JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/OFFICEHOLDER NAME 4 CANDIDATE/OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/OFFICEHOLDER PHONE	MS/MRS/MR FIRST MI Ludge Sarry L. NICKNAME LAST SUFFIX MOTHS OMETY ADDRESS / PO BOX; APT LOUTE #; CITY: STATE: ZIP CODE 1390/ Midway RdSte 102 Box 3/5 Darras, TX 75244 AREA CODE PHONE NUMBER EXTENSION (972) Z47-7354	Date Received Date Received Date Received Date Received Date Received Date Received Date Received
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) Andrew M. NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; 5748 Kate Avenue Plano, Tx 75024	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (92) 349-4063	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 06 / 30	Year Z022.
11 ELECTION	Month Day Year Primary Runoff Other Description O3 / O1 / ZO22	
12 OFFICE		T-AT-LAW #3 S County
	GO TO PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

		A
15 JC/OH NAME	Sauy L. Montgomera 16 File	er 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)	\$ 34,836.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,099.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,935.94
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,333,94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
(1) Affidavit	Please complete either option below: Lori Ann Bodino My Commission Expires 10/13/2025 Notary ID 10653152	/Officeholder
NOTARY STAMP/SEA		D WAY GALL
Sworn to and subscribed 20 22 , to certify Signature of officer administration (2) Unsworn Declaration	OR	Vortage Public Title of officer administering oath
My name is	, and my date of birth is	
My address is	· · · · · · · · · · · · · · · · · · ·	
Executed in	(street) (city) (state) County, State of , on the day of (month)	(zip code) (country), 20 (year)
	Signature of Candidate/Office	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,836.11
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	s -o-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,370,37
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6033.99
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR TO FILER	NED \$

SCHEDULE A(J)1

The Instruction Guide explains how to con	mplete this form.	1 Total pages Schedule A(J)1:
Sawy L. Montgo	mery	3 Filer ID (Ethics Commission Filers
	-of-state PAC ID#:	7 Amount of contribution (S) . \$5000.00
Contributor's principal occupation Collows	9 Contributor's job title	
Contributor's employer/law firm Tillotson, Lohnson & Patton If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contribut	or's spouse (if any)
Pate Full name of contributor 124/202 Contributor address; Ci 2 201 main St. Stell	rof-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation attorney	Contributor's job title	
Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)	Law firm of contribute	or's spouse (if any)
Date Full name of contributor June Daiver Contributor address; Cit Contributor's principal accuration Contributor's principal accuration	Whichousemen and Helpers ty; State: Zip Code 2 Fund 1007 Jonelle	Amount of contribution (\$) SOD.OD
Contributor's principal occupation	Contributor's job title	3
Contributor's employer/law firm	Law firm of contribute	or's spouse (if any)

SCHEDULE A(J)1

The Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A(J)1:
Sawy L. Montgon	nery	3 Filer ID (Ethics Commission Filers
	tate PAC ID#:	7 Amount of contribution (S)
24/22 6 Contributor address; City: 2323 Ross Ave St. 19 Pallas, TX 75201-272	Martin, U.P State: Zip Code	\$2500.00
Contributor's principal occupation allowneys	9 Contributor's job title	
Contributor's employer/law firm	11 Law firm of contribute	or's spouse (if any)
f contributor is a child, law firm of parent(s) (if any)		
Pate Full name of contributor	ate PAC ID#:)	Amount of contribution (\$)
8/2022 Contributor address: Rity: 11300 N. Centrel Exp.	State; Zip Code	\$ 100.00
contributor's principal occupation attorney	Contributor's job title	
contributor's employer/law firm	Law firm of contributo	r's spouse (if any)
contributor is a child, law firm of parent(s) (if any)		
14785 Preston Fa Ste	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation the stronger	Contributor's job title	
ontributor's employer/law firm	Law firm of contributor	s spouse (if any)
	Law firm of contributor	s spouse (if any)

SCHEDULE A(J)1

The Instruction Guide explains how to co	complete this form. 1 Total nages Schedule A(J)1:
Sawy L. Monty	3 Filer ID (Ethics Commission Filer
Date 5 Full name of contributor	iut-of-state PAC ID#:
Robert Nussback 6 Contributor address: 6060 North Centre Daylor TY 752	m Mediations, UC City: State: Zip Code One Expression Ste Soo
Contributor's principal occupation	9 Contributor's job title
Contributor's employer/law firm NUSS baum Media	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	ut-of-state PAC ID#:
5406 LBJ Freeu Dallas JX 752	City State: 7:00
Contributor's principal occupation attorners	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 Full name of contributor Dout	t-of-state PAC_ID#:) Amount of contribution (\$)
Payma, Kuhnel Contributor address: C 1126 N Zang Blu Dallar, TX 752	1 & Snith, P.C. Bon D
	Contributor's job title
Contributor's principal occupation	
Contributor's principal occupation attorney	Law firm of contributor's spouse (if any)
Contributor's principal occupation	Law firm of contributor's spouse (if any)

SCHEDULE A(J)1

The Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A(J)1:
FILER NAME		3 Filer 6 (Ethics Commission Filers)
SAWY L. Montgomer	-9	
Date 5 Full name of contributor ut-of-state PA	AC ID#:)	7 Amount of contribution (\$)
3/31/22 6 Contributor address: City: 9304 Forest Lane N2	15	66.
131/77 6 Contributor address: City	States 7 in Code	\$1000.00
City,	State, Zip Code	7.700
7 July Forest Lane N2	252	
Contributor's principal occupation 177 75243 -623	38 9 Contributor's job title	
	S Commission 5 per the	
Contributaria ampleanitaria		
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)	20.00 10.000	
Date Full name of contributor ut-of-state PA	AC 104	Amount of contribution (\$)
The Manage and and a state of the state of t		
3/31/22 Jason Lanuary P. Contributor address: City! 3030 LBJ Ste 130 DAI	C.	250.00
131/22 Contributor address: City!	State: Zip Code	230.00
3030 LBJ Ste 130 DAG	LAS 17x75234-7748	
	1.1 3, 1118	
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm		
Contributor's employer/law firm	Law firm of contributor	's spouse (if any)
Tosan Francisco PR		
JASON JANUARY, P.C. If contributor is a child, law firm of parent(s) (if afty)		
Date Sull name of contributor		
Full flame of Contributor out-of-state PA		Amount of contribution (\$)
471- William E. Hammeld E.	: Hommel	
17/22	un Namme	\$100.00
Contributor address: City:	State: Zip Code	4100.00
422 Contributor address: City: 6843 Clay fon Ave Dull	10,14 75214	
Contributor's principal occupation	Contributor's job title	
The second secon	n/a	
Contributor's employer/law firm		
Lewis Brisbois Bisgaard & Smith	Law firm of contributor	rs spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS I	NEEDED
If contributor is out-of-state PAC, please see in:		

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:
SAWY L. Montgon	very	3 Filer (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state Reina Gonzalez, & 6 Contributor address: City: 10022 Fieldcrest Dr., Date	PAC ID#:)	7 Amount of contribution (\$) . \$\\$ 125.00
Contributor's principal occupation attorney	9 Contributor's job title	
Contributor's employer/law firm Jonzalez Law Croup	11 Law firm of contributo	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Full name of contributor out-of-state Scott Smith & Sent Contributor address: City: 1016 Merlet Or	PAC ID#	Amount of contribution (\$) ### Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm Payma Kuhneld Smith, P. If contributor is a child, law firm of parent(s) (if any)	Law firm of contribute	or's spouse (if any)
Date Full name of contributor out-of-state 1/2/22 Law Office of Kelly Contributor address: City: 5720 LBJ Fwg Ste 446	T. Curran, PUL	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contribute	or's spouse (if any)
If 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	s form.	1 Total pages Schedule A(J)1:
SAWY L. Montesm	eren	3 Filer I (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC 4/2/22 6 Contributor didress: City: 400 N. Erway St. #13	State; Zip Code 864 Dalla, TX 75313	7 Amount of contribution (\$) \$\frac{1}{25}, \partial D
Contributor's principal occupation	9 Contributor's job 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)		
Pate Full name of contributor out-of-state PAC Vassallo & Sula zar Contributor address: City: 3710 Rewlins Stello	, P.C.	Amount of contribution (\$)
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 Full name of contributor out-of-state PAC The abeita law Firm Contributor address: City: 1408 N. Riverfront Blud	State: Zip Code Ste 300 DAMAS	Amount of contribution (\$)
Contributor's principal occupation Allorney	Contributor's job title	7
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)		

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	s form.	1 Total pages Schedule A(J)1:
Sally L. Montgomer Date 5 Full name of contributor out-of-state PAC	4	3 Filer (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC Buzz Deitchman, & Contributor address: City: 14850 Ment fort Dr. Str. Contributor's principal occupation	State; Zip Code 2ZO DAZCAS, TX 75254	Amount of contribution (\$)
1,	9 Contributor's job title	
Contributor's employer/law firm Mr B, Buzz Deitchman, P.C. If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor	s spouse (if any)
Full name of contributor out-of-state PAC Scott Frenkel, Especial Contributor address: City: 12700 Pack Central De		Amount of contribution (\$)
Contributor's principal occupation	TX75251 Contributor's job title	
Contributor's employer/law firm Frenkeld Frenkel, P.C., If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)
Date Full name of contributor out-of-state PAC Brian FANT, Esp Contributor address: City: 7927 General accumulation	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation attorney	Contributor's job title	
Contributor's employer/law firm Law Pfices of Brian H. FANT	Law firm of contributor	's spouse (if any)
If contributor is a thild, law firm of parent(s) (if any)		

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:
SALLY L. Montgor Date 5 Full name of contributor Out-of-State PAC	nercy	3 Filer ID Ethics Commission Filers)
Date 5 Full name of contributor Out-of-state PAC 4/P/2011 6 Contributor address: City: 3030 LB J Freeway State 3 Contributor's principal occupation	State; Zip Code 2 13 0 DALLAS, TX-7523 4	7 Amount of contribution (\$)
Contributor's principal occupation attorney Contributor's employer/law firm	9 Contributor's job title	
Contributor's employer/law firm Jerry D. Andrews, P.C. If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor	's spouse (if any)
Date Full name of contributor out-of-state PAC Adam Le Crone Contributor address; City: 123N Crockett St, Ste 20	State: Zip Code Obhernan TX	Amount of contribution (\$)
Contributor's principal occupation Alltiney Contributor's employer/law firm Le Crone Law Firm, P.C.	Contributor's job title Law firm of contributor	's spouse (if any)
Date Full name of contributor out-of-state PAC William Liebbe, Ey Contributor address; City;	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation Contributor's employer/law firm	Tyler, Tx 7570/ Contributor's job title	
Contributor's employer/law firm The Liebbe Firm, P.C. If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)

SCHEDULE A(J)1

The Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A(J)1:
FILER NAME		3 Filer (Ethics Commission Filers)
Date 5 Full name of contributor Cout-o	7 0.2 (0	
Date 5 Full page of contributor	mery	
5 Full name of contributor	of-state PAC Of	7 Amount of contribution (\$)
11 Michael Lyons	Ess	HILDEN S
6 Contributor address: Cit	ty: State; Zip Code	\$1000.00
201 Cedar Spring	s Rd Ste 1900 DANCA	3,
Date 5 Full name of contributor 6 Contributor address: 9 Pol Calar Spring Rosewood Court Contributor's principal occupation	7× 7520	0/
	9 Contributor's job ti	tle
Contributor's employer/law firm		
Contributor's employer/law firm	11 Law firm of contrib	utor's spouse (if any)
Lyons & Simmons,	, LLP	
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-o	f-state PAC ID#	Amount of contribution (\$)
)
121 Pelle Maloref	Cag	#150.0D
11422 Peter Maloref City Contributor address: City	y; State; Zip Code	H130.00
Contributor's principal occupation	75 75275	
Contributor's principal occupation	Contributor's job ti	tle
	Commodition a job ti	ue
Contributor's employer/law firm		
The LAW Pfice of Peter G. M.	Law firm of contrib	utor's spouse (if any)
If contributor is a onild, law firm of parent(s) (if any)	curp	
in continuator is a oring, law little of parent(s) (if any)		
Date Full name of contributes [7]		
Full flame of contributor out-of	f-state PAC ID#:	_) Amount of contribution (\$)
12/22 (-Aith Bruner,	Ess	46
12/22 Contributor address: Cib	y; State: Zip Code	\$200.00
16/22 Contributor address: City 4600 Fairbak Aven	y; State: Zip Code	
DAMAS, MY 15 CO	08	
Contributor's principal occupation	Contributor's job tit	ile
attorney		
Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		All and the second seco
	COPIES OF THIS SCHEDULE A	

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 thi	is form.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID Ethics Commission Filers)
SALLY L. Montgon 4 Date 5 Full name of contributor out estate PA	reny	
4 Date 5 Full name of contributor out of state PAI	ic iD#.	7 Amount of contribution (\$)
3/30/22 6 Contributor address: City 3890 W. Northwest Paulas, TX 75220	Ess State; Zip Code Hwy #650	\$1000 00
8 Contributor's principal occupation attorney	9 Contributor's job title	
10 Contributor's employer/law firm		w X
Ramey LAW Firm, PLLC	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	C ID#)	Amount of contribution (\$)
VI Francis Assi		Bion -
7/17/12 CHOMENE BULL		\$1000.00
4/1422 Lasmine Bell Contributor address: City: 1201 Elm Street # 3	State: Zip Code 3400 DALLAS, TX	
Contributor's principal occupation	75204 1	
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 Full name of contributor out-of-state PAG		Amount of contribution (\$)
4/2 Jennifer Spencer)	\$ 125.00
4/12/22 Jennifu Spencer Contributor address: City: 16/6/Chalfont Circle	State: Zip Code UPDUAS, TX 75248	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Contributor's principal occupation aftorney	Contributor's job title	
JACKSON Spencer LAW RLC	Law firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

plete this form.	1 Total pages Schedule A(J)1:
mery f-state PAC ID#:	3 Filer ID (Ethics Commission Filers)
y; State; Zip Arlington, TX	7 Amount of contribution (\$) de #250.50
9 Contributor	
PLLC 11 Law firm of	ntributor's spouse (if any)
I-state PAC ID#	Amount of contribution (\$)
Contributor	
LC Law firm of	ntributor's spouse (if any)
State PAC IDITE Lean Cholak State: Zip State: Zip 75006	Amount of contribution (\$) P.C. #500.00
Contributor	
Law firm of	ntributor's spouse (if any)
COPIES OF THIS SCHED	

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:
Date SALLY L. Montgon Date 5 Full name of contributor out-of-state	my	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state Charlie Reld; E 6 Contributor address; City; 10100 North Centure Expusion	State; Zip Code State; Dalas, The 7523/	7 Amount of contribution (\$)
Contributor's principal occupation Attorney	9 Contributor's job title	
Contributor's employer/law firm Reed (Au)	11 Law firm of contributor	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Full name of contributor out-of-state 12/22 Edulus & Sampson Contributor address: City: 4851 LT31 Freeway States		Amount of contribution (\$)
Contributor's principal occupation attorney	Contributor's job title	
Contributor's employer/law firm haw offices of Edward W. Sh If contributor is a wild, law firm of parent(s) (if any)	Law firm of contributor	s spouse (if any)
Date Full name of contributor out-of-state in Mark Tradley Contributor address: City; 9330 L.B. J. Fwy St. Contributor's principal occupation	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm The Stradley Low Firm	Law firm of contributor	s spouse (if any)
The stradley LAW FIRM		
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 A(J)1

The Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A(J)1:
Date 5 Full name of contributor out-of-st	mery	3 Filer ID Ethics Commission Filers
Date 5 Full name of contributor out-of-st Stephen Enda (12/22 6 Contributor address: City: 6 440 N Centon Exp	State; Zip Code owly Sta 308 DALLAS TX 75206	7 Amount of contribution (\$) \$\\$\\$Z50.00
Contributor's principal occupation	9 Contributor's job title	
Contributor's employer/law firm Weiner, Glass & Reed, UP	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 Dout-of-st	tate PAC ID#	Amount of contribution (\$)
Contributor's principal occupation Shields Legal 4 Contributor address; City: 16301 QUORUM Dr.	roup, PC.	\$2500.00
Contributor's principal occupation attornay	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Pate Full name of contributor out-of-st Relse Markets: Contributor address: City: 750 N Saint Paul St		Amount of contribution (\$)
Contributor's principal occupation Attorn 4.18	Contributor's job title	
Contributorio oppologodiou fire	Law firm of contributor	s spouse (if any)
Contributor's employer/law firm		

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT in

FILER NAI	The Instruction Guide explains how to con		1 Total pages Schedule A(J)1:
Date	SALLY 1. Monts 5 Full name of contributor	romery	3 Filer ID Ethics Commission Filers
4124 ZZ	5 Full name of contributor out-of- Schorr Law Fire 6 Contributor address: City 328 West Interstate 3	or-state PAC IDF P.C. State: Zip Code 30 Ste 2 Garlen S. TX	7 Amount of contribution (\$)
Contributor's	s principal occupation	9 Contributor's job title	
Contributor's	s employer/law firm	11 Law firm of contributo	r's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 5/3/22	Full name of contributor _ out-of-	Associates	Amount of contribution (\$)
	18601 LBJ Frwy Stes	State: Zip Code	\$1000.00
	Contributor address: City 18601 LBS Frwy Stes principal occupation attorney	State: Zip Code (25 Mesquite, 7X) 75/50 Contributor's job title	(P1000,00
	principal occupation attorney employer/law firm	State: Zip Code [25 Mesquite 7x 75/50 Contributor's job title Law firm of contributor	
Contributor's	attorney	Contributor's job title	
Contributor's	employer/law firm is a child, law firm of parent(s) (if any)	Contributor's job title	
Contributor's	employer/law firm is a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)
Contributor's If contributor Date	employer/law firm is a child, law firm of parent(s) (if any) Full name of contributor Gentalia	Law firm of contributor	's spouse (if any)
Contributor's If contributor Date Contributor's	employer/law firm is a child, law firm of parent(s) (if any) Full name of contributor	Law firm of contributor	Amount of contribution (\$)

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 Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) 5 Payee name 7 Payee address; City; State: Zip Code P.O. BOX 224/23 Dallas, TexAS 75222 (a) Category (See Categories listed at the top of this schedule) (b) Description Democratzi Choice Mate, Card and 8 Consulting expense PURPOSE 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 Steven Williams 2/24/2022 City; Zip Code State: \$ 1500.00 Description markets 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 Payee name Earl D. Thomas City; State: Zip Code 1938 Dannison St Category (See Categories listed at the top of this schedule) Description marke **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Printing Expense Printing Expense	kpense Travel Out Of District /ages/Contract Labor Other (enter a category not listed above	
1 Total pages Schedule F1:	2 FILER NAME SANY L. MONTEO	3 Filer ID (Ethics Commission Filer ID)	lers)
4 Date 0 2/24/22	5 Payee name Refueir Meraz	J	
#1580	7 Payee address 2 32.32 Community De Dalles, Tx75230	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	Other - marketing	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 2/24/2022	Payee name Ecolating Radio		
Amount (\$) #2200.00	Payee address: 3606 S. Tyler DALLAS, TX75224	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description When-marketing & a	rds
	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	
Date 2/24/2022	Payee name Marina Ruix		
Amount (\$) #/200.00	Payee address: Clo Ecolatino Radio 3606 5. Tyler Dunas To 75224	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Charlet if travel putside of Tayas Complete Schedule T	Description Other-phone banking	
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin. TX, officeholder living expense Office sought Office held	
expenditure to benefit C/OH	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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 Office Ove Food/Beverage Expense Polling Ex Printing Ex	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	SANY L. Montz	omery	3 Filer ID (Ethics Commission Filers)
2/24/10	5 Payee name Lose Martinez		
#1200.00	7 Payee address: 10402 Woodlot Dr. Danas, TX 75217	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consubtric Express	(b) Description Ther-m	narketing
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 426/2022	Bernard Silvas		
#3000.00	Payee address; 7102 Bellaire Jane Rowlett, Tx 75209	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Upproc	Description	Ling
	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	Candidate / Officeholder name	Office sought	Office held
Z/28/2Z	Reyna Iglesias		
4789.00	Payee address; 11315 Buchanan Dr Dallas, Tx 75228	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Oak Clift	g Mardi bras Parale
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. 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 NEE	DED

SCHEDULE F1

If the requested inforn	nation is not applicable, DO NOT include this	page in the repo	rt.
	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Over Food/Beverage Expense Pollling Exp Y Gift/Awards/Memorials Expense Printing Ex	nyment/Reimbursement rrhead/Rental Expense pense kpense /ages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME SAWY L. Montgos	nery	3 Filer ID (Ethics Commission Filers)
4 Date 0 3/3/2022	5 Payee name American Expans	0	
6 Amount (\$) #1, 160.63	7 Payee address; P. O. Box 650448 DALLAS, TX 75265-	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Credit card payment		
	(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/OF	Candidate / Officeholder name	Office sought	Office held
3/1/2022	FAR North DAWAS Rich	hurdson De	mocrats
Amount (\$)	Payee address; 17201 Hidden Gl DALLAS, TX 75248		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.		Ad - Full page TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/21/22			
Amount (\$)	Payee address: P. O. Box 650448	City;	State; Zip Code
\$3,433.71	DALLAS, TX 75265-6	2448	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Can d Payment	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Food Beverage From From From From From From From From	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 I	how to complete this form.	,
1 Total pages Schedule F1:	SALLY L. Montgo	omerg	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/22	5 Payee name American Expre	se J	
6 Amount (\$) \$1463.05	P.O. Box 650448 Danas, Tx 7526	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Caldit Card Physics (c) Check if travel outside of Texas. Complete Sche	ment	
	Check if travel outside of Texas. Complete Sche	dule I Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/18/22	MacTaylor Anns	ourt Court	
Amount (\$) #200.00	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Fees	2021-2	520
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/4/2022	American Expres	لعا	
Amount (\$) #1,697.80	Payee address; P. D. Box 650448 DALLAS, TX7526		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	dule) Description	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COSTOCO	E THE CONFOUR FACTOR	DED
	ATTACH ADDITIONAL COPIES O	L 1419 2CHEDOLE AS NET	

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 Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) City; State: Zip Code (b) Description 8 nsultin other - marketin **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (C) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH American Express Payee address; P. O. Box 650448 Dallas, TX 75265-0448 Category (See Categories listed at the top of this schedule) Zip Code City; State; \$1.076.18 Description **PURPOSE** Credit card payment OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officendider/Politica	The Instruction Guide explains how to complete this	
1 Total pages Schedule F4:	Spry L. Montgomery	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CA	ARD \$
5 Date 2/7/2022	6 Payee name EXTR Spice Strage 8 Payee address; City; State; Zip Code	
7 Amount (\$) \$\frac{\pi}{2}/7.00	2422 Mirch lane	
9 TYPE OF EXPENDITURE	Chrollton, TX 75006 Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b)	Description
PURPOSE OF EXPENDITURE	Rent - sign storage	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sough	nt Office held
Date 1/23/2022	Payee name Dean Mc Curry Anctronee	Services
Amount (\$) # 320.00	Payee address; City; State; Zip Code 1215 Malory Lane Lewisville, TX 75056	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations - Pullas Bar Association	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sough	nt Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SALLY L. Montgomery 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 2/4/22 Bergond. The Slog AN

8 Payee address; City; State; Zip Code
2710 Routh Creek Parkung #3/53,71 Richardson, TX 7508Z TYPE OF Political **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 2/17/2022 Lowe's Amount (\$) Payee address; City; State; Zip Code 11920 Anwood Rd \$445,99 DAMAS, TX 75244 TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Office Merhead -OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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

Candidate/Officeholder/Politic	cal Committee Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Cohedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
5 Date 3/2/2022	6 Payee name Extra Space Storage	
7 Amount (\$) # 257.00	Extra Space Storage 8 Payee address; City; State; Zip Gode 2422 Marsh Lane Carrollton, Tx 75006	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	Rant-Men Strage	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
Date 2/10/22	Payee name ATAT Mobility	
Amount (\$) \$107.24	Payee address; City; State; Zip Code 208 S. A Kard St. DAMES, TX 75 202	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE		on f travel outside of Texas. Complete Schedule T. 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 NE	EDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F4:	Sally L. Montgomery	, , , , , , , , , , , , , , , , , , ,
TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CAR	RD \$
3 /10/22	6 Payee name ATAT No bility 8 Payee address; City; State; Zip Code	
#107.24	8 Payee address; City; State; Zip Code 208 S. A Kard DAMAS, TX 75202	
TYPE OF EXPENDITURE	Political Non-Political	
0 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) De Office vurhead— Communication	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
1 Complete ONLY if direct expenditure to benefit C/O	Pavee name	Office held
	China I water our tage	
5/1/22 Amount (\$) \$251.00	Payee address; City; State; Zip Code 2422 Marsh Lane Carrollton, TX 75006	
Amount (\$)	Payee address; City: State; Zip Code 2422 Marsh Carre Carrollton, 7x 75006 Political Non-Political	
Amount (\$) \$ 251.00	Political Non-Political	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Amount (\$) # 251.00 TYPE OF EXPENDITURE PURPOSE OF	Political Category (See Categories listed at the top of this schedule) Lind-Seyn 5 Horage Candidate / Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Event Expense

Candidate / Officeholder name

Advertising Expense

11 Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F4

Solicitation/Fundraising Expense

Office held

Accounting/Banking Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name Dollas Foundation 5/7/2022 8 Payee address; City; State; Zip Code 7 Amount (\$) 3000 Pegasus Park Drive #930 DAMAS, TX 75247 \$250.00 TYPE OF Non-Political Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** contribution -OF Check if Austin, TX, officeholder living expense EXPENDITURE DAMAS Hispania LAW FoundaTYON Designated Fund

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement

Office sought

Date 5/1/2022	Contog Artworks	
Amount (\$) # 351.81	Payee address; City; State; Zip Code 13602 Cardinal Flowers Di Cypress, Tx 77429	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) This resched - furnishing	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politic	All Committee Legal Services Frinting Expense Travel Out Of District Other (enter a category not lister	d above)
1 Total pages Schedule F4:	The Instruction Guide explains how to complete this form. 2 FILER NAME SAWY L. Montgomery 3 Filer ID (Ethics Commission)	on Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 4/1/22	6 Payee name Extra Space Storage	
7 Amount (\$)	Extra Space Storage 8 Payee address; City; State: Zip Code 2422 marsh Cane Carrollton, TX 75006	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expen	
1 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held Payee name	
4/9/22 Amount (\$) \$1251.20	Hilton Hotels - Galereston Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel An District Travel An District Check if Austin, TX, officeholder living expenses the Complete Schedule Check if Austin, TX, officeholder living expenses the Complete Schedule Check if Austin, TX, officeholder living expenses the Complete Schedule Check if Austin, TX, officeholder living expenses the Complete Schedule Check if Austin, TX, officeholder living expenses the Complete Schedule Check if Austin, TX, officeholder living expenses the Complete Schedule Check if Austin, TX, officeholder living expenses the	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officenolder/Politic	The Instruction Guide explains how to complete this form. Take Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME SALLY L. Montgomery 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 4/9/22	6 Payee name UPS	
7 Amount (\$) \$ 300.00	8 Payee address; City; State: Zip Code 13901 Midway Rd Ste 102 Dans, TX 75244	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date 6 ///22	Texas Center for the Ludiciase,	
Amount (\$) \$ 400.00	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Regional Conference Check if Austin, TX, officeholder living expense All estan Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	