

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JOHN F. WARREN
DALLAS COUNTY CLERK
FILED
FORM C/OH
COVER SHEET PG 1
2025 JUL 15 PM 1:43
TEXAS

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

39

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Judge

Sally

L

NICKNAME

LAST

SUFFIX

Montgomery

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

13901 Midway Rd Ste 102 Box 315

DALLAS, TX 75244

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 247-7354

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Andrew

M

NICKNAME

LAST

SUFFIX

"Andy"

Trusevich

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6000 Columbus Avenue NO. 2411

Plano, TX 75024

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 849-4063

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 2025

THROUGH

Month

Day

Year

06 / 30 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Dallas County Court-at-Law #3

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

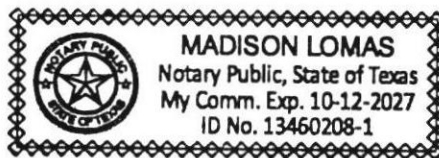
15 C/OH NAME <i>Sally L. Montgomery</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>128,500</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>4005.39</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>24,996.69</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>132,381.41</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Sally L. Montgomery* this the *15th* day of *July*, 20 *25*, to certify which, witness my hand and seal of office.
Madison Lomas *Madison Lomas* *Personal banker*
 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 - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sally L Montgomery</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>123,500</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>5,000</i>
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	\$ <i>17,104.73</i>
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	\$ <i>3886.57</i>
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	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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: 13 21
2 FILER NAME Sally L Montgomery		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Baron and Blue	7 Amount of contribution (\$) \$5000.00
6 Contributor address; City: State: Zip Code 25 Highland Park Vlg. Ste 100-772 Dallas, TX 75205		
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 5/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: William Blankenship	Amount of contribution (\$) \$1000.00
Contributor address; City: State: Zip Code 3500 Maple Ave Ste 1100 Dallas, TX 75219		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm Blankenship Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 5/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Edward Sampson	Amount of contribution (\$) \$2500.00
Contributor address; City: State: Zip Code 4851 LBJ Fwy Dallas, TX 75244		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm Law Offices of Edward W. Sampson PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

28 21

2 FILER NAME

Sally L Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

5/19/25
5/29/25

5 Full name of contributor

Thomas Barron

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City:

State:

Zip Code

3227 McKinney Ave 20B
Dallas, TX 75204

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

5/19/25

Full name of contributor

Ben Taylor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City:

State:

Zip Code

18601 LBJ Fwy Ste 525
Mesquite, TX 75150

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Ted B. Lyon & Associates, PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/19/25

Full name of contributor

Lawrence Lassiter

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City:

State:

Zip Code

P.O. Box 821329
Dallas, TX 75382

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Miller Weissbrodovsky, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3 of 21

2 FILER NAME

Sally C Montgomery

3 Filer ID Ethics Commission Filers:

4 Date

5/19/25

5 Full name of contributor

Clint Cox

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$2000.00

6 Contributor address:

6616 Minors Lane
Dallas, TX 75230

City:

State:

Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Cox, PLLC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

5/19/25

Full name of contributor

DAVID Kent

☐ out-of-state PAC ID#

Amount of contribution (\$)

100.00

Contributor address:

6 Twin Bridge Ct
Dallas, TX 75243

City:

State:

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Sedgwick, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/22/25

Full name of contributor

Isaac Lidji

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$1000.00

Contributor address:

10440 N. Central Expressway Ste 1240
Dallas, TX 75231

City:

State:

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Lidji Firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

4721

2 FILER NAME

Sally L Montgomery

3 Filer for Ethics Commission Filers:

4 Date

5/22/25

5 Full name of contributor

Chip Brooker

7 Amount of contribution (\$)

\$2500

6 Contributor address:

4311 Oak Lawn Ave Ste 620
Dallas, TX 75219

City:

State:

Zip Code

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Wick Phillips

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

5/27/25

Full name of contributor

Jolie Fay

Amount of contribution (\$)

\$2500.00

Contributor address:

3131 McKinney Ave Ste 100
Dallas, TX 75204

City:

State:

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/27/25

Full name of contributor

Paul Michael McCullough, Jr

Amount of contribution (\$)

\$500.00

Contributor address:

12222 Merit Dr., Ste 1200
Dallas, TX 75251

City:

State:

Zip Code

Contributor's principal occupation

Attorney/Mediator

Contributor's job title

Contributor's employer/law firm

The Law Office of P. Michael

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5 of 21
2 FILER NAME Sally L Montgomery		3 Filer ID # (Ethics Commission Filers)
4 Date 5/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Lennie Bollinger	7 Amount of contribution (\$) \$2500
6 Contributor address: City: State: Zip Code 212 E Virginia St McKinney, TX 75069		
8 Contributor's principal occupation attorney		9 Contributor's job title
10 Contributor's employer/law firm Warrington & Bollinger		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 5/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: GRANT Boston	Amount of contribution (\$) \$500
Contributor address: City: State: Zip Code 406 S Montreal Ave Dallas, TX 75208		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm Hamilton Wingo, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 5/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: VAN SHAW	Amount of contribution (\$) \$5000
Contributor address: City: State: Zip Code 2723 Fairmount Street Dallas, TX 75201		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm Law Offices of Van Shaw		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

6721

2 FILER NAME

Sally L Montgomery

3 Filer ID: Ethics Commission Filers:

4 Date

5/28/25

5 Full name of contributor

Mark Siegel

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address:

5233 Ursula Lane
Dallas, TX 75229

City:

State:

Zip Code

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

5/28/25

Full name of contributor

Andrew Trusevich

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$1500.00

Contributor address:

6000 Columbus Ave
Plano, TX 75204

City:

State:

Zip Code

2411

Contributor's principal occupation

attorney

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)

Date

5/29/25

Full name of contributor

Brian Lauten

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$500.00

Contributor address:

3811 Turtle Creek Blvd Ste 1450
Dallas, TX 75219

City:

State:

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Brian Lauten, PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

77 21

2 FILER NAME

Sally L. Montgomery

3 Filer ID# Ethics Commission Filers:

4 Date

5/29/25

5 Full name of contributor

Damon Mathias

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

\$500

6 Contributor address:

13101 Preston Rd Ste 501
Dallas, Tx 75240

City:

State:

Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Mr. Law

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

5/29/25

Full name of contributor

Nolan Mc Conville

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$500

Contributor address:

2550 Pacific Ave Ste 700
Dallas, TX 75226

City:

State:

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Nolan Ryan Law

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/29/25

Full name of contributor

Arthur Anderson

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$250

Contributor address:

6615 Lupton Dr
Dallas, TX 75225

City:

State:

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Winstead

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

8721

2 FILER NAME

Sally L Montgomery

3 Filer ID# (Ethics Commission Filers)

4 Date

5/29/25

5 Full name of contributor

☐ out-of-state PAC ID#

McArthur Mediation

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

City:

State:

Zip Code

8361 Nunley Lane
Dallas, TX 75231

8 Contributor's principal occupation

attorney/mediator

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

5/29/25

Full name of contributor

☐ out-of-state PAC ID#

John Miller (Rob)

Amount of contribution (\$)

\$500

Contributor address:

City:

State:

Zip Code

4005 Ervay St. Stop 1
Dallas, TX 75201

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Miller Copeland Trial Lawyers

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

5/29/25

Full name of contributor

☐ out-of-state PAC ID#

Ayesha Rafi

Amount of contribution (\$)

\$1000

Contributor address:

City:

State:

Zip Code

8111 LBJ Fwy
Dallas, TX 75251

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Rafi/DeBose, PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 98 21
2 FILER NAME Sally L. Montgomery		3 Filer ID # Ethics Commission Filers:
4 Date 4/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Elizabeth Ginsberg	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code 6172 Preston Haven Dallas, TX 75230		
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 5/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Hardin Ramey	Amount of contribution (\$) \$1000.00
Contributor address: City: State: Zip Code 3860 W Northwest Hwy Ste 270 Dallas, TX 75220 -8108		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm Ramey Law Firm, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 5/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Baron & Budd, P.C.	Amount of contribution (\$) \$5000
Contributor address: City: State: Zip Code 3102 Oak Lawn Ave, Ste 1100 Dallas, TX 75219		
Contributor's principal occupation attorney		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

10 8 21

2 FILER NAME

Sally L Montgomery

3 Filer ID: Ethics Commission Filers:

4 Date

5/19/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Kherker Garcia, LLP

7 Amount of contribution (\$)

\$5000.00

6 Contributor address:

City:

State:

Zip Code

2925 Richmond Ave Suite 1560

Houston, TX 77098-3145

8 Contributor's principal occupation

attorneys

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

5/24/25

Full name of contributor

☐ out-of-state PAC ID#:

Law Office of Carmen S. Mitchell, LLC

Amount of contribution (\$)

\$5000.00

Contributor address:

City:

State:

Zip Code

3110 Webb Ave Ste 150

Dallas, TX 75205

Contributor's principal occupation

attorneys

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)

Date

5/19/25

Full name of contributor

☐ out-of-state PAC ID#:

Lyons & Simmons, LLP

Amount of contribution (\$)

\$5000.00

Contributor address:

City:

State:

Zip Code

2101 Cedar Springs Rd, Ste 1900

Dallas, TX 75201

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 11 of 21
2 FILER NAME Sally L Montgomery		3 Filer ID # (Ethics Commission Filers)
4 Date 5/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Sommerman, McCafferty, Quesada & Geisler, LLP	7 Amount of contribution (\$) \$5000.00
6 Contributor address: City: State: Zip Code 3811 Turtle Creek Blvd, Ste 1400 Dallas, TX 75219		
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 5/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Arnold & Ithier, LLP	Amount of contribution (\$) \$5000.00
Contributor address: City: State: Zip Code 6009 Memorial Dr Houston, TX 77007		
Contributor's principal occupation attorneys		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)		

Date 5/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Witherite Law Group, PLLC	Amount of contribution (\$) \$5000.00
Contributor address: City: State: Zip Code 10440 N Central Expwy Ste 400 Dallas, TX 75231		
Contributor's principal occupation attorneys		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

12 21

2 FILER NAME

Sally L Montgomery

3 Filer ID: Ethics Commission Filers:

4 Date

5/21/25

5 Full name of contributor

HAMILTON Wingo, LLP

6 Contributor address:

*325 N Paul St., Ste 3600
Dallas, TX 75201*

City:

State:

Zip Code

7 Amount of contribution (\$)

\$15000.00

8 Contributor's principal occupation

attorneys

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

5/29/25

Full name of contributor

Tillotson Johnson Patton

Contributor address:

*1201 Main St. Ste 1300
Dallas, TX 75202*

City:

State:

Zip Code

Amount of contribution (\$)

\$5000.00

Contributor's principal occupation

attorneys

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)

Date

5/31/25

Full name of contributor

Law Offices of Domingo Garcia, PC

Contributor address:

*1111 W. Mockingbird Lane Ste 1200
Dallas, TX 75247*

City:

State:

Zip Code

Amount of contribution (\$)

\$2500

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

13721

2 FILER NAME

Sally L Montgomery

3 Filer ID: Ethics Commission Filers:

4 Date

5/31/25

5 Full name of contributor

☐ out-of-state PAC ID#

Lynn Pinter Hunsel & Schwegmann, LLP

7 Amount of contribution (\$)

\$2500

6 Contributor address:

City:

State:

Zip Code

2100 Ross Ave Ste 2700
Dallas, TX 75201

8 Contributor's principal occupation

attorneys

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

5/31/25

Full name of contributor

☐ out-of-state PAC ID#

Bea Wunnally

Amount of contribution (\$)

\$1500

Contributor address:

City:

State:

Zip Code

2323 Ross Ave Ste 1900
Dallas, TX 75201

Contributor's principal occupation

attorneys

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)

Date

5/31/25

Full name of contributor

☐ out-of-state PAC ID#

Brewer, Attorneys & Counselors

Amount of contribution (\$)

\$1500

Contributor address:

City:

State:

Zip Code

1717 Main Street Ste 5900
Dallas, TX 75201

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

14 8 21

2 FILER NAME

Sally L. Montgomery

3 Filer ID: Ethics Commission Filers:

4 Date

5/31/25

5 Full name of contributor

☐ out-of-state PAC ID#

Crawford Wishnew Lang, PLLC

6 Contributor address:

City:

State:

Zip Code

1700 Pacific Ave Ste 2390
Dallas, TX 75201

7 Amount of contribution (\$)

\$1000.00

8 Contributor's principal occupation

Attorneys

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

5/31/25

Full name of contributor

☐ out-of-state PAC ID#

PAC J. Winstead, PC - State PAC

Contributor address:

City:

State:

Zip Code

2728 N. Harwood Street, Ste 500
Dallas, TX 75201

Amount of contribution (\$)

\$1000.00

Contributor's principal occupation

Attorneys

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)

Date

5/31/25

Full name of contributor

☐ out-of-state PAC ID#

Carol C. and Daniel P. Donovan

Contributor address:

City:

State:

Zip Code

6509 Malcolm Dr
Dallas, TX 75214-3106

Amount of contribution (\$)

\$500

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Carol Crabtree Donovan, PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

15821

2 FILER NAME

Sally L. Montgomery

3 Filer ID# Ethics Commission Filers:

4 Date

5/31/25

5 Full name of contributor

☐ out-of-state PAC ID#

Scott Gilmore Thompson PLLC

7 Amount of contribution (\$)

\$500

6 Contributor address:

City:

State:

Zip Code

Founders Square
900 Jackson Street Ste 550 Dallas, TX 75202

8 Contributor's principal occupation

attorneys

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

5/31/25

Full name of contributor

☐ out-of-state PAC ID#

Jennifer Calhoun

Amount of contribution (\$)

\$300

Contributor address:

City:

State: Zip Code

10440 N Central Expwy Ste 1040
Dallas, TX 75231

Contributor's principal occupation

attorney / mediator

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)

Date

5/31/25

Full name of contributor

☐ out-of-state PAC ID#

Leslie & John Kincade

Amount of contribution (\$)

\$100

Contributor address:

City:

State: Zip Code

PO Box 12026
Dallas, TX 75225

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Bressler Amery & Ross, PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

16 of 21

2 FILER NAME

Sally L Montgomery

3 Filer ID: Ethics Commission Filers:

4 Date

5/31/25

5 Full name of contributor

☐ out-of-state PAC ID#

Law Offices of Cynthia F. Sella

7 Amount of contribution (\$)

\$100

6 Contributor address:

City:

State:

Zip Code

11700 Preston Rd Ste 660-522
Dallas, TX 75230

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

5/31/25

Full name of contributor

☐ out-of-state PAC ID#

Vassallo & Salazar, PC

Amount of contribution (\$)

\$1250.00

Contributor address:

City:

State:

Zip Code

3710 Rawlins Ste 1400
Dallas, TX 75219

Contributor's principal occupation

attorneys

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)

Date

6/2/25

Full name of contributor

☐ out-of-state PAC ID#

Ted B. Lyon & Associates, P.C.

Amount of contribution (\$)

\$1000

Contributor address:

City:

State:

Zip Code

18601 LBJ Frwy, Suite 525
Mesquite, TX 75150

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

17 of 21

2 FILER NAME

Sally L Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

6/2/25

5 Full name of contributor

☐ out-of-state PAC ID#

Miller Weissbrod Oles Ky, LLP

7 Amount of contribution (\$)

\$2500

6 Contributor address:

City:

State:

Zip Code

11551 Forest Central Dr., Ste 300
Dallas, TX 75243

8 Contributor's principal occupation

9 Contributor's job title

Attorneys

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

6/3/25

Full name of contributor

☐ out-of-state PAC ID#

Shaw Law Group, PLLC

Amount of contribution (\$)

\$500

Contributor address:

City:

State:

Zip Code

500 N Akard St Ste 1925
Dallas, TX 75201

Contributor's principal occupation

Contributor's job title

Attorneys

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)

Date

6/2/25

Full name of contributor

☐ out-of-state PAC ID#

Thomas Shaw

Amount of contribution (\$)

\$3000.00

Contributor address:

City:

State:

Zip Code

9304 Forest Lane Ste 252N
Dallas, TX 75243

Contributor's principal occupation

Contributor's job title

Attorney

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

18 of 21

2 FILER NAME

Sally L Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

6/2/25

5 Full name of contributor

Anjel AVANT

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

11616 High Forest Dr
Dallas, TX 75230

City:

State:

Zip Code

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Avant 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

6/15/25

Full name of contributor

Peter Malouf

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$250

Contributor address:

PO Box 12745
Dallas, TX 75225

City:

State:

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Law Office of Peter G Malouf

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/15/25

Full name of contributor

Scott Barber

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$1000

Contributor address:

2908 Masterlark
Plano, TX 75093

City:

State:

Zip Code

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

The Law Office of Scott A. Barber

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1

19821

2 FILER NAME

Sally L Montgomery

3 Filer ID # Ethics Commission Filers

4 Date

6/15/25

5 Full name of contributor

Geoffrey Schorr

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$500.00

6 Contributor address

City

State

Zip Code

3114 Saint Johns Dr
Dallas, TX 75205

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Schorr 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

6/19/25

Full name of contributor

Crain Brogdon, LLP

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$2500

Contributor address

City

State

Zip Code

4925 Greenville Ave Ste 1450
Dallas, TX 75206-4001

Contributor's principal occupation

Attorneys

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)

Date

6/19/25

Full name of contributor

Kizzia Johnson PLLC

☐ out-of-state PAC ID#

Amount of contribution (\$)

\$100

Contributor address

City

State

Zip Code

1910 Pacific Ave, Ste 13000
Dallas, TX 75201-3239

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

20721

2 FILER NAME

Sally L Montgomery

3 Filer ID: Ethics Commission Filers

4 Date

4/18/25

5 Full name of contributor

☐ out-of-state PAC ID#

Godwin Bowman

7 Amount of contribution (\$)

\$3000.00

6 Contributor address:

City:

State:

Zip Code

Ross Tower 500 N Akard St. Ste 1100

Dallas, TX 75201 - 3499

8 Contributor's principal occupation

attorneys

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

4/18/25

Full name of contributor

☐ out-of-state PAC ID#

Carter Arnett PLLC

Amount of contribution (\$)

\$5000.00

Contributor address:

City:

State:

Zip Code

8150 N Centrom Expwy Ste 500

Dallas, TX 75206

Contributor's principal occupation

attorneys

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)

Date

4/23/25

Full name of contributor

☐ out-of-state PAC ID#

Ben Martin

Amount of contribution (\$)

\$1000.00

Contributor address:

City:

State:

Zip Code

3310 Fairmount Street PID

Dallas, TX 75201

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

BEN MARTIN LAW GROUP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

21 P 21

2 FILER NAME

Sally L Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

6/21/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Aldous Law Firm

7 Amount of contribution (\$)

\$5000

6 Contributor address:

City:

State:

Zip Code

4311 Oak Lawn Ste 102
Dallas, TX 75219

8 Contributor's principal occupation

attorneys

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

6/25/25

Full name of contributor

☐ out-of-state PAC ID#:

Shackelford, McKinley & Norton, LLP

Amount of contribution (\$)

\$1000.00

Contributor address:

City:

State:

Zip Code

9201 N. Central Expwy, Fourth Floor
Dallas, TX 75231

Contributor's principal occupation

Attorneys

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)

Date

6/27/25

Full name of contributor

☐ out-of-state PAC ID#:

Jeff Tillotson

Amount of contribution (\$)

\$5000.00

Contributor address:

City:

State:

Zip Code

5110 Southbrook Dr
Dallas, TX 75209

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Tillotson Johnson & Patton

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1581

Sally L. Montgomery

3 Filer ID (Ethics Commission Filers)

§

5/29/25

Quilling Selander Lownds Winslett

#5000

fundraiser
event

Contributor address, City, State
2001 Bryan St. Suite 1800
Dallas, TX 75201

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

law firm

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Full name of contributor ☐ out-of-state PAC (ID#: _____)

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 187	2 FILER NAME Sally L. Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/25	5 Payee name American Express	
6 Amount (\$) 1,333.39	7 Payee address: City: State: Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card payment	(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 2/21/25	Payee name Larry Duncan	
Amount (\$) \$936.16	Payee address: City: State: Zip Code 5415 Banting Way Dallas, TX 75227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting expense	Description Jan 1, 2025 - June 30, 2025
	<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 3/3/25	Payee name American Express	
Amount (\$) 220.11	Payee address: City: State: Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	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
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: 277	2 FILER NAME Sally L Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/25	5 Payee name American Express	
6 Amount (\$) \$1,072.50	7 Payee address; City; State; Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card payment	(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 5/8/25	Payee name Democracy Tool box	
Amount (\$) \$1000	Payee address; City; State; Zip Code P.O. Box 6250 McKinney, TX 75051	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Campaign
	<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 4/28/25	Payee name American Express	
Amount (\$) \$871.51	Payee address; City; State; Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	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
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: 377	2 FILER NAME Sally L. Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/25	5 Payee name The UPS Store	
6 Amount (\$) \$360	7 Payee address; City; State; Zip Code 13901 Midway Rd Ste 102 Dallas, Tx 75244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description annual postal box rental
	(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		
Date 6/1/25	Payee name American Express	
Amount (\$) 788.75	Payee address; City; State; Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031	
PURPOSE OF EXPENDITURE	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		
Date 6/8/25	Payee name Democracy Tool box	
Amount (\$) 1000.00	Payee address; City; State; Zip Code P. O. Box 6250 McKinney, TX 75051	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Campaign
	<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		

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
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: 4 of 7		2 FILER NAME Sally L Montgomery		3 Filer ID (Ethics Commission Filers)	
4 Date 6/21/25		5 Payee name American Express			
6 Amount (\$) \$1,058.67		7 Payee address; City; State; Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) credit card payment		(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					
Date 6/24/25		Payee name Dallas Democratic Forum			
Amount (\$) \$1250.00		Payee address; City; State; Zip Code P.O. Box 634 Dallas, TX 75221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees		Description sustaining membership 2025		
	<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					
Date 6/27/25		Payee name Campaign Techniques, Inc.			
Amount (\$) \$7000.00		Payee address; City; State; Zip Code 100 Crescent Court, Suite 700 Dallas, TX 75202			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting		Description campaign primary 2026		
	<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					
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
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: 57.7	2 FILER NAME Sally L Montgomery	3 Filer ID (Ethics Commission Filers)
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4 Date 5/22-30-2025	5 Payee name Paypal fees
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6 Amount (\$) \$671.15	7 Payee address: City: State: Zip Code
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8 PURPOSE OF EXPENDITURE	(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	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/2-23/25	Payee name paypal fees
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Amount (\$) \$198.49	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/4/25	Payee name The Public Affairs Luncheon Club "PALC"
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Amount (\$) 46.00	Payee address: P. O. Box 12625 Dallas, Tx 75225 City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Event Expense
	<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 expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 687	2 FILER NAME Sally L. Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/25	5 Payee name PALC	
6 Amount (\$) \$46.00	7 Payee address; City; State; Zip Code P.O. Box 12625 Dallas, Tx 75225	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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
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Date 3/31/25	Payee name PALC		
Amount (\$) 46.00	Payee address; City; State; Zip Code P.O. Box 12625 Dallas, Tx 75225		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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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Date 4/28/25	Payee name The Public Affairs Luncheon Club		
Amount (\$) \$106.00	Payee address; City; State; Zip Code P.O. Box 12625 Dallas, Tx 75225		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense & Patron membership	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: <i>7/77</i>	2 FILER NAME <i>Sally J Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/17/25</i>	5 Payee name <i>The Public Affairs Luncheon Club</i>	
6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 12625 Dallas, TX 75225</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	
	(b) Description	
	<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 expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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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	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 SCHEDULE F4: **187** 2 FILER NAME **Sally L. Montgomery** 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

2/2/2025
\$ 272.32

5 CREDIT CARD ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 270

(b) Date Expenditure Charged

1/8/25

(c) Date(s) Credit Card Issuer Paid

2/2/25

7 PAYEE

(a) Payee name

Dallas Bar Association

(b) Payee address;

City,

State, Zip Code

8 PURPOSE OF EXPENDITURE

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

Fees

(b) Description

dues

☐ 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

Sally L. Montgomery

Office Sought

Office Held

CCL#3

PAYMENT

(a) Amount Charged

\$ 138.10

(b) Date Expenditure Charged

1/10/25

(c) Date(s) Credit Card Issuer Paid

2/2/25

PAYEE

(a) Payee name

AT&T Mobile

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

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

Office Overhead

(b) Description

cellular communication

☐ 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

Sally L. Montgomery

Office Sought

Office Held

CCL#3

PAYMENT

(a) Amount Charged

\$ 196.48

(b) Date Expenditure Charged

12/27/24

(c) Date(s) Credit Card Issuer Paid

2/2/25

PAYEE

(a) Payee name

Dallas Morning News

(b) Payee address;

City,

State, Zip Code

PURPOSE OF EXPENDITURE

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

Education

(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

Sally L. Montgomery

Office Sought

Office Held

CCL#3

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: 277		2 FILER NAME Sally L Montgomery		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 3/3/2025 \$138.35			
5 CREDIT CARD ISSUER		Name of financial institution American Express			
6 PAYMENT		(a) Amount Charged \$ 275.00	(b) Date Expenditure Charged 12/27/2024	(c) Date(s) Credit Card Issuer Paid 2/2/2025	
7 PAYEE		(a) Payee name Dallas Museum of Art		(b) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees & Contribution		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Sally L. Montgomery		Office Sought Office Held CCL#3	
PAYMENT		(a) Amount Charged \$ 181.49	(b) Date Expenditure Charged 12/22/2024	(c) Date(s) Credit Card Issuer Paid 2/2/2025	
PAYEE		(a) Payee name AT&T Universe		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) office overhead		(b) Description internet & phone & fax	
		(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 expenditure to benefit C/OH		Candidate / Officeholder name Sally L. Montgomery		Office Sought Office Held CCL3	
PAYMENT		(a) Amount Charged \$ 181.76	(b) Date Expenditure Charged 1/22/25	(c) Date(s) Credit Card Issuer Paid 3/3/2025	
PAYEE		(a) Payee name AT&T Universe		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) office overhead		(b) Description internet, phone & fax	
		(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 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 SCHEDULE F4: 387	2 FILER NAME Sally L. Montgomery	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	3/31/2025 \$ 264.91
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5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 181.76	(b) Date Expenditure Charged 2/23/25	(c) Date(s) Credit Card Issuer Paid 3/31/25
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7 PAYEE	(a) Payee name AT&T Universe	(b) Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description internet, phone & fax
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	Office Sought	Office Held CC#3
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PAYMENT	(a) Amount Charged \$ 138.10	(b) Date Expenditure Charged 2/10/25	(c) Date(s) Credit Card Issuer Paid 3/31/25
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PAYEE	(a) Payee name AT&T Mobile	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description cellular communication
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	Office Sought	Office Held CC#3
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PAYMENT	(a) Amount Charged \$ 138.15	(b) Date Expenditure Charged 3/10/25	(c) Date(s) Credit Card Issuer Paid 3/31/25
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PAYEE	(a) Payee name AT&T Mobile	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description cellular communication
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	Office Sought	Office Held CC#3
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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	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 SCHEDULE F4: 427	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 \$ 250.00	(b) Date Expenditure Charged 2/12/2025
	(c) Date(s) Credit Card Issuer Paid 3/31/25	
7 PAYEE	(a) Payee name Dallas County Democratic Party	(b) Payee address; City, State, Zip Code 1414 N Washington Ave Dallas, TX 75204
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
<input checked="" type="checkbox"/> Political <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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	
	Office Sought	Office Held CLL 3
PAYMENT	(a) Amount Charged \$ 181.76	(b) Date Expenditure Charged 3/23/2025
	(c) Date(s) Credit Card Issuer Paid 4/28/25	
PAYEE	(a) Payee name AT&T Universe	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description internet, phone & fax
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	
	Office Sought	Office Held CLL# 3
PAYMENT	(a) Amount Charged \$ 138.16	(b) Date Expenditure Charged 4/11/2025
	(c) Date(s) Credit Card Issuer Paid 4/28/25	
PAYEE	(a) Payee name AT&T Mobile	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description cellular communication
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	
	Office Sought	Office Held CLL# 3

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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 SCHEDULE F4: 577	2 FILER NAME Sally L Montgomery	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		4/28/25 \$ 230.11
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 196.48	(b) Date Expenditure Charged 3/20/25
	(c) Date(s) Credit Card Issuer Paid 4/28/25	
7 PAYEE	(a) Payee name Dallas Morning News	(b) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Education	
<input type="checkbox"/> Political <input checked="" 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	
	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 125.00	(b) Date Expenditure Charged 3/27/2025
	(c) Date(s) Credit Card Issuer Paid 4/28/25	
PAYEE	(a) Payee name Dallas Democratic Party	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Fish Fry	
	(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 Sally L Montgomery	
	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 181.91	(b) Date Expenditure Charged 4/23/2025
	(c) Date(s) Credit Card Issuer Paid 6/1/2025	
PAYEE	(a) Payee name AT & T Universe	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(b) Description internet, phone & fax	
	(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 Sally L. Montgomery	
	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	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 SCHEDULE F4: 687	2 FILER NAME Sally L Montgomery	3 FILER ID (Ethics Commission Filers) 6/1/25 468.68
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 \$ 138.16	(b) Date Expenditure Charged 5/10/25
	(c) Date(s) Credit Card Issuer Paid 6/1/2025	
7 PAYEE	(a) Payee name AT&T Mobile	(b) Payee address; City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description cellular communication
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 Sally L Montgomery	
	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 179.24	(b) Date Expenditure Charged 5/23/25
	(c) Date(s) Credit Card Issuer Paid 6/21/2025	
PAYEE	(a) Payee name AT&T Uverse	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description internet, phone, fax
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 Sally L. Montgomery	
	Office Sought	Office Held CCL #3
PAYMENT	(a) Amount Charged \$ 221.86	(b) Date Expenditure Charged 6/6/25
	(c) Date(s) Credit Card Issuer Paid 6/21/2025	
PAYEE	(a) Payee name Dr. Delphenium	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift	(b) Description staff - health
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(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 Sally L. Montgomery	
	Office Sought	Office Held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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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:

7/7

2 FILER NAME

Sally L. Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 6/21/25
84.41

5 CREDIT CARD
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 138.16

(b) Date Expenditure Charged

6/10/25

(c) Date(s) Credit Card Issuer Paid

6/21/2025

7 PAYEE

(a) Payee name

AT&T Mobility

(b) Payee address;

City, State, Zip Code

8 PURPOSE OF
EXPENDITURE

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

Office overhead

(b) Description

cellular communication

☐ 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

Sally L. Montgomery

Office Sought

Office Held

CCL3

PAYMENT

(a) Amount Charged

\$ 435.00

(b) Date Expenditure Charged

6/2/25

(c) Date(s) Credit Card Issuer Paid

6/21/2025

PAYEE

(a) Payee name

Tx Ctr for the Judiciary

(b) Payee address;

City, State, Zip Code

PURPOSE OF
EXPENDITURE

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

Judicial Ctr for the Judiciary

(b) Description

JCLEducation

☐ 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

Sally L. Montgomery

Office Sought

Office Held

CCL#3

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

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