CAMPAIGN FINANCE REPORT COVER SHEET 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 39 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** 2 Judge NAME Date Received 4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972) 247-7354 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX "Andy" Trusevich STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 6000 Columbus Avenue No. 24 11 Date Imaged 7 CAMPAIGN STATE ZIP CODE **TREASURER ADDRESS** Plano, TX 75024 (Residence or Business) 8 CAMPAIGN EXTENSION **TREASURER** PHONE (972) 849-4063 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 01 /01 /2025 06 /30 /2025 THROUGH ELECTION TYPE 11 ELECTION 13 OFFICE SOUGHT (if known) 12 OFFICE 14 NOTICE FROM 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 POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Sally L	· Montgomery	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 128,500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4005.39
	4. TOTAL POLITICAL EXPENDITURES	s 24,996.69
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 132,381.41
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	swear, or affirm, under penalty of perjury, that the accompanying report is true and co	rrect and includes all information
rec	quired to be reported by me under Title 15, Election Code.	<i>_</i>
	Ally I Monty	umery-
	Signature of Candidate	or Officeholder
	Please complete either option below:	
	MADISON LOMAS	
(1) Affidavit	Notary Public, State of Texas \$	
,	My Comm. Exp. 10-12-2027 \$ ID No. 13460208-1	
NOTARY STAMP/SEA	**************************************	
	<u></u>	day of July
	which, witness my hand and seal of office.	
Umaduron 9	formar mulaison lamas	ersonal banker
Signature of officer administe	TOWN AND ADVICED IN THE	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
	on	
My name is		
	on, and my date of birth is,	
	, and my date of birth is,,,,,	(zip code) (country)
	, and my date of birth is,,,,,	(zip code) (country)
My address is	, and my date of birth is,,,,,	(zip code) (country), 20(year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Sally L Montgomery	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 123,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5,000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	s 17,104.73	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 3886 57	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED	\$

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete the	1 Total pages Schedule A(J)1:	
2 FILER NAME Sally L montgomery 4 Date 5 Full name of contributor Out-of-state PA	3 Filer (Ethics Commission Filers)	
4 Date 5 Full name of contributor Slave Baron and Blue 6 Contributor address; 25 Highland Par K VIg. Ste Datus Tx 75203 8 Contributor's principal occupation		7 Amount of contribution (\$) \$5000.00
8 Contributor's principal occupation attorney	9 Contributor's job title	
10 Contributor's employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PA	AC ID#:	Amount of contribution (\$)
SH9/25 William Blankenship Contributor address; City: 3500 maple live ste 1. Dallas, Tx 75219	State; Zip Code	\$1000.00
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm Blankenship Law Firm If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor	s spouse (if any)
S/20/25 Full name of contributor out-of-state PA Edward Sampson Contributor address: City; 4851 LBJ Frwy Dallas, T+ 75244	State: Zip Code	Amount of contribution (\$) \$\begin{align*} \beta 2500.00 \end{align*}
Contributor's principal occupation Whorney	Contributor's job title	
Contributor's employer/law firm Law Offices Deland W. Stry If contributor is a child, law firm of pareon(s) (if any)	Law firm of contributor	s spouse (if any)
ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	EEDED

SCHEDULE A(J)1

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

Т	The Instruction Guide explains ho	w to complete th	nis form.	1 Total pages Schedule A(J)1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	ally L Montgome	eru		3 The D (Lines Commission Fliers)
4 Date	5 Full name of contributor	Ut-of-state P	AC ID#:)	7 Amount of contribution (\$)
				1-
5/19/20	I homas Barr	<i>on</i>		\$500,00
11/25	6 Contributor address;	City:	State: Zip Code	4 2004
15/29/25	Thomas Barro 6 Contributor address; 3227 McKinn Dullae, 72 732 principal occupation	ey Ave	208	
8 Contributor's	principal occupation	209	9 Contributor's job title	
	attorney			
10 Contributor's			11 Law firm of contributor	ir's enouse (if any)
10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		II Law III or contributor	rs spouse (ii aliy)
10				
12 If contributor is	s a child, law firm of parent(s) (if a	any)		
Date	Full name of contributor	out-of-state PA		Amount of contribution (\$)
	D. The			
Sliana	Den Hylor	-		\$100.00
117/25	Ben Taylor Contributor address; 18601 LBJ FW	City;	State; Zip Code	40.00
	18601 LB J FWD	1 Sta 525		
	misquitt	TE 7515	0	
Contributor's p	principal occupation	101	Contributor's job title	
39.	attorney	2 1/2		
D. stellesstorie e		_		
To a second design of the second seco	employer/law firm		Law firm of contributor	r's spouse (if any)
les	d B. Lyon & Associa s a child. New firm of parent(s) (if a	tes PC		
If contributor is	s a child. law firm of parent(s) (if a	any)		
2.4	Full name of contributor	out-of-state PA	*O ID#-	T
Date	The second secon		AC 10#:	Amount of contribution (\$)
</td <td>Lawrence Las</td> <td>ssiter</td> <td></td> <td></td>	Lawrence Las	ssiter		
1/19/25	500.55			H
1.1/22	Contributor address;	City;	State: Zip Code	\$100.00
	P.O. Box 821	329		State of the state
	Dallas, Tr. 7	5382		
Contributor's p	orincipal occupation		Contributor's job title	
	orincipal occupation attorne	u		
Contributor's e	employer/law firm	7	Law firm of contributor	r's spouse (if any)
		oky W		
		sky u	<u>'</u>	
If contributor is	s a child, law firm of parent(s) (if a	iny)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

2 FILER NAME Sally C Montgomery 4 Date 5 Full name of contributor out-of-state PAC DE Clint Cox 6 Contributor address: City: State: Zip Code 6 Contributor address: Dalla, TX 75230 8 Contributor's principal occupation 9 Contributor's job title altorrey	3 Filer 2 Ethics Commission Filers) 7 Amount of contribution (\$) \$7000.00
S/19/25 6 Contributor address: City: State: Zip Code 6 Contributor address: City: State: Zip Code 6 Contributor address: City: State: Zip Code 7 Contributor's principal occupation 9 Contributor's poblitile	
8 Contributor's principal occupation 9 Contributor's job title	
anomey	K
10 Contributor's employer/law firm (ox, PLLC) 12 If contributor is a child, law firm of parent(s) (if any)	r's spouse (flany)
Date Full name of contributor out-ot-state PAC ID#: State: David Kent Contributor address: City: State: Zip Code Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation	Amount of contribution (\$)
Contributor's principal occupation Contributor's iob title Attorney Contributor's employer/law firm Law firm of contributor Sedgwick If contributor is a child. law firm of parent(s) (if any)	r's spouse (f any)
Date Full name of contributor JSACC Lidji Contributor address: City: State: Zip Code 10440 N. Certra 1649445 Ste 1240	Amount of contribution (\$)
Contributor's principal occupation Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm The Lidj: Firm If contributor is a child, law firm of parent(s) (if any)	r's spouse (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

