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CAMPAIC	CANDII SN FINAN	DATE / OFFICION / OFFICE REPORT	EHOLI	DER 0		FRIMAIC/O HEET PG
The JC/OH Instruction	n Guide explains l	now to complete this form.	1 Filer ID (E	Ethics Commission Filers	ZIJAN 16 P 2 Total pages f	f. 3: 2 l iled:
CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI		USEONLY
NAME	NICKNAME	LAST	***********	SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B	Montgomer DX: APTICUITE #, ON Midway Rd St Ullas, TX 752				
Change of Address CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER		TENSION	Date Hand-delivered	or Date Postmarke
PHONE		47-7354				
CAMPAIGN TREASURER	MS/MRS/MR	Andrew		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	Andy	"Trusevich	ř <mark>.</mark>		Date Imaged	
CAMPAIGN TREASURER ADDRESS esidence or Business)		columbus Ave	nue 1	CITY, 10.2411	STATE,	ZIP CODE
CAMPAIGN TREASURER PHONE	(972) §	349 - 4063	EXT	ENSION		
REPORT TYPE	January 15	30th day before ele	ection	Runoff	15th day afte treasurer ap (Officeholder	pointment
PERIOD	July 15	8th day before elect	tion	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
COVERED	Month	Day Year		Month	Day Year	
ELECTION	D7	01 2023 ATE	THROUGH		131 20	23
	Month Day	Year Primary 2022 General	Runoff	Other Description		
OFFICE	OFFICE HELD (If any		3 13 OFFI	CE SOUGHT (if known)		
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS AC CEHOLDER. THESE EXPENDITURES M S AND OFFICEHOLDERS ARE REQUIRED	CCEPTED OR POLITIC	CAL EXPENDITURES MADE WITHOUT THE CAND	ADE BY POLITICAL COMMIDATE'S OR OFFICEHOLDS	IITTEES TO SUPPORT
The process against the second of the second	COMMITTEE TYPE	COMMITTEE NAME				A, EAST LIBOTIURES
Additional Pages	GENERAL	COMMITTEE ADDRESS	-		100	
****	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME			100
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS			
-		GO TO P	AGF 2			

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	V Lin	nontaonery 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR DIDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	tre wire a company of
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF ASS OF LESS ASSESSED	
TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
*****	2. TOTAL OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0-
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$\$ 22.65.00	
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 10,633.46
CONTRIBUTION BALANCE	5. TOTAL PO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 10,633.46 \$ 50,514,48 \$ -D -
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -D -
8 AFFIDAVIT			
My Co	na Cannonier mmission Expires 2/8/2026 Votary ID 33576860	I swear, or affirm, under penalty of perjury true and correct and includes all informati under Title 15, Election Code. Signature of Candidate	on required to be reported by me
Sworn to and subscrib	ped before me, by		, this the
day of	_, 20 <u> </u>	certify which, witness my hand and seal of office.	
Signature of officer adm	ninistering oath	Printed name of officer administering oath Ti	tle of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	
	Sally L. Montgomery 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,633.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5350 79
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-
THE REAL PROPERTY.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Advertising Expense			
	EXPENDITURE	ECATEGORIES FOR BOX 8(a)	
Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	itical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (onler a category not listed above)
1 Total pages Schedule I		e explains now to complete this form.	
4 Date 8/1/23	011 11	ntgomeny	3 Filer ID (Ethics Commission Filers)
6 Amount (\$) #797. 09	7 Payee address. P.D. Box 603.	City: 0. Sl 60197-603.	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule) (b) Description	
	(c) Check if travel outside of Texas. C	Complete Schedule T Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
9/11/1-	Payee name		
116123	Larry Gune	CAN	
Amount (S) # 909.99	Payee address; 5415 Banting	Way 75227	State; Zıp Code
11	Payee address; 3415 Banting Dallas, Texas Category (See Categories listed at the top	75227 p of this schedule) Description	
# 909.99 PURPOSE	Category (See Categories listed at the top	75227 p of this schedule) post this schedule) post this schedule) Description July 1- Description webside	2.31,2023 Econsulting
# 909.99 PURPOSE OF	Category (See Categories listed at the top Consulting wheel Check if travel outside of Texas, Co	75227 p of this schedule) post this schedule) post this schedule) Description July 1- Description webside	
# 909.99 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top Consulting upper Check if travel outside of Texas. Concadidate / Officeholder name Payee name	p of this schedule) Description July 1 – Description July 1 – Description Morphete Schedule T Check if Austr Office sought	2.31, 2023 2. consulting in TX, officeholder living expense
# 909.99 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top Consulting uppe Check if travel outside of Texas. Co Candidate / Officeholder name H Payee name American by Payee address; P. D. Bay 603/	p of this schedule) Description July 1 – Description July 1 – Description Omplete Schedule T Check if Australia Office sought City;	2.31, 2023 2. consulting in TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 8/21/23 Amount (\$)	Category (See Categories listed at the top Consulting uppe Check if travel outside of Texas. Co Candidate / Officeholder name H Payee name American by Payee address; P. D. Bay 603/	p of this schedule) pof this schedule) Description July 1- Description July 1- Description Check if Austr Office sought City; July 1- Description Check of Austr Office sought Description	L.31, 2023 L. Consulting In. TX, officeholder living expense Office held
# 909.99 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 8/21/23 Amount (\$) #/230.87 PURPOSE OF	Category (See Categories listed at the top Categories listed at the top Categories listed at the Categories li	p of this schedule) proce July 1- Description July 1- Description Check if Austr Office sought City; All 60197-6031 of this schedule) Description	L.31, 2023 L. Consulting In. TX, officeholder living expense Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	rmation is not applicable, DO NOT include	ruis page in the rep	ort.
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Food/Beverage Expense Poll Gift/Awards/Memorials Expense Print I Legal Services Sale The Instruction Guide explains how	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4 5	Sally & Montgor	nern	Thorse and the same of the sam
9/23/23	5 Payee name Oxpress		
\$1691.55	7 Payee address; P.O. Bex 6031 (And Steem) All	City:	State: Zip Code
3	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	Credit card payment		
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/22/23	First administrative.	Fedicial Roca	ion
Amount (\$) (1691. © 6)	Payee address; 2100 TSloomdale Rd McKinney, Texas7 Category (See Categories fished at the top of this schedule)	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Travel In District Cong		
Complete Courses	Check if travel outside of Texas. Complete Schedule 1.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/12/23	MacTaylor Anns of Con	rt	
Amount (\$)	Payee address; 010 Brian Shaw at Carrington 901 Main Street, Soute	City; Coleman Slome SSOO	State. Zip Code an Blumen thal
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other - Dues 2023-2024	-Education	-legac
-	**************************************		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

ir the requested infor	mation is not applicable, DO NOT incl	lude this page in the rep	ort.
	EXPENDITURE CATEO	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Augusts/Me	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense fransportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above)
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3 9 5 4 Date	Sally L. Montas	mery	3 Filer ID (Ethics Commission Filers)
10/23/23	5 Payee name /	July 14 0	
6 Amount (\$)	7 Payee address:	city:	AState; Zip Code
#356.63	P. D. Bax 26 0689 Plano, Tx 75026		
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	fee'	Security	service -2024
	(c) Check if travel outside of Texas. Complete Sch	· ·	n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/23/23	Smith Trampoo	~ Security S.	yott ma
Amount (\$) \$1495.00	Payee address; P.O. Box 260689 Plano, Tx 75026	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	,	
	Chock if travel outside of Toxas Complete Sche	dule 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	Payee name		
10/26/23	american Expres	22	
Amount (\$)	Payee address; P. O. Bay 6031	City;	State, Zip Code
\$1212.96	A	60197-6031	
PUDDOC-	Category (See Categories listed at the top of this sched		
PURPOSE OF EXPENDITURE	Credit card puyme	int	
	Check if travel outside of Texas. Complete Schedi	ule T. Check if Austin,	TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED

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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Salanes/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address: 2101 Rass Ar Dallas, Tx 75202 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ual access to trustice OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Freedoms Foundation at Valley Forg State: Zip Code Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX Officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Payee address; City; State. Zip Code P.O. BOX 6031 Description **PURPOSE** Credit card pryment OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address; State; Zip Code \$ 500 8 (b) Description **PURPOSE** Democratic Advocate **EXPENDITURE** 2/17/2024 (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Dallas Bar Association Payee address; City: State Zip Code 2101 Ross Ave \$27000 Dallas, Tx 15207 Category (See Categories listed at the top of this schedule) Description **PURPOSE** 2024 OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date american Express City; State Zip Code \$1184.68 araf Striam, Al 60197-6031 Description **PURPOSE** Credit card payment **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
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 Salaries/Wage The Instruction Guide explains how to com	es/Contract Labor Other (enter a category not listed above)
4 -		piete tilis form.
1 Total pages Schedule F4:	SANY L. Montgon	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREE	DIT GARD \$
5 Date 7/8/23	6 Payee name	
7 Amount (\$)		
\$250.58	8 Payee address; City; State; Zip Code 1325 Botham Lean Blu Dallas, Tx 75215	d
9 TYPE OF EXPENDITURE	Political Non-Politica	al
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	2 1	
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	The state of the s	Check if Austin, TX, officeholder living expense
		STAFF & INTERN Lunch
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name Office	e sought Office held
Date 6/23/23	Payee name AT & Uverse	
Amount (\$)	Payee address; City; State; Zip Code	
#157.60	P.O. Box 5014 Carof Stram, Sll 40197-	5014
TYPE OF EXPENDITURE	Political Non-Politica	
	Catamanu (D. D.	
BUBBBBB	Category (See Categories listed at the top of this schedule)	Description
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EXPENDITURE	Communication	Check if Austin, TX, officeholder living expense internet / telephone
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DIII F 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 con	nplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	Sally L. Montgomery		3 Filer ID (Ethics Commission Filers)
	MIZED EXPENDITURES CHARGED TO A CRE	DIT CARD	\$
5 Date 7/10/23	6 Payee name AT & T Mobilety		
7 Amount (\$) #134.26	8 Payee address; City; State; Zip Code P.D. Box 6416 Caral Stream, All 6019	7-6411	
9 TYPE OF EXPENDITURE	Political Non-Politic		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	on
PURPOSE OF EXPENDITURE	Communication	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense 22 Communication
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office	e sought	Office held
Date . 7-23-23	Payee name ATST UVURSE		
Amount (\$)	Payee address; City: State: Zip Code P. D. Box 5014 Carol Stream, All 60197-	57)14	
TYPE OF EXPENDITURE	Political Non-Politica		
PURPOSE OF EXPENDITURE	Communication	Check i	on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense I / Helephone
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office	: sought	Office held
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SCHEDULE F4

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

	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense Legal Services	Loss Repayment/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/ContractLabor ains how to complete this form.	Solicitation Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District Other (enter a category not listed above)
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3810	Sally L. Montgo.		3 Filer ID (Ethics Commission Filers)
	MIZED EXPENDITURES CHARGE	D TO CREDIT CARD	\$
5 Date	6 Payee name		
7/24/23		. , .	
7 Amount (\$)	Pallas Bac Ass	sulton	
\$500.00	2101 Ross Ave Dallas, Tx 7528	City:	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	id school do I /b\ Description	
PURPOSE	contribution		2 -1.1.
OF EXPENDITURE	convuous u -	Equal A	aces to Fotice
(274.00, 201 - 1281.002430 - 27.00.00004402 77 1	(c) Check if travel cutside of Texasc Company	S. Changle C.	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8110 h z	Payee name ATAT Makily		
8/10/23 Amount (\$)	ATOT Mobility		
*.	P.O. Box 6416	City	State: Zip Code
\$ 140.39	and Stream, All	160197-6416	
TYPE OF EXPENDITURE	Political	Non-Political	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COST		
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED

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 Lour Repayment/Reimbursement Office Overhead/Rei tal Expense Polling Expense Accounting/Banking Solicitation Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Contributions Donations Made By Gift/Awards/Memorials Expense Travel in District Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor The Instruction Guide explains how to complete this form. Total pages Schedule F4 3 Filer ID (Ethics Commission Filers) 5 Date 6 Payee name 8/23/23 AT& T Uverse P.O. Bux 5014 State: Zip Code Caral Stream, SU 60197- 5014 TYPE OF Political EXPENDITURE 10 PURPOSE Communication internet / klephone OF EXPENDITURE Check if travel outside of Terris. Complete Schedule. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH State Zip Code Caral Stream, All 60197-6416 TYPE OF EXPENDITURE Political PURPOSE Communication cellular communication OF EXPENDITURE Check if Austin TX officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/CH

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Lour Repayment/Rembursement Office Overhead/Rental Expense Solicitation Fundreising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions Donations Made By Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4-3 Filer ID (Ethics Commission Filers) 5 Date 6 Payee name State: Zip Code 2101 Ross Au Dallas, TX 75202 TYPE OF Non-Political Political EXPENDITURE 10 (b) Description PURPOSE OF EXPENDITURE (c) Check if Austin TX, officencider living expense 11 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH City State: Zip Code TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Check if Austin TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/CH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

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

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Lore Repayment/Reimbursement Office Overhead/Reimbursement Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation Fundraising Expense Transportation Equipment & Related Exper Travel in District Travel Out Of District Other (enter a category not listed above)
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677 10	Silly L. Montgo.	mery	3 Filer ID (Ethics Commission Filers)
	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
9/24/23	ATGT UVERSE		
7 Amount (S) \$162.21	8 Payee address P.O. BAY 5014	City:	State; Zip Code
9 TYPE OF EXPENDITURE	Carol Stream, &	(1 60147 - SO. Non-Political	12/
PURPOSE OF	(a) Category (See Categories listed at the top of this s		+ 1.1.1
EXPENDITURE	(c) Checkit travel outside of Texas Complete S		Helephone stin TX officentialer living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/10/23	ATAT Mobilit		
Amount (\$)	Payee address: P.O. Bay 6416	City	State Zip Code
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TYPE OF EXPENDITURE	Political	Non-Political	~
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PURPOSE OF EXPENDITURE	Communication	n cellul	ar
	Check if travel outside of Texas. Complete Scr	nedule T Check if Aust	11. TX. officeholder living expense
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ms provided by Texas Ethics (Commission www.ethics.stat	e.lx us	Povisor 11/15/2006

SCHEDULE F4

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

		EXPENDITURE	CATEGORIE	S FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	: By ical Committee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exp Legal Services The Instruction Guide	Loan R Office (Polling Printing Salarie	Opayment/Rembursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation Fundraising E: Transportation Equipment Travel in District Travel Out Of District Other tenter a category no	& Related Expens
1 Total pages Schedule F4: 7 / 0 4 TOTAL OF UNITER	2 FILERN	AME			3 Filer (O (Ethics Comm	nission Filers)
4 TOTAL OF UNITER	AIZED EXPE	ADITURES CHAP	D ED TO A C	EDIT CARD	\$	
9/16/23	6 Payee no	ame Lle. In A Ho	less come	17		
7 Amount (\$) #381.04	6911	Preston R.	el	City:	State; Z	ip Code
9 TYPE OF EXPENDITURE		llas, TX752	-	Political		
10	(a) Category	See Categories listed at the ti	op of this schodule)	(b) Description		
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	(c) [Theory if travel outside of Texas C	Complete Schedule 1	Check if Aus	stin. TX, officeholder living exper	nse
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Date 10/23/23	Payee na	T Wers				
#162.21	Payee ac	Box SU14	1	0197-5015) Code
TYPE OF EXPENDITURE		itical		Political		
	Category	See Categories listed at the to	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	comi	nunication	ス	interni	1 Helephon	
	C	neak if travel outside of Texas. Co	omplete Schedule I		In TX officeholder living expen	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	ne c	Office sought	Office held	
	ATTACH	ADDITIONAL COR	ES OF THIS S	CHEDULE AS NEE	252	
		- J.I.OMAL GOFT		OUTEDULE AS NEE	DED	

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

Candidate / Officeholder name

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

Office sought

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other representations and the control of the control

Office held

9 TYPE OF EXPENDITURE Political Non-Political

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

PURPOSE OF EXPENDITURE

Collidar

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

ATGT UNIVER Payee address: P.O. Box 5014 State: Zip Code TYPE OF **EXPENDITURE** Political Category (See Categories listed at the top of this schedule) Description PURPOSE communication OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F4

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EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Candidate/Officeholder/Political Committee Legal Services Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ 5 Date 6 Payee name AT AT Mobility 8 Payee address; City: P.O. BOX 6416 Carol Streen All 60197-6416 12/10/23 7 Amount (\$) State: Zip Code 9 TYPE OF **EXPENDITURE** Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE 10 mmunication Cella Pin OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH alles Ber Association Payee address: City; State: Zip Code 2101 Ross Ave Dalles, TX 75202 TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

SCHEDULE F4

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EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Fees Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Other (enter a category not listed above) Legal Services Salanes/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ 5 Date 6 Payee name 12/9/23 Calloway's 8 Payee address; City; 7623 Lemmon Ave State; Zip Code Dallas, TX 75209 TYPE OF EXPENDITURE Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE XMAS pensettas -OF EXPENDITURE (c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Dellas Women Lawyers Association Payee address: 2101 Ross Ave City: State: 1//1/23 Amount (\$) State: Zip Code \$250.00 Dallas, 7x 75202 TYPE OF **EXPENDITURE** Non-Political Political Category (See Categories listed at the top of this schedule) **PURPOSE** Contribution OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED