payee name Payee address; P. D. Box 12625 City; State. Zip Code Description PURPOSE Ever t- Lunch. OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	complete this form.	Other (enter a category not listed above)
5 Payee name Public Allain	7	3 Filer ID (Ethics Commission Filers
7 Payee address; P. D. Box 12625 Dallas, 7x 75225	City;	State; Zip Code
(a) Category (See Categories listed at the top of this schedule) Fleor—Membership	(b) Description	
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Toxas. Complete Schedule T.	Check if Austin	. TX. officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City;	State; Zip Code
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
Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL CODIES OF THE	CHEDINE ADVICE	OF D
	The Instruction Guide explains how to 2 FILER NAME SAILY L. Montgomer 5 Payee name Cubolic Affairs Line 7 Payee address; C. O. TSAY 12 625 Dactor, Tx 75 225 (a) Category (See Categories listed at the top of this schedule) Felor—Membership (c) Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	The Instruction Guide explains how to complete this form. 2 FILER NAME SAILY L. Mantagamery SAILY L. Mantagamery Fubblic Affairs Junetics Class 5 Payee name 7 Payee address: City: 8. 0. 73 Say 12 62 5 Dawis 7 x 75 22 5 (a) Category (See Categories listed at the top of this schedule) Fee — Membership (b) Description (c) Check if travel outside of Texas Complete Schedule T. Check if Austin Payee name Payee address: City: Category (See Categories listed at the top of this schedule) Check if travel outside of Texas Complete Schedule T. Check if Austin Payee name Payee address: City: Category (See Categories listed at the top of this schedule) Payee name Check if travel outside of Texas Complete Schedule T. Check if Austin Category (See Categories listed at the top of this schedule) Payee address: City: Category (See Categories listed at the top of this schedule) Check if travel outside of Texas Complete Schedule T. Check if Austin

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 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

Contributions/Donations M Candidate/Officeholder/F	Political Committee Legal S	vards/Memorials Expe Services	nse Printin Salarie	g Expense g Expense es/Wages/Contr	Travel In District Travel Out Of District act Labor Other (enter a category not listed above)
1 TOTAL PAGES SCHEDULE F4: 10	2 FILER NAME	L. Mont	,	USE A NEV	V PAGE FOR EACH CREDIT CARD ISSUER 3 FILER ID (Ethics Commission
/)	EXPENDITURES CHARGED TO		Gomes	y	\$
5 CREDIT CARD ISSUER	Name of financial inst	itution Exp	uss)		
6 PAYMENT	(a) Amount Charged \$ 164.79	(b) Date Expend	liture Charged	10 7/4	Credit Card Issuer Paid
7 PAYEE	(a) Payee name ATAT UVU		(b) Payee a	ddress:	City State Zin Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categorie	12 St 720	hedule)	(b) Descript	on ret d telephone w/ Fax le
Non-Political	(c) Check if travel	outside of Texas. Comp			Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought				Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged \$			(c) Date(s) C	redit Card Issuer Paid
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categorie	s listed at the top of this sch	nedule)	(b) Description	on
Non-Political	(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 / Officeholde			fice Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendi	ture Charged	(c) Date(s) Cr	edit Card Issuer Paid
PAYEE	(a) Payee name		(b) Payee ad	dress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)		edule)	(b) Description	on.
Non-Political	(c) Check if travel or	utside of Texas. Comple	te Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought	Office Held
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE	E AS NEEDED

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

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/F The Instructi	on Guide explains how to comp		rinting Expense alaries/Wages/Cont USF A NF	Oth Oth	vel Out Of District er (enter a category not listed above)
1 TOTAL PAGES SCHEDULE F4: 27	2 FILER NAME Sally L //	hontzome			H CREDIT CARD ISSUER ILER ID (Ethics Commission Filer
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A CRE		J	s	
5 CREDIT CARD ISSUER	Name of financial institution	6			
6 PAYMENT		Date Expenditure Char		Credit Card Issuer Pai	d
7 PAYEE	\$ 136.39 \(\begin{array}{c} (a) Payee name \\ AT(T Mobil) \(\begin{array}{c} (3) \\ AT(T Mobil) \\ AT(T Mo	10/2024 (b) Pay P.O.	42/3 ee address; Box 6416	2024 Carol Stre	State, Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at	the top of this schedule)	(b) Descript	l phon	C 6916
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Check if Austin, TX, o	fficeholder living expense Office Held
PAYMENT	(a) Amount Charged (b)	Date Expenditure Charg	ed (c) Date(s) C	redit Card Issuer Paid	d
PAYEE	(a) Payee name	(b) Paye	e address;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at t	he top of this schedule)	(b) Description	on	
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule	т. 🗆	Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder name		Office Sought		Office Held
PAYMENT	(a) Amount Charged (b) C	Oate Expenditure Charge	d (c) Date(s) Cr	edit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payer	e address;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the	ne top of this schedule)	(b) Descriptio	n	
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule		Check if Austin, TX,	officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name		Office Sought		Office Held
	ATTACH ADDITIONA	AL COPIES OF TH	IS SCHEDULE	AS NEEDED	

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 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 registers a category and lighted a basic.

The Instruction	on Guide explains how to co	omplete this form	1	USE A NEW PA	AGE FOR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 3	1 Sally L.	montgo.	mery		3 FILER ID (Ethics Commission Filers
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A				\$
5 CREDIT CARD ISSUER	Name of financial institut	tion CAPA (b) Date Expendit	ess	M	
6 PAYMENT	(a) Amount Charged \$ 505.79	(b) Date Expendit			it Card Issuer Paid
7 PAYEE	(a) Payee name TARGET	1-1111-	(b) Payee ad 373	ddress; OBelt Lin	City, State, Zip Code Le Red Addison Tx 75001 Carelo - Setablet Millern
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories literated XM)			00	March - Sptaff+ willtern neck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Of	ffice Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credi	t Card Issuer Paid
PAYEE	(a) Payee name		(b) Payee ac	Idress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description	
Non-Political		side of Texas. Complet	e Schedule T.	Cr	neck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	iame	Off	fice Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit	Card Issuer Paid
PAYEE	(a) Payee name		(b) Payee ad	dress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ed at the top of this sched	dule)	(b) Description	
Non-Political	(c) Check if travel outs	ide of Texas. Complete	e Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	fice Sought	Office Held
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE A	S NEEDED

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 By
Candidate/Officebolder/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

Candidate/Officeholder/Pol	ilical Committee Legal S		Salarie	g Expense es/Wages/Contr	Trav	vel Out Of District er (enter a categor)	not listed above)
The Instruction	Guide explains how to	complete this form	l .	USE A NEV	V PAGE FOR EACH		
1 TOTAL PAGES SCHEDULE F4: 407/	Sally	L. Mon	tsome	ru_	3 F	ILER ID (Ethics	Commission Filers
4 TOTAL OF UNITEMIZED EX			0	1	\$		
5 CREDIT CARD ISSUER	Name of financial institution	tution	res				
6 PAYMENT	(a) Amount Charged \$ 275.73	(b) Date Expendi	ture Charged		Credit Card Issuer Pa		
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categorie	s listed at the top of this sch	edule)	(b) Descript	Christm	ns Lun	nch
9 Complete ONLY if direct expenditure to benefit C/OH	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus Candidate / Officeholder name Office Sought					Officeholder living ex	rpense
PAYMENT	(a) Amount Charged	(b) Date Expendit	cure Charged	(c) Date(s) C	redit Card Issuer Pai	d	
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this sche	edule)	(b) Descripti	on		
Non-Political	(c) Check if travel o	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	Of	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Cr	redit Card Issuer Paid	d	
PAYEE	(a) Payee name	٠	(b) Payee ad	dress;	City,	State, 2	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this sche	dule)	(b) Description	on		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX,	officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIES	S OF THIS	SCHEDUL	E AS NEEDED		

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 By
Candidate/Officeholder/Political Committee