The Instruc	tion Guide explains how	to complete this fo	rm.	1 Total pages Schedule A(J)15 48 21
FILER NAME Sally	2 montgo	mery		3 Frier Lov Ethios Commission Filers
5/22/25 Ch	ame of contributor if Brooker butor address: BII Oak LAWA LAWA	Ave Ste	State: Zip Code	7 Amount of contribution (\$) #2500
3 Contributor's principal oc	ccupation		9 Contributor's job title	
O Contributor's employer/la	lick Phills		11 Law firm of contribut	or's spouse of any)
c, Joe	ec Fay	Unit-of-state PAC ID:		Amount of contribution (\$)
5/27/25 Contr 313	Dutor address:	Ave Ste	State: Zip Code	\$2500.00
Contributor's principal oc	cupation		Contributor's job title	
Contributor's employer/la		у)	Law firm of contribute	or's spouse ((any)
P	ame of contributor	Out-of-state PAC IDH		Amount of contribution (\$)
12	222 Merit 1 2112 Merit 1	Dr., Ste 120	State: Zip Code	\$500.00
Contributor's principal oc	cupation		Contributor's job title	
Contributor's employer/law The Law If contributor is a child.	Wirm Wices A.P. Michael String of payent(s) (if an	mcCullongh	Law firm of contribute	or's spouse (if any)
			44. 4 14. 44. 44. 44. 45. 46. 46. 46. 46. 46. 46. 46. 46. 46. 46	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete t	1 Total pages Schedule A(J)1:	
Sally L Montgomery Date 5 Full name of contributor		3 File 10 athics Commission Filers
S/27/25 5 Full name of contributor out-of-state F Lennie Bollinger 6 Contributor address: City: 212 E Virginia St		7 Amount of contribution (\$)
721/25 Contributor address: ZIZ E Virginia St Mc Kinney, Tx 75069 3 Contributor's principal occupation	State: Zip Code	42000
Contributor's principal occupation Afterney Contributor's employer/law firm	9 Contributor's job title	
Contributor's employer/law firm Warming-Ton Bollinger If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor	r's spouse (if any)
Date Full name of contributor out-of-state F		Amount of contribution (\$)
S/28/25 Contributor address: City, 406 5 Montreal Ave Dallas, Ty 75208	State. Zip Code	\$500
Contributor's principal occupation A Horney Contributor's employer/law firm	Contributor's job title	
Contributor's employer/law firm Harni I to ro Wingo LLP If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor	r's spouse (if any)
Date Full name of contributor cut-of-state P		Amount of contribution (\$)
5/28/25 Contributor address: City: 2723 Fairmount Stee	State: Zip Code	A 5000
Contributor's principal occupation Attorney	Contributor's job title	
Contributor's employer/law firm Law Pfice 7 Van Shaw If contributor is a child, law from of parental (if any)	Law firm of contributor	's spouse (if any)
If contributor is a child, law frm of parent (if any)		
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SCHEDULE A(J)1

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-	The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1:
FILER NAME	11 y L Montgomery 5 Full name of contributor out-of-state PAI		6 3 21 3 Filer ID Effics Commission Filers
		C ID#:	7 Amount of contribution (\$) Z50.00
728/25	Mark Siegel 6 Contributor address: City: 5233 Ursula Lanz Dallaz, Tx 75229	State: Zip Code	
Contributor's	attorney	9 Contributor's job title	
Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 5/	Andrew Trusevich	C ID#:	Amount of contribution (\$)
728/25	Contributor address: City: 6000 Columbus Ave Plamo, Tx 75204	Z4//	\$1500.00
Contributor's	principal occupation afformey	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Brian Lauten		Amount of contribution (\$)
5/24/25	Contributor address: City: 3811 Tuntle Creek Blud Dalle, TX 75219	State: Zip Code Str 1450	\$500.00
Contributor's	principal occupation	Contributor's job title	
Contributor's	Attorney employer/law firm Brian Lauten, PC	Law firm of contributor	's spouse (if any)
	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL CODIEC	OF THIS SOUPDING AS N	IEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

FILER NAME Sully L. Montgomery Date 5 Full name of contributor Damon Mathias 7 Amount of contributor's principal occupation 9 Contributor's principal occupation 11 Law firm of contributor's spouse (if any) Date Full name of contributor Out-of-state PAC (Dec.) 7 Amount of contributor's spouse (if any) Date Full name of contributor Out-of-state PAC (Dec.) 1 Law firm of contributor's spouse (if any) Date Full name of contributor Out-of-state PAC (Dec.) 1 Amount of contributor's principal occupation 1 Law firm of contributor's spouse (if any) Date Full name of contributor Out-of-state PAC (Dec.) 1 Amount of contributor address: City: State: Zip Code 2550 Pacific Ave Ste 700 Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Polan Ryan Law If contributor is a child, law firm of pagent(s) (if any)	thics Commission Filers
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Damon Mathias 6 Contributor address: 13101 Preston Rd 5te SO1 Dalks, Tx 75240 Contributor's principal occupation 9 Contributor's employer/law firm Mr. Law If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor address: Contributor's principal occupation Contributor's doress: Contributor's principal occupation Outlookstate PAC (Date) Amount of contributors Contributor's principal occupation Outlookstate PAC (Date) Amount of contributor's spouse (I any) Date Full name of contributor Outlookstate PAC (Date) Amount of contributor of parent(s) (if any) Contributor address: Contributor address: Contributor address: Contributor address: City: State: Zip Code	contribution (6)
Damon Mathias State	CONTRIBUTION (2)
Contributor's principal occupation Contributor's employer/law firm Contributor is a child. Law firm of parent(s) (if any) Date Full name of contributor Nolan Mc Conville Nolan Mc Conville Contributor address: Contributor's principal occupation Contributor's employer/law firm Contributor's employer/law firm Contributor's employer/law firm Contributor's employer/law firm Contributor is a child. law firm of parent(s) (if any) Date Full name of contributor Contributor's employer/law firm Contributor is a child. law firm of parent(s) (if any) Date Full name of contributor Contributor is a child. law firm of parent(s) (if any) Contributor is a child. law firm of parent(s) (if any) Contributor address: City: State: Zip Code Amount of contributor Amderson Contributor address: City: State: Zip Code	
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If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Dull-of-state PAC Dx	/)
Date Full name of contributor Conville	*
Nolan Mc Conville Nolan Mc Conville Contributor address: City: State: Zip Code 2550 Pacific Ave Ste 700 Contributor's principal occupation Afforney Contributor's employer/law firm Nolan Ryan Law If contributor is a child. law firm of pacent(s) (if any) Date Full name of contributor Arthur Anderson City: State: Zip Code #250 Amount of contributor address: City: State: Zip Code #250 Amount of contributor address: City: State: Zip Code	
Contributor address: City: State: Zip Code \$500 Contributor's principal occupation Contributor's employer/law firm Contributor's employer/law firm Contributor is a child. law firm of parent(s) (if any) Date Full name of contributor Arthur Anderson City: State: Zip Code \$500 Contributor's pob title Contributor's spouse of any) Amount of contributor out-of-state PAC ID#: Arthur Anderson Contributor address: City: State: Zip Code	contribution (\$)
Contributor's principal occupation Contributor's principal occupa	
Contributor's principal occupation Otherney Contributor's employer/law firm Contributor's employer/law firm Contributor's employer/law firm Contributor's spouse (if any) Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Arthur Anderson Contributor address: City: State: Zip Code	0
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Arthus Anderson 29/25 Contributor address: City: State: Zip Code \$257	
11/1= 1. 1. 2-	contribution (\$)
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Contributor's employer/law firm Law firm of contributor's spouse (if any) Winstead	
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f contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:	
2 FILER NAME Sally LY	nontgonery		3 Filer ID Athics Commission Filers)	
/1	mediation.		7 Amount of contribution (\$) #250.00	
29/25 6 Contributor address: 8361 Nu.	nley Lane 75231	State: Zip Code	H = 30.00	
attarney/m	9	Contributor's job title		
10 Contributor's employer/law firm	11	Law firm of contributor's	s spouse (flany)	
12 If contributor is a child, law firm of parent	t(s) (if any)			
John Mi	tor out-o-state FAC IDA		Amount of contribution (\$)	
S/29/25 Contributor address: 4005 Erva Dail as, F	y St. Stop 1	State: Zip Code	# 300	
Contributor's principal occupation Afterna		Contributor's job title		
Contributor's employer/law firm Miller Copelan. If contributor is a child, law firm of parent	_	Law firm of contributor's	s spouse (f any)	
Date Full name of contribut Ayesha			Amount of contribution (\$)	
Contributor address:		State: Zip Code	\$1000	
Contributor's principal occupation		Contributor's job title		
Contributor's employer/law firm	e PUC	Law firm of contributor's	spouse (if any)	
If contributor is a child, law firm of parent	(&) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAM	Sally L. Montgomery Date 5 Full name of contributor Out-of-state AC IDE		3 Filer 10 Octhics Commission Filers
4 Date \$\frac{4}{29125}\$	5 Full name of contributor out-of-state PAC Elizabeth Ginsbug 6 Contributor address: City: 6/72 Preston Haven	State: Zip Code	7 Amount of contribution (\$)
	s principal occupation afterney	9 Contributor's job title	
10 Contributor	's employer/law firm	11 Law firm of contributor	's spouse (fany)
12 If contribute	or is a child, law firm of parent(s) (if any).		
Date	Full name of contributor out-o'-state FAG		Amount of contribution (\$)
5/31/25	3860 W Northwest &	State: Zip Code Ste 270	\$1000.00
	Sprincipal occupation 1x 15220 -8	Contributor's job title	
Contributor	Ramey LAW Firm, PLLC or is a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)
5/2	Baron Budd, P.C.	ID#	Amount of contribution (\$)
131/25	Contributor address: City: 3102 Oak Lawn Ave, S Dalla Tx 75219	State: Zip Code	<i>///</i>
Contributor's	Dallas TX 75219 s principal occupation attorney	Contributor's job title	
Contributor's	s employer/law firm	Law firm of contributor	's spouse (if any)
If contributo	r is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

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

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2 FILER NA	AME			3 Filer ID Commission Filers
	Sally L Montgo. 5 Full name of contributor	mory		
4 Date		The state of the s		7 Amount of contribution (\$)
5/19/2	Kherker 6 Contributor address: 2925 Richm	Carcia, LL ond Ave Se	P State: Zip Code Link 1560	\$ 5000.00
	or's principal occupation, 7	× 77098-3	Contributor's job title	
10 Contribute	or's employer/law firm		1 Law firm of contributor	s spouse (if any)
12 If contribu	utor is a child, law firm of parent(s) (i	fany)		
Date	Full name of contributor	Out-of-state PAC IDE	mitchell, us	Amount of contribution (\$)
729/2	Contributor address: 3110 Webb A Dalls, TX	w swise	State: Zip Code	\$5000.00
Contribute	or's principal occupation attorney		Contributor's job title	
Contribute	or's employer/law firm		Law firm of contributor'	s spouse (f any)
If contribu	itor is a child, law firm of parent(s) (i	f any)		
Date 5/	Full name of contributor Lyons & Si	out-of-state PAC ID#	P	Amount of contribution (\$)
719/2	Lyons & Si. Contributor address: 2101 Cedar Sp. Dallas Tr. 7	sings Rd, 5	State: Zip Code	\$5000.00
Contributo	2101 Cedar Sq Dallas, Tr 7 or's principal occupation attorner	40	Contributor's job title	
Contributo	or's employer/law firm	0	Law firm of contributor	s spouse (if any)
If contribu	tor is a child, law firm of parent(s) (if	any)		
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SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule A(J.1 The Instruction Guide explains how to complete this form. 2 FILER NAME Sally L Montgomery

5 Full name of contributor out-of-state PAC (Da)

5 Sommerman, McCaffity, Quesada & Slength

6 Contributor address: City: State: Zip Code

3811 Turtle Creek Divi, Ste 1400 7 Amount of contribution (\$) 8 Contributor's principal Contributor's job title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC ID# Amount of contribution (\$) Arnold & Itkin, LLP \$ 5000.00 Zip Code Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse of any) If contributor is a child, law firm of parent(s) (if any) Amount of contribution (\$) \$5000.00 Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explai	ns how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Sally & M	ontomery	3 Filer IJ Ethics Commission Filers
4 Date 5 Full name of contributo	Wingo LLP City: State: Zip C	7 Amount of contribution (\$) Sode # \$5000.00
8 Contributor's principal occupation Afterney	9 Contributor's	no title
10 Contributor's employer/law firm	11 Law firm of so	ontributor's spouse (f any)
12 If contributor is a child, law firm of parent((s) (if any)	
Date Full name of contribute	Johnson Patton	Amount of contribution (\$)
5/	in St. State: Zip Ci	# 5000:00
Contributor's principal occupation	Contributors	job title
Contributor's employer/law firm	Law firm of co	ontributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
5/31/25 Full name of contributor Contributor address: 1111 W. Mo	exting bird lane State 2000	Amount of contribution (\$) PC pde pde pde
Contributor's principal occupation	X 73-297 Contributor's	job title
Contributor's employer/law firm	Law firm of co	ontributor's spouse (if any)
If contributor is a child, law firm of parent(s	s) (if any)	
	DDITIONAL COPIES OF THIS SCHEDU	

SCHEDULE A(J)1

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

Th	he Instruction Guide explains	how to complete this for	m.	1 Total pages Schedule A(U)1:	
FILER NAME	Date 5 Full name of contributor out-of-state PAR OF			3 Filer ID Et De Commission Filers	
5/31/25	5 Full name of contributor Lynn Pinker 6 Contributor address: 2100 Ross Au			7 Amount of contribution (\$)	
	rincipal occupation	5201	Gontributor's job title		
Contributor's er	afforneys mployer/law firm		11 Law firm of contributor	s spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor	□ out-of-state FAC ID#	1	Amount of contribution (\$)	
5/31/25	Bell Wunn	4119		\$1500	
	2323 Ross	Ave Ste 198	State: Zip Code	4.700	
	2323 Ross pulls 7 7	Ave ste 196 5201		47700	
Contributor's pr	2323 Ross	Ave ste 196 5201	00		
Contributor's pr	2323 Ross Palla 7x 7: rincipal occupation	Ave ste 190 5201	Contributor's job title		
Contributor's procession of the contributor is the contributor in the contributor is the contributor in the contributor is the contributor in the	rincipal occupation Alborneys mployer/law firm a child, law firm of parent(s) (i	Ave ste 190 5201	Contributor's job title Law firm of contributor'	Amount of contribution (\$)	
Contributor's process of Contributor's end of Contributor is Date	rincipal occupation Albrneys mployer/law firm a child, law firm of parent(s) (i Full name of contributor Brewer, Att	Ave Ste 198 5201 If any) Out-of-state PAC IDE Orney's & Count Orney's & Count Otty: State 590	Contributor's job title Law firm of contributor's	s spouse (if any)	
Contributor's process of Contributor's end of Contributor is Date	rincipal occupation Albrneys mployer/law firm a child, law firm of parent(s) (i Full name of contributor Brewer, Att	Ave Ste 198 5201 If any) Out-of-state PAC IDE Orney's & Count Orney's & Count Otty: State 590	Contributor's job title Law firm of contributor's	Amount of contribution (\$)	
Contributor's process of Contributor's end of Contributor is Date	rincipal occupation Albrasys mployer/law firm a child, law firm of parent(s) (in the parent of contributor and parent of the	Ave Ste 198 5201 If any) Out-of-state PAC IDE Orney's & Count Orney's & Count Otty: State 590	Contributor's job title Law firm of contributor' Selors State: Zip Code	Amount of contribution (\$)	
Contributor's process of the Contributor's end of the Contributor's process of the Contributor's process of the Contributor's end of the Contribut	rincipal occupation Albrneys mployer/law firm a child, law firm of parent(s) (i Full name of contributor Brewer, Att	Ave Ste 198 5201 It any) Out-of-state PAC IDE Orneys & Count Staut Ste 5908 75201	Contributor's job title Law firm of contributor's Selors State: Zip Code Contributor's job title	Amount of contribution (\$)	

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
Sally L. Montgomery Date 5 Full name of contributor out-of-state PAC		3 Filer ID Eth Commission Filers
Date 5 Full hame of contributor out-of-state PAC Craw ford Wishnew Last 31/25 6 Contributor address: City: 1700 Pacific Are Stt.		7 Amount of contribution (\$) # 1000 ==
Contributor's principal occupation Attorneys	9 Contributor's lob title	
Contributor's employer/law firm	11 Law firm of contributor	s spouse (if any)
2 If contributor is a child, law firm of parent(s) (if any)		
S/31/25 Contributor address: 2728 N. Harwood Street, Date PAC B Winstead, PC Contributor address: 2728 N. Harwood Street, Datlan TV 75201	- State PAC	Amount of contribution (\$)
Contributor's principal occupation Attorneys	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	s spouse (f any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC Start - Carol C. and Darriel PAC		Amount of contribution (\$)
5/31/25 Contributor address: City: 6509 Malcolm Dr Dullas, Tx 75214-3106	State: Zip Code	#300
Contributor's principal occupation Attorney	Contributor's job title	
Contributor's employer/law firm Carol Crabtree Donovan, PC If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)

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

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 15 7 2/	
Sally L. Montgomery 4 Date 5 Full name of contributor out-of-state Fixed Date			1	3 Filer ID Ethics Commission Filers)
4 Date	5 Full name of contributor Scott Gri/ma	ore Thom	pson PLLC	7 Amount of contribution (\$)
5/31/25	Scott Gilma 6 Contributor address: Founders Son 900 Fackson.	Oity: Care Street Ste S	State: Zip Code	\$ 500
3 Contributor's	attorneys	_	9 Contributor's job title	
0 Contributor's	employer/law firm		11 Law firm of contribute	or's spouse (if any)
2 If contributor	is a child, law firm of parent(s) (if	any)		
Date </td <td>Full name of contributor Tennile, Ca</td> <td>Out-o'-state PAC</td> <td></td> <td>Amount of contribution (\$)</td>	Full name of contributor Tennile, Ca	Out-o'-state PAC		Amount of contribution (\$)
5/31/25	Contributor address: 10440 N Cent	tral expury	State: Zip Code Ste 1040	#300
Contributor's	afterney/medi		Contributor's job title	
Contributor's	employer/law find	4	Law firm of contributo	r's spouse (if any)
If contributor	is a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	Eincade	ID#	Amount of contribution (\$)
3/31/25	Contributor address: PO BOK 12026 Della 75 757	City:	State: Zip Code	\$100
Contributor's	principal occupation Athropeu		Contributor's job title	
	employer/law firm Bress/er Amery is a child, law firm of parent(s) if a	of Ross, PC	Law firm of contributo	r's spouse (if any)

