

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|---|--|---------------------------------------|--|----------------|----------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|
| The JC/OH Instruction Guide explains how to complete this form. |  | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:<br><div style="font-size: 1.5em; font-weight: bold;">25</div>   |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                 | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><i>Judge</i></div> <div>FIRST<br/><i>Sprix</i></div> <div>MI<br/><i>L.</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><i>Montgomery</i></div> <div>SUFFIX</div> </div>  |                                       | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><br><br><br>Date Hand-delivered or Date Postmarked<br><br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |                |                |                                  |                   |                                   |                                   |  |                                      |
|   | ADDRESS / PO BOX:      APT / SUITE #      CITY      STATE      ZIP CODE<br><i>13901 Midway Rd STE 102 Box 315</i><br><i>Dallas, TX 75244</i>   |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                      | <input type="checkbox"/> Change of Address   |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                | AREA CODE      PHONE NUMBER      EXTENSION<br><i>(972) 247-7354</i>  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                       | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><i>Mr</i></div> <div>FIRST<br/><i>Andrew</i></div> <div>MI<br/><i>M</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME<br/><i>"Andy"</i></div> <div>LAST<br/><i>Trusevich</i></div> <div>SUFFIX</div> </div>  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|   | STREET ADDRESS (NO PO BOX PLEASE)      APT / SUITE #      CITY      STATE      ZIP CODE<br><i>6000 Columbus Avenue No 2411</i><br><i>Plano, TX 75024</i>   |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)            |  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                      | AREA CODE      PHONE NUMBER      EXTENSION<br><i>(972) 849-4063</i>  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE   | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED   | Month      Day      Year      THROUGH      Month      Day      Year<br><i>01 / 01 / 2024</i> <i>06 / 30 / 2024</i>   |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION   | ELECTION DATE      ELECTION TYPE<br><div style="display: flex; justify-content: space-between;"> <div>Month      Day      Year<br/><i>11 / 08 / 2022</i></div> <div> <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special         </div> </div>  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE   | OFFICE HELD (if any)<br><i>County Court-at-Law #3</i>  | 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.  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> Additional Pages                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>  |                                       |  | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE  | COMMITTEE NAME   |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                                | COMMITTEE ADDRESS  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                               | COMMITTEE CAMPAIGN TREASURER NAME  |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                       |  |                |                |                                  |                   |                                   |                                   |  |                                      |

GO TO PAGE 2

FILED  
 JOHN F. WARREN  
 COUNTY CLERK  
 DALLAS COUNTY, TEXAS  
 2024 JUN 15 AM 11:41

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

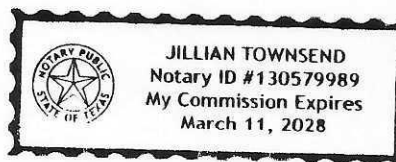
|   |   |  |
|---|---|--|
| 15 JC/OH NAME<br><i>Sally L. Montgomery</i> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 -                               |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ - 0 -                               |
| EXPENDITURE TOTALS                          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 2714.24                             |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 13,473.75                           |
| CONTRIBUTION BALANCE                        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 41,926.80                           |
| OUTSTANDING LOAN TOTALS                     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ - 0 -                               |

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.

*Sally L. Montgomery*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *SALLY L. Montgomery* this the *15<sup>th</sup>* day of *July*, 20*24*, to certify which, witness my hand and seal of office.  
*Jillian Townsend* Notary  
 Signature of officer administering oath Printed name of officer administering oath 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 - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME

*Sally L. Montgomery*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |    |         |
|-----|-------------------------------------|--|----|---------|
| 1.  | <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ | —       |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ | —       |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ | —       |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$ | —       |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ | 7363.64 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ | —       |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ | —       |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ | 3395.87 |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ | —       |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ | —       |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ | —       |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | —       |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br><i>176</i>   | 2 FILER NAME<br><i>Sally L. Montgomery</i>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><i>2/2/24</i>                    | 5 Payee name<br><i>American Express</i>   |   |
| 6 Amount (\$)<br><i>1938.86</i>            | 7 Payee address; City; State; Zip Code<br><i>P.O. Box 6031<br/>Carol Stream, Ill 60197-6031</i> |   |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Credit card payment</i>  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

9 Complete ONLY if direct expenditure to benefit C/OH

|                               |               |             |
|-------------------------------|---------------|-------------|
| Candidate / Officeholder name | Office sought | Office held |
|-------------------------------|---------------|-------------|

|                                       |   |   |
|---------------------------------------|---|---|
| Date<br><i>2/29/24</i>                | Payee name<br><i>Dallas Democratic Forum</i>  |   |
| Amount (\$)<br><i>\$250.00</i>        | Payee address; City; State; Zip Code<br><i>P.O. Box 634<br/>Dallas, TX 75221</i>          |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Fees - Annual Dues</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

Complete ONLY if direct expenditure to benefit C/OH

|                               |               |             |
|-------------------------------|---------------|-------------|
| Candidate / Officeholder name | Office sought | Office held |
|-------------------------------|---------------|-------------|

|                                       |   |   |
|---------------------------------------|---|---|
| Date<br><i>3/6/24</i>                 | Payee name<br><i>Moody Family YMCA</i>  |   |
| Amount (\$)<br><i>\$250.00</i>        | Payee address; City; State; Zip Code<br><i>6000 Preston Rd<br/>DALLAS, TX 75205-2020</i>                      |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Summer Contribution - Swimming Lessons</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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 NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>2 of 6</b>   | 2 FILER NAME<br><b>Sally L. Montgomery</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>3/7/2024</b>   | 5 Payee name<br><b>American Express</b>   |                                       |
| 6 Amount (\$)<br><b>571.71</b>  | 7 Payee address:<br><b>P.O. Box 6031</b><br><b>Carol Stream, IL 60197-6031</b><br>City: State: Zip Code   |                                       |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><b>Credit card payment</b>  | (b) Description                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |                                       |

|   |   |  |
|---|---|--|
| Date<br><b>3/15/2024</b>  | Payee name<br><b>Larry Duncan</b>   |  |
| Amount (\$)<br><b>\$1001.49</b>   | Payee address:<br><b>5415 Banting Way</b><br><b>Dallas, TX 75227</b><br>City: State: Zip Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>consulting expense</b><br><b>Jan. 1, 2024 - June 30, 2024</b>                          | Description<br><b>website consulting</b> |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |  |

|   |   |             |
|---|---|-------------|
| Date<br><b>4/2/2024</b>   | Payee name<br><b>American Express</b>   |             |
| Amount (\$)<br><b>\$541.88</b>  | Payee address:<br><b>P.O. Box 6031</b><br><b>Carol Stream, IL 60197-6031</b><br>City: State: Zip Code   |             |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Credit card payment</b>  | Description |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>3 of 6</b> | 2 FILER NAME<br><b>Sally L Montgomery</b>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>5/2/24</b>                     | 5 Payee name<br><b>American Express</b>   |                                       |
| 6 Amount (\$)<br><b>835.83</b>              | 7 Payee address; City; State; Zip Code<br><b>P.O. Box 6031<br/>Crest Stream, AL 60197-6031</b>  |                                       |
| 8 PURPOSE OF EXPENDITURE                    | (a) Category (See Categories listed at the top of this schedule)<br><b>Credit card payment</b>  | (b) Description                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>2/8/2024</b>        | Payee name<br><b>Freedoms Foundation of Valley Forge</b>  |  |  |
| Amount (\$)<br><b>\$125.00</b> | Payee address; City; State; Zip Code<br><b>c/o Shirley Smith<br/>50324 Airline Rd<br/>Dallas, TX 75205</b>  |  |  |
| PURPOSE OF EXPENDITURE         | Category (See Categories listed at the top of this schedule)<br><b>Scholarship - high school contribution</b>   | Description<br><b>75th anniversary</b> |  |
|                                | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>5/11/24</b>      | Payee name<br><b>Freedoms Foundation of Valley Forge</b>  |             |  |
| Amount (\$)<br><b>\$150</b> | Payee address; City; State; Zip Code<br><b>P.O. Box 67<br/>Valley Forge, Pa 19481</b>   |             |  |
| PURPOSE OF EXPENDITURE      | Category (See Categories listed at the top of this schedule)<br><b>high school contribution - scholarship</b>   | Description |  |
|                             | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br><b>4 of 6</b>                  | 2 FILER NAME<br><b>Sally L Montgomery</b>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>5/14/24</b>                                     | 5 Payee name<br><b>TEXAS Center for the Judiciary</b>   |  |
| 6 Amount (\$)<br><b>\$480.00</b>                             | 7 Payee address:<br><b>1210 San Antonio St. 800</b><br><b>AUSTIN, TX 78701</b>  |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Contribution</b>   | (b) Description<br><b>Silver gavel</b> |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>5/28/24</b>                                     | Payee name<br><b>North Dallas Texas Democratic Women</b>  |             |  |
| Amount (\$)<br><b>\$250.00</b>                             | Payee address:<br><b>C/O Lenna Webb</b><br><b>17201 Hidden Glen Dr</b><br><b>Dallas, TX 75248</b>   |             |  |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><b>Contribution</b>   | Description |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>5/28/24</b>                                     | Payee name<br><b>American Express</b>   |             |  |
| Amount (\$)<br><b>\$739.87</b>                             | Payee address:<br><b>P.O. Box 6031</b><br><b>Crest Stream, AL 36017-6031</b>  |             |  |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><b>Credit Card payment</b>  | Description |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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            | 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: <b>576</b>                        |   | 2 FILER NAME<br><b>Sally L Montgomery</b>  |                 | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>1/20/2024</b>                                   |   | 5 Payee name<br><b>Public Affairs Luncheon Club</b>                                  |                 |                                       |  |
| 6 Amount (\$)<br><b>43.00</b>                                |   | 7 Payee address: City: State: Zip Code<br><b>P.O. Box 12625<br/>Dallas, Tx 75225</b> |                 |                                       |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Event - Lunch</b>  |  | (b) Description |                                       |  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Payee name  |   |  |                 |                                       |  |
| <b>3/6/2024 Public Affairs Luncheon Club</b>                 |   |  |                 |                                       |  |
| Amount (\$) Payee address: City: State: Zip Code             |   |  |                 |                                       |  |
| <b>43.00 P.O. Box 12625<br/>Dallas, TX 75225</b>             |   |  |                 |                                       |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Event-Lunch</b>  |  | Description     |                                       |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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  |   |  |                 |                                       |  |
| <b>5/1/2024 Public Affairs Luncheon Club</b>                 |   |  |                 |                                       |  |
| Amount (\$) Payee address: City: State: Zip Code             |   |  |                 |                                       |  |
| <b>43.00 P.O. Box 12625<br/>Dallas, TX 75225</b>             |   |  |                 |                                       |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Event-Lunch</b>  |  | Description     |                                       |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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      |   |  |                 |                                       |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |                                       |
|---|--|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>6 of 6</b> | 2 FILER NAME<br><b>Sally L. Montgomery</b> | 3 Filer ID (Ethics Commission Filers) |
|---|--|---------------------------------------|

|                            |   |
|----------------------------|---|
| 4 Date<br><b>5/30/2024</b> | 5 Payee name<br><b>Public Affairs Luncheon Club</b> |
|----------------------------|---|

|                                  |  |       |        |          |
|----------------------------------|--|-------|--------|----------|
| 6 Amount (\$)<br><b>\$100.00</b> | 7 Payee address;<br><b>P.O. Box 12625</b><br><b>Dallas, TX 75225</b> | City; | State; | Zip Code |
|----------------------------------|--|-------|--------|----------|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Free - Membership</b>  | (b) Description |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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        | Payee name                           |
| Amount (\$) | Payee address; City; State; Zip Code |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

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# EXPENDITURES MADE BY CREDIT CARD

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |   |  |
|--|---|--|
| 1 TOTAL PAGES<br>SCHEDULE F4: <b>1716</b>  | 2 FILER NAME<br><b>Sally L. Montgomery</b>  | 3 FILER ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  |   | \$   |
| 5 CREDIT CARD<br>ISSUER  | Name of financial institution<br><b>American Express</b>  |  |
| 6 PAYMENT  | (a) Amount Charged<br>\$ <b>164.79</b>  | (b) Date Expenditure Charged<br><b>12/23/2023</b>  |
|  | (c) Date(s) Credit Card Issuer Paid<br><b>02/02/2024</b>  |  |
| 7 PAYEE  | (a) Payee name<br><b>AT&amp;T Universe</b>  | (b) Payee address; City, State, Zip Code<br><b>P.O. Box 5014 Carrollton, AL 36019-5014</b> |
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br><b>communication</b>  | (b) Description<br><b>internet &amp; telephone w/ fax line</b>                             |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |
| PAYMENT  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   |
|  | (c) Date(s) Credit Card Issuer Paid   |  |
| PAYEE  | (a) Payee name  | (b) Payee address; City, State, Zip Code   |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |
| PAYMENT  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   |
|  | (c) Date(s) Credit Card Issuer Paid   |  |
| PAYEE  | (a) Payee name  | (b) Payee address; City, State, Zip Code   |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |

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# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4: 2/16

2 FILER NAME

Sally L Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 136.39

(b) Date Expenditure Charged

1/10/2024

(c) Date(s) Credit Card Issuer Paid

2/2/2024

7 PAYEE

(a) Payee name

AT&T Mobility

(b) Payee address;

P.O. Box 6416 Carol Stream

City,

State,

Zip Code

IL 60197-  
6416

8 PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Communication

(b) Description

cell phone

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

PURPOSE OF  
EXPENDITURE

☐ Political

☐ Non-Political

(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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

PURPOSE OF  
EXPENDITURE

☐ Political

☐ Non-Political

(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

Office Sought

Office Held

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# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|   |  |   |
|---|--|---|
| 1 TOTAL PAGES<br>SCHEDULE F4: <b>3074</b>   | 2 FILER NAME<br><b>Sally L. Montgomery</b>   | 3 FILER ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$  |
| 5 CREDIT CARD<br>ISSUER   | Name of financial institution<br><b>American Express</b>                               |   |
| 6 PAYMENT   | (a) Amount Charged<br>\$ <b>505.79</b>   | (b) Date Expenditure Charged<br><b>12/14/2023</b><br>(c) Date(s) Credit Card Issuer Paid<br><b>02/02/2024</b> |
| 7 PAYEE   | (a) Payee name<br><b>TARGET</b>  | (b) Payee address; City, State, Zip Code<br><b>3730 Belt Line Rd Addison Tx 75001</b>                         |
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political  | (a) Category (See Categories listed at the top of this schedule)<br><b>Gifts XMAS-</b> | (b) Description<br><b>gift cards - staff + intern</b>   |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name Office Sought Office Held                                |   |
| PAYMENT   | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged<br>(c) Date(s) Credit Card Issuer Paid   |
| PAYEE   | (a) Payee name   | (b) Payee address; City, State, Zip Code  |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)                       | (b) Description   |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name Office Sought Office Held                                |   |
| PAYMENT   | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged<br>(c) Date(s) Credit Card Issuer Paid   |
| PAYEE   | (a) Payee name   | (b) Payee address; City, State, Zip Code  |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)                       | (b) Description   |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name Office Sought Office Held                                |   |

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# EXPENDITURES MADE BY CREDIT CARD

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |   |  |
|--|---|--|
| 1 TOTAL PAGES<br>SCHEDULE F4: <b>40716</b>   | 2 FILER NAME<br><b>Sally L. Montgomery</b>  | 3 FILER ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  |   | \$   |
| 5 CREDIT CARD<br>ISSUER  | Name of financial institution<br><b>American Express</b>  |  |
| 6 PAYMENT  | (a) Amount Charged<br>\$ <b>275.73</b>  | (b) Date Expenditure Charged<br><b>12/20/2024</b>                                  |
|  | (c) Date(s) Credit Card Issuer Paid<br><b>02/02/2024</b>  |  |
| 7 PAYEE  | (a) Payee name<br><b>Canvas Hotel</b>   | (b) Payee address; City, State, Zip Code<br><b>1325 S LAMAR ST DALLAS TX 75215</b> |
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  | (b) Description<br><b>Staff Christmas Lunch</b>                                    |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |
| PAYMENT  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   |
|  | (c) Date(s) Credit Card Issuer Paid   |  |
| PAYEE  | (a) Payee name  | (b) Payee address; City, State, Zip Code   |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |
| PAYMENT  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   |
|  | (c) Date(s) Credit Card Issuer Paid   |  |
| PAYEE  | (a) Payee name  | (b) Payee address; City, State, Zip Code   |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |

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# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|   |   |  |
|---|---|--|
| 1 TOTAL PAGES<br>SCHEDULE F4: <i>5 of 16</i>  | 2 FILER NAME<br><i>Sally L. Montgomery</i>  | 3 FILER ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | \$   |
| 5 CREDIT CARD<br>ISSUER   | Name of financial institution<br><i>American Express</i>                            |  |
| 6 PAYMENT   | (a) Amount Charged<br>\$ <i>389.70</i>  | (b) Date Expenditure Charged<br><i>12/16 &amp; 23/2023</i><br>(c) Date(s) Credit Card Issuer Paid<br><i>2/2/2024</i> |
| 7 PAYEE   | (a) Payee name<br><i>Needle An A Haystack</i>                                       | (b) Payee address;<br><i>6911 Preston Rd DALLAS, TX 75205</i><br>City, State, Zip Code                               |
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political  | (a) Category (See Categories listed at the top of this schedule)<br><i>printing</i> | (b) Description<br><i>XMAS Cards to supporters</i>   |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name<br>Office Sought<br>Office Held                       |  |
| PAYMENT   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged<br>(c) Date(s) Credit Card Issuer Paid  |
| PAYEE   | (a) Payee name  | (b) Payee address;<br>City, State, Zip Code  |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description  |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |
| Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name<br>Office Sought<br>Office Held                       |  |
| PAYMENT   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged<br>(c) Date(s) Credit Card Issuer Paid  |
| PAYEE   | (a) Payee name  | (b) Payee address;<br>City, State, Zip Code  |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description  |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |
| Complete ONLY if direct<br>expenditure to benefit C/OH  | Candidate / Officeholder name<br>Office Sought<br>Office Held                       |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4:

2 FILER NAME

6/8/16 Sally L. Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 166.99

(b) Date Expenditure Charged

11/11/2024

(c) Date(s) Credit Card Issuer Paid

02/02/2024

7 PAYEE

(a) Payee name

Dallas Morning News

(b) Payee address;

City,

State,

Zip Code

1954 Commerce St Dallas TX 75201

8 PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Other - Education

Local newspaper

☐ Political  
☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐

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) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ 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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 70716 2 FILER NAME Sally L. Montgomery 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 170.80

1/23/2024

3/7/2024

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

AT&T Universe

P.O. Box 5014 Chas Shcom, AL 60197-5014

8 PURPOSE OF EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

communication

internet & telephone w/ fax line

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

☐ Political

☐ Non-Political

(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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

☐ Political

☐ Non-Political

(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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4: 8/7/16

2 FILER NAME

Sally L Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 130.08

(b) Date Expenditure Charged

2/10/2024

(c) Date(s) Credit Card Issuer Paid

3/7/2024

7 PAYEE

(a) Payee name

AT&T Mobility

(b) Payee address;

P.O. Box 6416

Carol Stream Ill

City, State, Zip Code

60197-6416

8 PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Communication

(b) Description

cell phone

☒ Political  
☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ 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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4: 9.7/16

2 FILER NAME

Sally L Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 138.04

(b) Date Expenditure Charged

3/10/2024

(c) Date(s) Credit Card Issuer Paid

04/02/2024

7 PAYEE

(a) Payee name

AT&T Mobility

(b) Payee address;

P.O. Box 6416

City,

State, Zip Code

Carol Stream, IL 60197-6416

8 PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Communication

(b) Description

cell phone

☒ Political  
☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐

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) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ 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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political  
☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## 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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|   |   |   |
|---|---|---|
| 1 TOTAL PAGES<br>SCHEDULE F4: 10/16                         | 2 FILER NAME<br>Sally L. Montgomery   | 3 FILER ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |   | \$  |
| 5 CREDIT CARD<br>ISSUER                                     | Name of financial institution<br>American Express   |   |
| 6 PAYMENT   | (a) Amount Charged<br>\$ 170.80   | (b) Date Expenditure Charged<br>2/25/2024   |
|   | (c) Date(s) Credit Card Issuer Paid<br>04/02/2024   |   |
| 7 PAYEE   | (a) Payee name<br>AT&T Universe   | (b) Payee address; City, State, Zip Code<br>P.O. Box 5014 Carrollton, AL 36019-5014 |
| 8 PURPOSE OF<br>EXPENDITURE                                 | (a) Category (See Categories listed at the top of this schedule)<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (b) Description<br>communication  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH    | Candidate / Officeholder name Office Sought Office Held   |   |
| PAYMENT   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged  |
|   | (c) Date(s) Credit Card Issuer Paid   |   |
| PAYEE   | (a) Payee name  | (b) Payee address; City, State, Zip Code  |
| PURPOSE OF<br>EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (b) Description   |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| Complete ONLY if direct<br>expenditure to benefit C/OH      | Candidate / Officeholder name Office Sought Office Held   |   |
| PAYMENT   | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged  |
|   | (c) Date(s) Credit Card Issuer Paid   |   |
| PAYEE   | (a) Payee name  | (b) Payee address; City, State, Zip Code  |
| PURPOSE OF<br>EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (b) Description   |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| Complete ONLY if direct<br>expenditure to benefit C/OH      | Candidate / Officeholder name Office Sought Office Held   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## 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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|   |  |                                       |
|---|--|---------------------------------------|
| 1 TOTAL PAGES<br>SCHEDULE F4: <b>1176</b> | 2 FILER NAME<br><b>Sally L. Montgomery</b> | 3 FILER ID (Ethics Commission Filers) |
|---|--|---------------------------------------|

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

**American Express**

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **170.80**

**3/24/2024**

**05/02/2024**

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

**AT&T Universe**

**P.O. Box 5014 Carrollton, AL 36019-5014**

8 PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☒ Political

☐ Non-Political

**COMMUNICATION**

**internet & telephone w/ fax line**

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES

SCHEDULE F4: 12/16

2 FILER NAME

Sally L Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 138.04

(b) Date Expenditure Charged

4/10/2024

(c) Date(s) Credit Card Issuer Paid

05/02/2024

7 PAYEE

(a) Payee name

AT&T Mobility

(b) Payee address;

City,

State, Zip Code

P.O. Box 6416 Crestview Hill 60197-6416

8 PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Communication

(b) Description

cell phone

☒ Political

☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐

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) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 137/16 2 FILER NAME Sally L. Montgomery 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 169.89

4/23/2024

05/28/2024

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

AT&T Universe

P.O. Box 5014 Carrollton, AL 36019-5014

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☒ Political

☐ Non-Political

communication

internet & telephone w/ fax line

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES

SCHEDULE F4: 14/16

2 FILER NAME

Sally L Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 138.04

5/10/2024

05/28/2024

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

AT&T Mobility

P. O. Box 6416 Carol Stream, IL 60197-6416

8 PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☒ Political

☐ Non-Political

communication

cell phone

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

PURPOSE OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☐ Political

☐ 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

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## 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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 1 TOTAL PAGES<br>SCHEDULE F4: 15716  |  | 2 FILER NAME<br>Sally L Montgomery  |   | 3 FILER ID (Ethics Commission Filers)  |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD<br>\$  |  |   |   |  |  |
| 5 CREDIT CARD<br>ISSUER  |  | Name of financial institution<br>American Express                                     |   |  |  |
| 6 PAYMENT  |  | (a) Amount Charged<br>\$ 166.99   | (b) Date Expenditure Charged<br>4/10/2024 | (c) Date(s) Credit Card Issuer Paid<br>05/02/2024                            |  |
| 7 PAYEE  |  | (a) Payee name<br>Dallas Morning News   |   | (b) Payee address; City, State, Zip Code<br>1954 Commerce St DALLAS TX 75201 |  |
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political |  | (a) Category (See Categories listed at the top of this schedule)<br>other - education |   | (b) Description<br>Local newspaper   |  |
|  |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense    |  |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH   |  | Candidate / Officeholder name   |   | Office Sought<br>Office Held   |  |
| PAYMENT  |  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged              | (c) Date(s) Credit Card Issuer Paid  |  |
| PAYEE  |  | (a) Payee name  |   | (b) Payee address; City, State, Zip Code                                     |  |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              |  | (a) Category (See Categories listed at the top of this schedule)                      |   | (b) Description  |  |
|  |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense    |  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   |  | Candidate / Officeholder name   |   | Office Sought<br>Office Held   |  |
| PAYMENT  |  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged              | (c) Date(s) Credit Card Issuer Paid  |  |
| PAYEE  |  | (a) Payee name  |   | (b) Payee address; City, State, Zip Code                                     |  |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              |  | (a) Category (See Categories listed at the top of this schedule)                      |   | (b) Description  |  |
|  |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense    |  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   |  | Candidate / Officeholder name   |   | Office Sought<br>Office Held   |  |

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# EXPENDITURES MADE BY CREDIT CARD

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |   |  |
|--|---|--|
| 1 TOTAL PAGES<br>SCHEDULE F4: 16 of 16   | 2 FILER NAME<br>Sally L. Montgomery   | 3 FILER ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  |   | \$   |
| 5 CREDIT CARD<br>ISSUER  | Name of financial institution<br>American Express   |  |
| 6 PAYMENT  | (a) Amount Charged<br>\$ 360.00   | (b) Date Expenditure Charged<br>4/10/2024  |
|  | (c) Date(s) Credit Card Issuer Paid<br>5/2/2024   |  |
| 7 PAYEE  | (a) Payee name<br>United Postal Service   | (b) Payee address; City, State, Zip Code<br>13901 Midway Rd Ste 102 Dallas, TX 75244 |
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>other - rent  | (b) Description<br>mail box  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |
| PAYMENT  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   |
|  | (c) Date(s) Credit Card Issuer Paid   |  |
| PAYEE  | (a) Payee name  | (b) Payee address; City, State, Zip Code   |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |
| PAYMENT  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   |
|  | (c) Date(s) Credit Card Issuer Paid   |  |
| PAYEE  | (a) Payee name  | (b) Payee address; City, State, Zip Code   |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate / Officeholder name Office Sought Office Held   |  |

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