Everit Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruct	on Guide explains how to		Salani 1.	es/Wages/Contract L	abor Other	(enter a category not listed above) CREDIT CARD ISSUER
1 TOTAL PAGES	2 FILER NAME Sally	L. Mon	,	ry		ER ID (Ethics Commission Filer
4 TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO	A CREDIT CARD	ل	J	\$	
5 CREDIT CARD ISSUER	Name of financial institu	4	10110-	ر .		
6 PAYMENT	(a) Amount Charged \$ 389.70	(b) Date Expendi	thre Charged	(c) Date(s) Cred	it Card Issuer Paid	
7 PAYEE	(a) Payee name Needle An A	Hanstack	(b) Payee a	ddress; Presten Rd	City,	State, Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories	listed at the top of this sch	ete Schedule T.	(b) Description	S Cords to	State, Zip Code 3, TX 75205 Supportus ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	0	ffice Sought		Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issues			t Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I			(b) Description		
Non-Political	West State Williams to State	tside of Texas. Comple			neck if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit	Card Issuer Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (see Categories li	sted at the top of this sche	L dule)	(b) Description		
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, o	fficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held
	ATTACH ADDIT	TIONAL COPIE	S OF THIS	SCHEDULE A	S NEEDED	

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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Lcan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/F	Political Committee Legal :	wards/iviemorials Expe Services	Saları	ng Expense es/Wages/Cont		vel Out Of District er (enter a category r	not listed above)	
The Instruct	ion Guide explains how to	ocomplete this for	m.	USE A NE	W PAGE FOR EACH			
1 TOTAL PAGES SCHEDULE F4:	3/2 FILER NAME Sally 1	1. Monty	pmere	2	3 F	ILER ID (Ethics C	ommission Filers	
4 TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO	() (\$			
5 CREDIT CARD	Name of financial inst	itution						
ISSUER	America	WEXPLE (b) Date Expend	n					
6 PAYMENT	(a) Amount Charged				Credit Card Issuer Pa			
	\$ 166.99	1/11/20	024	02/0	2/2024	/		
7 PAYEE	(a) Payee name		(b) Payee a		City,	10000	Zip Code	
	Dallas Mo	ming Ne	WS 1954	Commerc	est Dans	500000000000000000000000000000000000000	5201	
8 PURPOSE OF	(a) Category (See Categori			(b) Descrip	tion			
Political	Other - Eds	ush.		Y.	1 - 1 - 100	e naza sour		
Non-Political				sola	newspa	per	and the second	
		outside of Texas. Comp			Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	0	ffice Sought		Office Held		
PAYMENT	(a) Amount Charged	(b) Date Expend	liture Charged	(c) Date(s)	Credit Card Issuer Pai	d		
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PAYEE			—		units 200m			
TAILL	(a) Payee name		(b) Payee a	ddress;	City,	State, Z	ip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categorie	is listed at the top of this so	hedule)	(b) Descript	ion			
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Non-Political	(c) Check if travel of	outside of Texas. Compl	ete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Ot	ffice Sought		Office Held		
PAYMENT	(a) Amount Charged	(b) Date Expendi	ture Charged	(c) Data(c) (`vodit Cond In D.:			
No. of the state o	2 2	(b) Date Expelled	iture Chargeu	(c) Date(s) (Credit Card Issuer Paid	1		
	\$		-0.0					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State, Zi	p Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	s listed at the top of this sch	nedule)	(b) Descripti	on			
Non-Political	(c) Check if travel o	outside of Texas. Comple	ete Schedule T.		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	r name	Of	fice Sought		Office Held	**************************************	
	ATTACH ADD	ITIONAL COPIE	S OF THIS	SCHEDUL	E AS NEEDED			

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 By Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/F	on Guide explains how to		Saları	ng Expense es/Wages/Contre USE A NEW	ict Labor Othe	rel Out Of District er (enter a category not listed above) I CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 77	2 FILER NAME Sally	mont	komer	w		ILER ID (Ethics Commission Filers
4 TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO	A CREDIT CARD)	0.	\$	
5 CREDIT CARD ISSUER	Name of financial institu	ition Expr	ess			
6 PAYMENT	(a) Amount Charged	(b) Date Expend		50 100 800	redit Card Issuer Pai	d
7 PAYEE	(a) Payee name ATAT UVUX		(b) Payee a	ddress:	2024 City, 4 Carst 51	State, Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories	isted at the top of this sch		(b) Description	and the same of th	hom All 60197-501 home w/fax line
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	0	ffice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendi	ture Charged	(c) Date(s) Cr	edit Card Issuer Paid	i
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this schi	edule)	(b) Description	n	
Non-Political	(c) Check if travel out	side of Texas. Comple	te Schedule T.		Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought	**	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	edit Card Issuer Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this schei	dule)	(b) Description		
Non-Political	(c) Check if travel outs	ide of Texas. Complete	e Schedule T.		Check if Austin, TX	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought		Office Held
	ATTACH ADDIT	ONAL COPIES	OF THIS:	SCHEDULE	AS NEEDED	

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

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction	ontical Committee Legal S on Guide explains how to	complete this forr	n,	USE A NF	W PAGE FOR EAC	avel Out Of District her (enter a category	y not listed above)
1 TOTAL PAGES SCHEDULE F4- 87/	2 FILER NAME Sally L	Monta	omer				Commission File
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO	A CREDIT CARD	-	J	\$		
5 CREDIT CARD ISSUER	Name of financial instit	ution					A The
6 PAYMENT	(a) Amount Charged	(b) Date Expendi		4 4 4	Credit Card Issuer Pa	aid	
7 PAYEE	(a) Payee name	2/10/20	24 1/h) Payon	3/	7/2024		
44	ATOT MOD	ilita	P.D. Be	9×6416	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories		edule)	(b) Descript	City, CarolSha	am 111	6416
Political Non-Political	(c) Check if travel ou	ntside of Texas. Comple		cel		officeholder living ex	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	0	ffice Sought		Office Held	pense
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) C	redit Card Issuer Pai	d	
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State, Z	lip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description	on		
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin, TX, (officobolder lists -	
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	bense
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issuer Paid	l	- A
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zi	p Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	ule)	(b) Descriptio	n		
Non-Political	(c) Check if travel outs	ide of Texas. Complete	Schedule T.		Check if Austin TX	officeholder living ex	
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder n			ce Sought	, , , , , , , , , , , , , , , , , , , ,	Office Held	pense
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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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Contributions/Donations N Candidate/Officeholder/I The Instruct	lade By Gift/Av	Beverage Expense wards/Memorials Expe Services O complete this for	nse Printin Salarie	g Expense ig Expense es/Wages/Contra		Travel In District Travel Out Of District Other (enter a category not listed above)
1 TOTAL PAGES	2 FILER NAME	101		USE A NEV	V PAGE FOR E	ACH CREDIT CARD ISSUER
SCHEDULE F4: 4.7	16 Sally L	· Mont	jomeri	1		3 FILER ID (Ethics Commission Filer
4 TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO	O A CREDIT CARD)		\$
5 CREDIT CARD ISSUER	Name of financial inst	itution Expr	en			
6 PAYMENT	(a) Amount Charged	(b) Date Expend	diture Charged	(c) Date(s) C	redit Card Issue	er Paid
	\$ 138.09	7 3/10/20	24	041	02/202	4
7 PAYEE	(a) Payee name ATIT Mo		(b) Payee a P. O. C.	ddress; Box 641	6 Carol	y, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categorie	es listed at the top of this s	chedule)	(b) Descripti	11/10/20/20/20	241.7. 471.00171 671
Political	Commu	inication	~	cul	1 pho	ne
Non-Political	(c) Check if travel	outside of Texas. Comp	lete Schedule T.		Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	O	ffice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expend	iture Charged	(c) Date(s) Cr	redit Card Issue	r Paid
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City	, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde			fice Sought	, , , , , , , , , , , , , , , , , , ,	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendi	ture Charged	(c) Date(s) Cr	edit Card Issuer	Paid
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this sch	edule)	(b) Descriptio	ñ	
Non-Political	(c) Check if travel or	utside of Texas. Comple	te Schedule T.		Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Offi	ice Sought	The state of the s	Office Held
	ATTACH ADDI	ITIONAL COPIE	S OF THIS	SCHEDULE	AS NEEDE	D

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

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations M Candidate/Officeholder/F	lade By Gift/Aw Political Committee Legal S	everage Expense ards/Memorials Exper Jervices	Pollin ose Printii Salari	g Expense ng Expense es/Wages/Contract L	Travel In District
The Instructi	ion Guide explains how to	complete this form	n.	USE A NEW PA	AGE FOR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 107	16 Sally	L. Mont	komes	w	3 FILER ID (Ethics Commission Filer
4 TOTAL OF UNITEMIZED I	EXPENDITURES CHARGED TO	A CREDIT CARD	5	O.	\$
5 CREDIT CARD ISSUER	Name of financial insti	tution Expre	uss)	And Andrews	
6 PAYMENT	(a) Amount Charged \$ 1 70.80	(b) Date Expend	iture Charged	The same of the sa	it Card Issuer Paid
7 PAYEE	(a) Payee name	123/0	(b) Payee a	iddress;	City, State, Zip Code
8 PURPOSE OF	ATATUVE	se e	P.O. 7	Bey 5014	Curst Stream, All 60197-50,
EXPENDITURE	(a) Category (See Categorie		nedule)	(b) Description	it of telephone w/ fax line
Political Non-Political	-	outside of Texas. Comple	ete Schedule T.		neck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde		-	ffice Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendi	ture Charged	(c) Date(s) Credit	t Card Issuer Paid
PAYEE	(a) Payee name		(b) Payee a	ddress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this sch	edule)	(b) Description	
Non-Political	(c) Check if travel or	utside of Texas. Comple	te Schedule T.	Cr	neck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Ot	fice Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit	Card Issuer Paid
PAYEE	(a) Payee name		(b) Payee ac	dress;	City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	isted at the top of this sche	dule)	(b) Description	
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		heck if Austin, TX, officeholder living expense
Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought	Office Held
	ATTACH ADDI	TIONAL COPIES	S OF THIS	SCHEDULE AS	S NEEDED

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 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

The Instruct	ion Guide explains how to c		Saları	USE A NEW		Other (enter a category not listed above ACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	6 Sally L	- monto	omer	w		3 FILER ID (Ethics Commission Fi
4 TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO A	A CREDIT CARD		0.		\$
5 CREDIT CARD ISSUER	Name of financial institution of the America		22)			
6 PAYMENT	(a) Amount Charged \$ 170.80	(b) Date Expenditu			edit Card Issuer	
7 PAYEE	(a) Payee name ATAT UVERS	3/24/20	(b) Payee a P. O. Z	ddress;	City,	State, Zip Code Sheem All 60197-9
8 PURPOSE OF EXPENDITURE Political Non-Political		isted at the top of this scheo	dule)	(b) Description		Them, All 60197-5
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	0	ffice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	edit Card Issuer	Paid
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories lis			(b) Description	n	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	side of Texas. Complete		fice Sought	Check if Austin, 1	Office Held
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PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ed at the top of this schedul	le)	(b) Description		
Non-Political	(c) Check if travel outsi	ide of Texas. Complete S	Schedule T.		Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder na	ame	Offi	ce Sought		Office Held
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If the requested information is not applicable, DO NOT include this page in the report.

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

Political Committee Legal Services Ion Guide explains how to complete this	Salar	ting Expense ries/Wages/Contr	act Labor Othe	al In District of Out Of District (enter a category not listed above)
	form.	USE A NE	N PAGE FOR EACH	CREDIT CARD ISSUER
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EXPENDITURES CHARGED TO A CREDIT CARI			\$	
Name of financial institution		and the second s		
American Exp	ness			
(a) Amount Charged (b) Date Exp	penditure Charged	(c) Date(s) (redit Card Issuer Pair	
\$ 138.04 4/10	12024			
(a) Payee name	(b) Payee a	address;	City	State, Zip Code
ATAT Mobility	P.O. F.	30x 6416	Corol Stream	~ Ill 60197
(a) Category (See Categories listed at the top of t	his schedule)	(b) Descripti	on	10416
Communities				
	on		prione	
(C) Check if travel outside of Texas. Co	omplete Schedule T.		Check if Austin, TX, of	iceholder living expense
Candidate / Officeholder name	0	Office Sought		Office Held
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\$	enditure Charged	(c) Date(s) Cr	edit Card Issuer Paid	
(a) Payee name	(b) Payee a	ddress;	City,	State, Zip Code
(a) Category (See Categories listed at the top of the	nis schedule)	(b) Description	en .	The state of the s
	in serieusie,			
	omplete Schedule T.		Check if Austin, TX, off	iceholder living expense
Candidate / Officeholder name	Of	ffice Sought		Office Held
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\$	enditure Charged	(c) Date(s) Cr	edit Card Issuer Paid	
(a) Payee name	(b) Payee ad	ldress;	City,	State, Zip Code
(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	n	
			10.25	
(c) Check if travel outside of Texas. Con	mulate Calculation			ficeholder living expense
•	2 FILER NAME Saly L Mon EXPENDITURES CHARGED TO A CREDIT CAR Name of financial institution Amount Charged (b) Date Experies listed at the top of the communic and the copy of t	2 FILER NAME Sally L Montgomer EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution American Gypres (a) Amount Charged (b) Date Expenditure Charged \$ 138.04 4/10/2024 (a) Payee name (b) Payee ATAT Mobility P.O. 7. (a) Category (See Categories listed at the top of this schedule) Communication (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name (b) Payee a (a) Amount Charged (b) Date Expenditure Charged \$ (a) Payee name (b) Payee a (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name (b) Payee a (a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name (b) Date Expenditure Charged (a) Amount Charged (b) Date Expenditure Charged (a) Amount Charged (b) Date Expenditure Charged	2 FILER NAME 2 FILER NAME EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution Amount Charged (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Communication (d) Category (see Categories listed at the top of this schedule) (a) Category (see Categories listed at the top of this schedule) (a) Category (see Categories listed at the top of this schedule) (b) Payee address; (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name (b) Payee address; (a) Payee name (b) Payee address; (a) Category (see Categories listed at the top of this schedule) (b) Payee address; (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name (b) Payee address; (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Creation of the schedule T. Candidate / Officeholder name (b) Payee address; (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Creating of the schedule T. Candidate / Officeholder name (b) Payee address;	In Guide explains how to complete this form. 2 FILER NAME 2 FILER NAME Sally L Montganery EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (d) Payee name (b) Payee address; City, P.O. But LYTIS Check if Austin, TX, off Candidate / Officeholder name (b) Payee address; City, Check if Austin, TX, off Candidate / Officeholder name (b) Payee address; City, City, Candidate / Officeholder name (b) Payee address; City, Check if Austin, TX, off Candidate / Officeholder name (b) Payee address; City, (a) Category (see Categories listed at the top of this schedule) (b) Payee address; City, (a) Category (see Categories listed at the top of this schedule) (b) Payee address; City, (a) Category (see Categories listed at the top of this schedule) (b) Payee address; City, (a) Category (see Categories listed at the top of this schedule) (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, off Candidate / Officeholder name Office Sought (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (d) Amount Charged (e) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (d) Payee name (d) Payee address; City,

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 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

The Instructi		ervices	Salarie	s/Wages/Cor	ntract Labor Oti	her (enter a category not listed above)
1 TOTAL PAGES	on Guide explains how to	complete this form	•	USE A N	EW PAGE FOR EAC	CH CREDIT CARD ISSUER
SCHEDULE F4: 136	2 FILER NAME V6 Sally	L. mont	homer	سر	3	FILER ID (Ethics Commission Filer
4 TOTAL OF UNITEMIZED E	EXPENDITURES CHARGED TO	A CREDIT CARD	5	0.	\$	
5 CREDIT CARD ISSUER	Name of financial instit		en			
6 PAYMENT	(a) Amount Charged \$ 16 9.89	(b) Date Expendit	THE DECEMBER OF THE PROPERTY.		Credit Card Issuer P	
7 PAYEE	(a) Payee name ATAT UVEN	17/25/W	(b) Payee ad	Idress;	128/2024 City,	State, Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories	listed at the top of this sche		(b) Descri		hom Whoshine officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s)	Credit Card Issuer Pa	iid
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this scher	dule)	(b) Descrip	tion	
Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Austin, TX.	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Offi	ce Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issuer Pai	rd
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sched	ule)	(b) Descript	ion	
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	Candidate / Officeholder n			e Sought	oneskii ridatiii, TX	Office Held

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

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

	tion Guide explains how to	complete this form	n.	USF A NEW	Oth	avel Out Of Distri ner (enter a categ	(ory not listed above)
1 TOTAL PAGES SCHEDULE F4:/2/	6 Sally L	10. 1	omer		PAGE FOR EAC	200 - 2	RD ISSUER
4 TOTAL OF UNITEMIZED	EXPENDITURES CHARGED TO		-	J	\$	1000	
5 CREDIT CARD ISSUER	Name of financial institu	ution	7 /				
6 PAYMENT	(a) Amount Charged	(b) Date Expend		The state of the s	edit Card Issuer Pa	iid	>
7 PAYEE	(a) Payee name AT4T Mob	ilitu	(b) Payee 8 P. 07	304 641	8/2024 6 Carols	State	Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories	listed at the top of this sch	nedule)	(b) Descriptio	n Dhon	<i>- 11</i>	1 -6416
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	A STATE OF THE STA		Office Sought	Check if Austin, TX, o	Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ture Charged	(c) Date(s) Cre	edit Card Issuer Pai	đ	
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sche	edule)	(b) Description)		
Non-Political	(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	Of	ffice Sought		Office Held	
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PAYMENT		(b) Date Expenditi	(b) Payee ad		dit Card Issuer Paid City,	State,	Zip Code
	\$		(b) Payee ad		City,		Zip Code
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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 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

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1 TOTAL PAGES SCHEDULE F4: 150	16 Saly 2	montgo	meny		3 FII	LER ID (Ethics Com	nmission Filers
4 TOTAL OF UNITEMIZED E	EXPENDITURES CHARGED TO	A CREDIT CARD	U	NO. 200 - 10	\$		
5 CREDIT CARD ISSUER	Name of financial instit	200					
6 PAYMENT	(a) Amount Charged \$ 166.99	(b) Date Expendi		100	redit Card Issuer Paid		
7 PAYEE	(a) Payee name Dullus Mon	nen e Med	(b) Payee a		City,	State, Zip	Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories Check if travel o	,)	nedule)	(b) Descripti	on hewsy.	Typur ficeholder living expen.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	r name	Of	ffice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ture Charged	(c) Date(s) Cr	redit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	Idress;	City,	State, Zip	Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this sche	edule)	(b) Description	on		
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	ATTACH ADDI	TIONAL COPIES	S OF THIS	SCHEDULE	AS NEEDED	-	

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 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

The Instructi	ion Guide explains how to			USE A NEW P			ry not listed above)
1 TOTAL PAGES SCHEDULE F4:	16 Sally	L. Mong	taone	2er			Commission Filers
4 TOTAL OF UNITEMIZED E	EXPENDITURES CHARGED TO) A CREDIT CARD	0	0	\$		
5 CREDIT CARD ISSUER	Name of financial instit	tution Expr	and a				
6 PAYMENT	(a) Amount Charged \$ 360.00	(b) Date Expendi	liture Charged	Visitorio de la constitución	dit Card Issuer Paid		
7 PAYEE	(a) Payee name United Post	4/10/20	(b) Payee a	iddress; Midway	City, Rd Stello	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	Office Categories	s listed at the top of this sch	hedule)	(b) Description	box		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder			Office Sought	heck if Austin, TX, off	Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ture Charged	(c) Date(s) Credi	it Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this schi	edule)	(b) Description			
Non-Political	(c) Check if travel ou	utside of Texas. Comple	te Schedule T.	с	heck if Austin, TX, off	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	ffice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditi	ure Charged	(c) Date(s) Credit	t Card Issuer Paid		
PAYEE	(a) Payee name	to the second	(b) Payee ad	ldress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	isted at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel out	ıtside of Texas. Complet	te Schedule T.		Check if Austin, TX, of	fficeholder living	expense
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