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SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Sally L Montgomery 4 Date 5 Full name of contributor out-of-state PAC 104	3 Filer La Ethics Commission Filers
4 Date 5 Full name of contributor out-of-state PAC 10= Law Offices of Cynthia State: State: Zip Code 11700 Preston Rd State 660-522 Dalla, Tr 75230	7 Amount of contribution (\$) #100
8 Contributor's principal occupation 9 Contributor's job	title
10 Contributor's employer/law firm	butor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#: 5/31/25 Contributor address: Gity: State: Zip Code 3710 Rawling Ste 1400	Amount of contribution (\$) \$ 1250.00
Contributor's principal occupation Attorneys Contributor's job	title
	butor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#: Ted B. Lyon & Associate, P.C. Contributor address: City: State: Zip Code 18601LBJ Frwy, Suite525	Amount of contribution (\$)
Contributor's principal occupation Contributor's job t	title
Contributor's employer/law firm Law firm of contrib	butor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
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SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:	
FILER NAME	Date 5 Full name of contributor Dut-of-state PAC LINE			3 Filer ID Ethics Commission Filers
6/2/25	Miller Weisb. 6 Contributor address: 11551 Forest C	con Oles E.		7 Amount of contribution (\$) #2500
Contributor's	Dallas, TX 7 s principal occupation 4 Horneys	3293	9 Contributor's job title	
Contributor's	s employer/law firm		11 Law firm of contributo	r's spouse (if any)
	r is a child, law firm of parent(s) (if	any)) IDe	
Date	Show (on		_	Amount of contribution (\$)
6/3/25	Contributor address: SDO N AK Dalles, 7	ard 5+		#500
Contributor's	principal occupation attorney		Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (I any)
If contributor	is a child, law firm of parent(s) (it	any)		
Date /2/25	Full name of contributor Thomas Sho	out-of-state PAC) ID#:	Amount of contribution (\$)
	9304 Forest L		State: Zip Code	" 30TO . 60
Contributor's	principal occupation Attorney	75	Contributor's job title	
Contributor's	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if	any)		

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SCHEDULE A(J)1

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

	The Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A(J)1: / 8 / Z1 3 Filer ID Ethics Commission Filers
FILER NAME	Sally L Montgomere 5 Full name of contributor out-of-state	1	3 Filer ID Ethics Commission Filers
Date			7 Amount of contribution (\$)
4/2/25	Anjel AVANT 6 Contributor address: City: 11616 High Forest Dr	State: Zip Code	\$250.00
Contributor's	employer/law firm	9 Contributor's job title	
Contributor's	employer/law firm Avant Law Firm	11 Law firm of contributor	's spouse (if any)
	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state P	AC ID#:	Amount of contribution (\$)
4/15/25	Contributor address: City: PO 7304 12745	State: Zip Code	#250
Contributor's	principal occupation A Horney	Contributor's job title	
	employer/law firm The Law Office D Peter GMale is a child. law firm of parents) (if any)	and	's spouse if any)
Date	Full name of contributor out-of-state P	AC ID#:	Amount of contribution (\$)
15/25	Scott Barber Contributor address: City: 2908 masters likely	State: Zip Code	\$1000
Contributor's	Plano, TX 75093 principal occupation	Contributor's job title	
	employer/law firm LAW Pfice PSOH A. Barbe	Law firm of contributor	's spouse (if any)
If contributor i			

SCHEDULE A(J)1

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

Т	he Instruction Guide explains	how to complete this f	orm.	1 Total pages Schedule A(J)1: 19
FILER NAME	Sally L months 5 Full name of contributor	gomery		3 Filer ID Cathics Commission Filers
	5 Full name of contributor Seoffrey 6 Contributor address: 3/14 Saint		State: Zip Code	7 Amount of contribution (\$) #500.00
	3/14 Saint Ballas, TX	75205	9 Contributor's job title	,
	attorney employer/law firm		9 Contributor's job title	
Contributor's e	Schorr LAW F	Firm	11 Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s)	(if any)		
Date	Full name of contributor	Out-of-state PAC		Amount of contribution (\$)
6/19/25	Crain Brow	don, UP	,	#2 CD
	Crain Brown Contributor address. 4925 Grun	wille Ave &	State: Zip Code	#2500
Contributor's p	orincipal occupation Attorney	75206-40	Contributor's job title	
Contributor's e	employer/law firm		Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s)	(if any)		
Date	Full name of contributor Kizzia Joh	OSCO PUC	D#	Amount of contribution (\$)
0/19/25	Contributor address	City:	State: Zip Code /3000	\$100
Contributor's p	Dallis, TX	5	Contributor's job title	
Contributor's e	mployer/law firm		Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1:	
2 FILER NAME	Sally L M	ontamer	И	3 Filer ID Et s Commission Filers)	
4 Date 4/18/25	5 Full name of contributor Godwin B 6 Contributor address: ROSS TOWER Daws, Tx 73	OWMAN City: SOON AKA	447	7 Amount of contribution (\$)	
8 Contributor's	principal occupation Attorneys	20. 3777	9 Contributor's job title		
10 Contributor's	employer/law firm		11 Law firm of contributor	's spouse (if any)	
12 If contributor i	is a child, law firm of parent(s)				
Date	Full name of contributor Carter Ar			Amount of contribution (\$)	
4/18/25	Contributor address: 8150 N Cento			\$5000.00	
Contributor's	principal occupation afterney		Contributor's job title		
Contributor's	employer/law firm		Law firm of contributor	's spouse (fany)	
If contributor is	s a child. law firm of parent(s)	(if any)			
Date	Ben Martin		O#	Amount of contribution (\$)	
1/23/25	Contributor address: 3310 Fairmore	nt Street	State: Zip Code PID	\$1000.00	
	Dellas Tr. 757 principal occupation Afformery employer/law firm		Contributor's job title		
Ben	employer/law firm MARTIN LAW 6 s a child, law firm of parent(s) (77	Law firm of contributor	s spouse (if any)	

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SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:	
2 FILER NAME	Sully L Mong	tomen		3 Filer ID (Ethics Commission Filers)
6/ _{21/25}	Aldous Lan 6 Contributor address: 4311 Oak Lan	Oity:		7 Amount of contribution (\$)
3 Contributor's p	Dallas Tx 75 principal occupation	2/9	9 Contributor's job title	
0 Contributor's e	employer/law firm		11 Law firm of contributor	's spouse (if any)
Date	Full name of contributor Shackelford, N	Out-of-state FAC		Amount of contribution (\$)
6/25/25	Contributor address: 9201 N.CEn Dallas, Tx 7	City:	State: Zip Code Wy, Fonth Floor	\$1000,00
	attarneys employer/law firm		Contributor's job title	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)		
Date 6/27/25	Full name of contributor July 7:11075		i0# State: Zip Code	Amount of contribution (\$)
•	SIIO Southbroo Dalle, TX 7	KD- 5209		
Contributor's p	orincipal occupation Afforney		Contributor's job title	
Til	Inployer/law firm Ilotson Johnson & Pa a child, law firm of parent(s) (if a	Hon any)	Law firm of contributor	's spouse (if any)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	m.		1 Total pages Schedu	ile A2:
2 FILER NAME Sally L. Montgomery 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				3 Filer ID (Ethics Con	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTI	ONS	\$	
5 Date 5/29/25 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#: Builling Sclander Lownds W. 7 Contributor address; City; State; 2001 Bryan St. Swite 1800 Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	7/25. Zip Ci	PC eff ode	8 Amount of Contribution \$ # 5000 Check if travel outsider (FOR NON-JUDICIA	9 In-kind contribution description fundraiser de of Texas. Complete Schedule T. AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	13	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip C) Code	Amount of Contribution \$	In-kind contribution description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	r (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)		Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	ule c	CHERLIN	LE AS NEEDED	
1	f contributor is out-of-state PAC, please see Instruction				requirements.

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	Sally L. Montgomer	4	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/25	5 Payee Name		
6 Amount (\$) 1,333.39	7 Payee address: P.D. BOX 6031 Carol Stream, All 6	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so		
	(C) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, 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		
2/21/25	Larry Duncan		
Amount (\$) # 936.16	Payee address; 5415 Santing Way Dalles, Tx 75224	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Sen 1, 202	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/3/25	american Express		
Amount (\$) 220.//	Payee address; P.O. Box 6031 Carl Stream, All	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	4	
	Check if travel outside of Texas, Complete Scho	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P Legal Services S	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 h	now to complete this form.				
1 Total pages Schedule F1:	Sally L Montgon	Inst	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	0				
3/31/25	American Express	J				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$1,072.50	P.O. Bex 6031 Carol Stream, St. 60	0197-6031				
8	(a) Category (See Categories listed at the top of this sche					
PURPOSE OF EXPENDITURE	Credit und pregner	7				
	(c) Check if travel outside of Texas. Complete School	dule T. Check if Austin	n. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/8/25	Democracy Toolbo	ox				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$ 1000	P.U. Box 6250 Trickinney, Tx 75051					
	Category (See Categories listed at the top of this sched	AND THE RESERVE OF THE PARTY OF				
PURPOSE	2	Can Davi				
OF EXPENDITURE	Consulting	angegr	~			
EXPERIORE	Charlette destrict of Town Complete School	Charlet if Austin	TO SELECTION OF THE PROPERTY O			
	Check if travel outside of Texas. Complete Sched		n. TX. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
4/28/25	Payee address;	v				
Amount (\$)		City;	State; Zip Code			
\$871.51	P.O. Bly 6031 Cowl Steer, SU.	60197-6031				
	Category (See Categories listed at the top of this sched	dule) Description				
PURPOSE OF EXPENDITURE	Credit card paymes	T				
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin,	, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Payee address; City; Zip Code 13901 Midway Rd Ste 102 \$360 Dallas, Tx 75244 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description annual prestal box rental PURPOSE Fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 6/1/25 Payee address; City P.O. Bex 6031 Carol Stream, Su 60197-6031 Amount (\$) State: Zip Code 788.75 Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Dennocracy Toolber 6/8/25 Amount (\$) City State: Zip Code P. O. Bux 6250 McKinney, Tx 75051 Category (See Categories listed at the top of this sched Description PURPOSE Consulting OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Credit Card Payment	Fees COMMENT FEES	oan Repayment/Reimbursement office Overhead/Rental Expense colling Expense trinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	The Instruction Guide explains h	low to complete this form.	3 Filer ID (Ethics Commission Filers)	
477	Sally & montemer	200	3 Filer 10 (Ethics Commission Filers)	
4 Date 0 6/2/125	5 Payee name Amusiam (Republic	7		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$1,058.67	Carol Stream, Siller.	197-6031		
8	(a) Category (See Categories listed at the top of this scho			
PURPOSE OF EXPENDITURE	credit card sugmen	7		
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	_		
6/24/25	Dallus Dimonatie	Forum		
Amount (\$)	Payee address; P.O. Box 634	City;	State; Zip Code	
\$1250.00	Dullas, Tx 75221			
	Category (See Categories listed at the top of this sched		1	
PURPOSE OF EXPENDITURE	fees	sust uni	membulahip 2025	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/27/25	Campuign Technique	uso, Anc.		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 7000.00	Dallas, Tx 75202	- Scale 100		
	Category (See Categories listed at the top of this sched			
PURPOSE OF EXPENDITURE	Consulting	Campas	in primary 2026	
	Check if travel outside of Texas. Complete Schede	ule T. Check if Austin	n, 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 NEE	DED	

SCHEDULE F1

		EXPENDITURE CATE	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Filing Expense Legal Services 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)		
Credit Card Payment		The Instruction Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F1: 572.7 4 Date	2 FILER N Sa //	4 L Monteone	ing		3 Filer ID (Ethic	es Commission Filers)
5/22-30-2025	Par	and when	3			
6 Amount (\$) #671.15	7 Paye	ddress		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n					
6/2-23/25	pur	gal felo				
#198.49	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
2/4/25	Payee n	ame Public Affairs	Jun	rekeon C	Kub- "PP	ALC"
Amount (\$) 46.00		ddress; 2. Box 12625 Um, Tx 75225	7	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this		Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

		EXPENDIT	URE CATE	SORIESF	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services		Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instruction	Guide explain	s how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	, , ,	entame	us		3 Filer ID (Ethic	es Commission Filers)
3/9/25	5 Payee na	ane		0			
6 Amount (\$) #46.00	Payee at P.O. To Dall	Horess: Box 1262 Mar, Tx 75	5 225		City;	State;	Zip Code
8 PURPOSE	(a) Categor	y (See Categories lister	d at the top of this s	schedule)	(b) Description		
OF EXPENDITURE	Eur	ent expe	nse				
	(c)	Check if travel outside of	Texas. Complete Sc	chedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder r	name		Office sought		Office held
Date	Payee na	ime					
3/31/25	PK	TIC					
Amount (\$) 46.00		Box 1262			City;	State;	Zip Code
10100	Dan	las, Tx7.	5225				
PURPOSE OF		(See Categories listed		chedule)	Description		
EXPENDITURE		Check if travel outside of	Texas, Complete Sc	hedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder r			Office sought		Office held
Date	Payee na	ame	Whi.	4	scheon Cla	eb	
4/28/25	Ine	uneary	years	der	www.		
Amount (\$)	Payee at	Bur 126			City;	State;	Zip Code
#106.00	Dall	Uss, TX	75225	5			
DUDDOOS		(See Categories listed a			Description		
PURPOSE OF EXPENDITURE	lunt	apense	em bes	hip			
		Check if travel outside of T	exas. Complete Sch	nedule T.	Check if Austin	n, TX. officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held
	AT	TACH ADDITION	AL COPIES (OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zip Code (b) Description 8 PURPOSE Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name State: Zip Code Amount (\$) Payee address; City: Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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
Conditots/Officeholder/Palitics/Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Germandation Girmadination City	By Gift/Awards/Me ical Committee Legal Services			Wages/Contrac		Out Of District enter a category not listed above)
The Instruction	Guide explains how to comp	lete this form.		USE A NEW	PAGE FOR EACH C	REDIT CARD ISSUER
SCHEDULE F4: 18 7	Sally Y.	montes	meru			R ID (Ethics Commission Filers)
A TOTAL OF UNITERAIZED EVE	ENDITUBES CHARGED TO A COL	CDIT CADO			27	272.32
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A CRE	EDIT CARD			\$	272.32
5 CREDIT CARD	Name of financial institution			***		
ISSUER	americas	~ Expre	ess			
6 PAYMENT	(a) Amount Charged (b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issuer Paid	
	s 270	1/8/25		2/2/2		
7 PAYEE	Da //as Bar Assa		(b) Payee ad	dress;	City,	State, Zip Code
8 PURPOSE OF	(a) Category (See Categories listed a	at the top of this sched	dule)	(b) Description	n	
Political	Fees			due	s)	
Non-Political	(c) Check if travel outside	of Texas. Complete	e Schedule T.		Check if Austin, TX, office	ceholder living expense
9 Complete ONLY if direct	Candidate / Officeholder nam			ice Sought		Office Held
expenditure to benefit C/OH	Sally L.M.	ontgome	eru		CCL	#3
PAYMENT	(a) Amount Charged (b) Date Expenditu	ire charged	(c) Date(s) Cr	edit Card Issuer Paid	
	\$ /38.10	1/10/25		2/2/	25	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zip Code
	ATAT Mobile	2				
				-		
PURPOSE OF	(a) Category (See Categories listed a	at the top of this sched	dule)	(b) Description		` /
EXPENDITURE			dule)			munication
	(a) Category (See Categories listed a	shead			ular com	munication
EXPENDITURE Dolitical	(a) Category (See Categories listed a	of Texas. Complete	e Schedule T.		Check if Austin, TX, off	iceholder living expense Office Held
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EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed a function of the Categories listed a function of the Category (See Categories listed a function of the Category (See Categories listed a function of the Category (See Categories listed a function of the Categories listed a function of the Category (See Categories listed a function of the Categories listed a func	of Texas. Complete	e Schedule T.	Cella ice Sought	Check if Austin, TX, off	iceholder living expense Office Held
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EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Category (See Categories listed a supplied of the Candidate / Officeholder name supplied of the Candidate / Of	of Texas. Complete ne Nontgem Date Expenditu 12/21/2	off Off Pro	ice Sought (c) Date(s) Cr	Check if Austin, TX, off	iceholder living expense Office Held
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	(a) Category (See Categories listed a special form) (c) Check if travel outside Candidate / Officeholder names Sally L. M. (a) Amount Charged (b. \$ 196.48	of Texas. Complete ne Nontgem Date Expenditu 12/21/2	e Schedule T. Off Eru Ire Changed	ice Sought (c) Date(s) Cr	Check if Austin, TX, off	Office Held
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	(a) Category (See Categories listed a supplied of the Candidate / Officeholder name supplied of the Candidate / Of	of Texas. Complete ne Nontgem Date Expenditu 12/21/2 Vews	e Schedule T. Off Property Tre Charged (b) Payee add	ice Sought (c) Date(s) Cr	Check if Austin, TX, off Check if Austin, TX, off	Office Held
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EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	(a) Category (See Categories listed a function of the Candidate / Officeholder name Sally L. M. (a) Amount Charged (b. S. 196.48 (a) Payee name Dulles Morning M. (a) Category (See Categories listed a category)	of Texas. Complete the Configuration of Texas. C	off Off Off Off Off Off Off Off	ice Sought (c) Date(s) Cr 2/2/ dress;	Check if Austin, TX, off Check if Austin, TX, off	Office Held
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed a Special December 1) (c) Check if travel outside Candidate / Officeholder name Sally L. M. (a) Amount Charged (b. S. 196.48 (a) Payee name Dulles Morning M. (a) Category (See Categories listed a Education	of Texas. Complete on Type Date Expenditu 12/21/2 Vews at the top of this sched	e Schedule T. Off Property (b) Payee add Jule)	ice Sought (c) Date(s) Cr 2/2/ dress;	Check if Austin, TX, off Check if Austin, TX, off	Office Held ピレザ 3 State, Zip Code
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PAYEE POlitical Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed a Candidate / Officeholder name Sally L. M. (a) Amount Charged (b. \$ 196.48 (a) Payee name Diffus Morning M. (a) Category (See Categories listed a Education (c) Check if travel outside Candidate / Officeholder name	of Texas. Complete on Type Date Expenditu 12/21/2 Vews at the top of this sched of Texas. Complete en 13/21/2	e Schedule T. Off Property (b) Payee add Jule) Schedule T. Offi	ice Sought (c) Date(s) Cr 2/2/ dress; (b) Description ce Sought	Check if Austin, TX, off Check if Austin, TX, off Check if Austin, TX, off Check if Austin, TX, of	Office Held State, Zip Code Officeholder living expense Officeholder living expense

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

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

The Instruction Guide explains how to complete this form.				USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4: 23 7	Sally L 1	montgo	nery		3 FI	LER ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED EXP	,	0)		\$	3/3/2025	138.35
5 CREDIT CARD ISSUER	Name of financial institution		<i>S</i> S				
6 PAYMENT	### American Express [a) Amount Charged (b) Date Expenditure Charged (c) Expenditure Charged (c) Expenditure Charged (d) Expenditure Charged (e) Expenditure Charged (e) Express (e) Ex				Date(s) Credit Card Issuer Paid		
7 PAYEE	Dullas Museu		(b) Payee add		City,	State, Z	ip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	Fees & Co.	ntribution	dule)	(b) Description			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder of Sally L. (a) Amount Charged		Off	ice Sought		Office Held	90-000-00000
PAYMENT	(a) Amount Charged \$ /81.49					d	
PAYEE	(a) Payee name ATIT Uve	rse	(b) Payee add	dress;	City,	State, Z	ip Code
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories lis			(b) Description	rnet of	officeholder living exp	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r Su//y L. (a) Amount Charged	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$ 181.76			(c) Date(s) Cre 3/3/2		d	
PAYEE	(a) Payee name ATATUVErse		(b) Payee add	dress;	City,	State, Z	p Code
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories list) Phice IV (c) Check if travel outs	, ,		(b) Description	net, ph	one of San	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought		Office Held	
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE	AS NEEDED		

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

The Instruction Guide explains how to complete this form

USE A NEW DAGE FOR EASY OFFICE

1 TOTAL PAGES SCHEDULE F4: 32	2 FILER NAME	,		OOL A NEW Y			Ethics Commission Filers
0	XPENDITURES CHARGED TO	Montger a credit card	nory			3/31/2	4.91
5 CREDIT CARD ISSUER	Name of financial institu		·				
6 PAYMENT		(b) Date Expenditur	re Charged	(c) Date(s) Cred		r Paid	
7 PAYEE	\$ / 81.76 (a) Payee name	2/23/25	(b) Payee ad	2/31/. Idress;	25 City	·,	State, Zip Code
	atet Un	lerse					
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories	listed at the top of this sched	ule)	(b) Description	I, ph	one of.	Fax
Non-Political	(c) Check if travel or	utside of Texas. Complete	Schedule T.		Check if Austin,	TX, officehold	er living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Sally L	r name . MonTe (b) Date Expenditor		fice Sought			CL#3
PAYMENT	(a) Amount Charged \$ 138,10	(b) Date Expenditor		(c) Date(s) Cred		r Paid	
PAYEE	(a) Payee name ATATMOK		(b) Payee ad		City	·.	State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	- //	listed at the top of this sched		(b) Description	edail		umi cation ler living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	- Mente		fice Sought		ala	ce Held
PAYMENT	(a) Amount Charged \$ 138,15	(b) Date Expenditure 3/10/2		(c) Date(s) Cred	dit Card Issue	r Paid	
PAYEE	(a) Payee name AT 4T Mo		(b) Payee ad	Idress;	City	,	State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	-00	listed at the top of this schedi	C	(b) Description	luc a.		nication Ider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	L. Montz	men	fice Sought		CCL.	te Held
	ATTACH ADD	ITIONAL COPIES	OF THIS	SCHEDULE	AS NEED	ED	

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 Salanes/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.			U	USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4: 477 7	Sally L	· Montag	mery		3 FILER ID	(Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EX					\$		
5 CREDIT CARD ISSUER	Name of financial institut American (a) Amount Charged		2				
6 PAYMENT	(a) Amount Charged \$ 250.00	(b) Date Expenditu	ire Charged (C	3/31/25			
7 PAYEE	Dallas Count		(b) Payee addre	ess;	ton Ave	State, Zip Code	
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories in	sense		b) Description			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	/.	Office	Sought	Off	ice Held	
PAYMENT	Sully L. 17 (a) Amount Charged \$ 181.76			2) Date(s) Credit Ca	ard Issuer Paid		
PAYEE	(a) Payee name AT IT Uve		(b) Payee addre		City,	State, Zip Code	
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories lie		loie)		J, phon	22 B	
Complete ONLY if direct expenditure to benefit C/OH	Sally L	Montgo	mery	Sought		се Held С Д# 3	
PAYMENT	(a) Amount Charged \$ 138.16	(b) Date Expenditu 4/11/20		2) Date(s) Credit Ca			
PAYEE	(a) Payee name ATET Mob		(b) Payee addre	•	City,	State, Zip Code	
PURPOSE OF EXPENDITURE Political Non-Political	10	sted at the top of this sched	1		Com	munication older living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder of	1	Office	Sought		ce Held	
	ATTACH ADDIT	TIONAL COPIES	OF THIS SO	HEDULE AS	NEEDED		

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (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 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: 5777 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution 5 CREDIT CARD **ISSUER** (c) Date(s) Credit Card Issuer Paid 6 PAYMENT 7 PAYEE State, Zip Code 8 PURPOSE OF (b) Description EXPENDITURE Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Sought 9 Complete ONLY if direct expenditure to benefit C/OH diture Charged (c) Date(s) Credit Card Issuer Paid PAYMENT 125.00 PAYEE State. Zip Code (b) Description **PURPOSE OF EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYMENT \$ 181.91 PAYEE (a) Payee name State, Zip Code ATOT Were (b) Description PURPOSE OF **EXPENDITURE** Political Non-Political Office Sought Candidate / Officeholder name Office Held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Sally L. Montgomer

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 Reinibursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Polit	e By Gift/ tical Committee Leg	Awards/Memorials Expense al Services	Printing Expense Salaries/Wages/C	T	ravel In District ravel Out Of District ther (enter a category not listed above)
The Instruction	Guide explains how	to complete this form.	USE A	NEW PAGE FOR EA	CH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 637	Sally	L Montgon	rery	3	FILER ID (Ethics Commission Filers) 611/25 468.68
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED	TO A CREDIT CARD	O		\$
5 CREDIT CARD ISSUER	Name of financial in	cun Expres	o/		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged (c) Date	e(s) Credit Card Issuer	Paid
	\$ 138.16	3/10/29	5 6	11/2025	
7 PAYEE	(a) Payee name	Mobile	(b) Payee address;	City,	State, Zip Code
8 PURPOSE OF EXPENDITURE	_	gories listed at the top of this sched		cription	
Political	Viffice	overhead	6	ellular	communication
Non-Political	(c) Check if tra	vel outside of Texas. Complete	Schedule T.	Check if Austin, 1	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	1 Montgo	Office Soug	ht	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged (c) Date	e(s) Credit Card Issuer	Paid
	s 179.2	14 5/23/25	5 4	121/2025	
PAYEE	(a) Payee name AT4T	Uverse	(b) Payee address;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	office	gories listed at the top of this sched	· ·		shone, fax
Non-Political	(c) Check if tra	vel outside of Texas. Complete	e Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	L. Monta	Office Soug	ht	Office Held CCL #3
PAYMENT	(a) Amount Charged \$ 221.86		manufacture and a second	e(s) Credit Card Issuer 19/21/2025	Paid
PAYEE	Dr. Delph	enium	(b) Payee address;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Cate	gories listed at the top of this sched	Sta	cription - hea	
Non-Fontical		vel outside of Texas. Complete			, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Sally	L. Montgo	office Sough	nt	Office Held
	ATTACH A	DDITIONAL COPIES	OF THIS SCHE	DULE AS NEEDE	ED

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 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 CREDIT CARD ISSUER (c) Date(s) Credit Card Issuer Paid 6 PAYMENT 7 PAYEE State, Zip Code 8 PURPOSE OF (b) Description **EXPENDITURE** Cellular Communication Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office Sought Office Held CCL 3 expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid PAYMENT PAYEE (b) Payee address; (b) Description PURPOSE OF **EXPENDITURE** TCLE ducation Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct CCL#3 expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid **PAYMENT** PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) EXPENDITURE Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED