#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 19 Me MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Judge .... NAME Date Received SUFFIX 4 CANDIDATE / 13901 Midway Rd Stc 102 Box 315 DAMB, TX 752 44 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** (912) Z47-7354 PHONE 6 CAMPAIGN TREASURER m Date Processed NAME NICKNAME Date Imaged STATE ZIP CODE 7 CAMPAIGN 6000 Columbus Avenue No. 2411 TREASURER **ADDRESS** Plano, TX 75024 (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN TREASURER PHONE (912) 849-4063 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED THROUGH 2024 ELECTION DATE 11 ELECTION Other Description Day 08 /2022 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOAN	s - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s 4764.24
	4. TOTAL POLITICAL EXPENDITURES	s 28,902-82
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L     OF REPORTING PERIOD	S 28,902.82, AST DAY S 22, 338.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE S - O -
	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	rue and correct and includes all information
	$\leq 1/2 \leq 2/2$	In Toomer
	ally 7 /	Candidate or Office poder
	/ Signature of	Candidate or Officerolder
		•
	Please complete either option belo	ow:
	g <del>000000</del>	
(4) 460 1 1	MADISON LOMAS &	
(1) Affidavit	Notary Public, State of Texas	
	My Comm. Exp. 10-12-2027 8 ID No. 13460208-1	
	**************************************	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Sauy L. Montgomery this th	e 15th day of Fan.
20, to certify	which, witness my hand and seal of office.	
Invadianon G	emas Mation Longer	Personal Banker
Signature of officer administer		Title of officer administering oath
	DE AND PROPERTO DE MANDE DE LA CONTRACTION DEL CONTRACTION DE LA C	
	OR	SE TO LONG HOLDER AND SECURITY OF
(2) Unsworn Declaration	on	
My name is	, and my date of birth	is
My address is		
0.0 May 120000 70 1000	(street) (city)	(state) (zip code) (country)
Evacuted in		
Executed III	County, State of, on the day of	nth) 20 (year)
		NEC 1001 100
	Signature of Can	didate/Officeholder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	SALLY L. Montgomery 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>D</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 0
3.	SCHEDULE BE PLEDGED CONTRIBUTIONS	s <i>O</i>
4.	SCHEDULE E: LOANS	\$ <i>U</i>
5.	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 18,80783
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 9543,38
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	5 551.61
10.	SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s 0

## SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees ( Food/Beverage Expense F y Gift/Awards/Memonals Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	Sally L. Montgomers	1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	J	
7/2/24	american Express		
6 Amount (S) 1893. 19	7 Payee address: P.O. Box 6031 Cirol Sycam, All	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Credit and Daymen	nt	
	(c) Check if travel outside of Texas. Complete Sche	Check if Aust	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		
7/23/24	TexAs Center for the	Judiciary	
Amount (\$)	Payee address;	City:	State: Zip Code
-882.08	1210 SAN Antonio Suite 800 - 47876 Category (See Categories histed at the top of this sche	01	
PURPOSE OF	TRAVEL In District		soment - Region !
EXPENDITURE	Other Education	Educatu	on Conference Expenses
	Check if travel outside of Texas. Complete Sche-		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/4/24	american Expres		
Amount (\$)	Payee address:	City:	State: Zip Code
4774.61	P.O. Boy 6031 Caral Stream, All 6014	97-6031	
	Category (See Categories listed at the top of this sche	dule; Description	
PURPOSE OF EXPENDITURE	Oredit card paper	7	
	Check if travel outside of Texas. Complete Sched	dule T Check if Austi	n. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEE	DED

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 renter a category not listed above)

	The Instruction Guide explains how to o	complete this form.	
Total pages Schedule F1.  275  Date	2 FILER NAME Sully L Montgomery 5 Payee name		3 Filer ID (Ethics Commission Filers
8/28/24 Amount (\$)	Larry Duncan 7 Payee address:	City;	State, Zip Code
\$ 900	5415 BAMTING WAY Dallas, TexAS 75227		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  July 1 - 1	Dec 31, 2024
EXPENDITORE	(c) Check if travel outside of Texas Complete Schedule T	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/31/24	american Express		
Amount (\$) #688, 97	Payee address: P.O. Box 6031 Carol Stram, Slibo197	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Credit (and Jay) end	Description	
	Check if travel outside of Texas Complete Schedule T	Check if Aust	in TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/12/24	Payee name Larry Duncar		
9/12/24 Amount (\$)		City:	State: Zip Code
9/12/24 Amount (\$)	Larry Duncar Payee address: 5415 BANTING WAY	City:	State: Zip Code
Date  9/72/24  Amount (\$)  \$400.08  PURPOSE OF EXPENDITURE	Larry Duncar Payee address: S415 BANTINGWAY Dallas, TX 75227		
9/12/24 Amount (\$) \$400.08 PURPOSE OF	Payee address:  S415 BANTING WAY  DALLAS, TY 75227  Category (See Categories listed at the top of this schedule)	Description Website.	

## SCHEDULE F1

	EXPENDITURE CATEG	SORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor s how 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 F1:	2 FILER NAME	,	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name / Mont	70,100.09	
10/2/24 6 Amount (S)	First Udministrati	UP Kelsion	
ul.	First administration of Payee address: 2100 Bloom dale Rd	V	State, Zip Code
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8	(a) Category (See Categores listed at the top of this s	(b) Description	
PURPOSE	Reimbursement-	1-+4-60	Annual Fedicist who'r Confirence
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EXPENDITURE		' Eauc	arior Corguence
			o egyptises
	(c) Check if travel outside of Texas Complete Sc	nedule T Check if Aust	n, TX, officeholder living expense
0.0	Candidate / Officeholder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office field
experientare to benefit 6/01			
_	D		
Date	Payee name		
10/2/24		1	
1424	american Express		
	- /		
Amount (\$)	Payee address;	City;	State Zip Code
4 1 1-	P.O. Box 6031		
#2,157.72	1		
112/	Carol Stream, All	100107-6031	
	Category (See Categories listed at the top of this so	thedule) Description	
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PURPOSE	1. 1-0 0	$\prec$	
OF	Credit and purposen		
EXPENDITURE	0 0		
	Check if travel outside of Texas, Complete Sci	hedule T Check if Austi	n, TX, officeholder living expense
	Of dek is travel obtained in fexas, complete ob	Check ii Austi	ii, i.v. dilicender living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	+		
D .	Pausa nama		
Date	Payee name		
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10/421	Smith Thompso	~ security	
A (C)			7.6.
Amount (\$)	Payee address;	City;	State: Zip Code
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\$ 356.63		. 6.0	
	Plans, Tx 75026	-0689	
	Category (See Categories listed at the top of this so		
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PURPOSE OF	Other	Security	
EXPENDITURE	01142	seen my	
		0	
	Check if travel outside of Texas. Complete Sch	hedule T Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED
	AT INCHADOTHORAL COFFEC	CONLEDGEL AGINE	

## SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
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4 Date 6	5 Payee name		
10/23/24	Umerecan Expris		
6 Amount (\$)	7 Payee address:	City,	State; Zip Code
11 100125	P.O. Bax 6031		
\$ 1521.30	Carol Stream, All 601	10-1-6031	
8	(a) Category (See Categories listed at the top of this so	(b) Description	
PURPOSE	medita los	1	
OF EXPENDITURE	Credit Card paymen	7	
EXTENDITORE			
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n. TX. officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	4		
Date	Payee name		
11/18/24	A. Din Tol	· · · · · · · ·	
118/24	Campaign Techniq	mes, Jim.	
Amount (\$)	Payee address;	City;	State; Zip Code
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\$ 6500.00	100 Crescent Court,	Suite 100	
., -	Dallas, TX 75202		
	Category (See Categories listed at the top of this sch	pedule) Description	
PURPOSE	0		
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EXPENDITURE			
	Check if travel outside of Texas. Complete Scho	edule T Check if Austii	n. TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date	Payee name		
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A			State: 7's Cada
Amount (\$)	P.O. Box 6031	City:	State: Zip Code
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\$1053.86	Caral Stream All 60	0197-6031	
	Category (See Categories listed at the top of this sch		
DURROCE		-/	
PURPOSE OF	Credit Card paymen		
EXPENDITURE	00		
	Check if travel outside of Texas, Complete Sche	edule T Chack if Austin	n. TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
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	ATTACH ADDITIONAL COPIES C	IT ITIO OUTEDULE AO NEE	.DLD

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense 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 Salaries/Wages/Contract Labor 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) 12/9/24 6 Amount (S) State; Zip Code \$ 300.00 8 (a) 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 Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee address; City P.O. Box 6031 Caral Strum, All 60197-6031 Category (See Categories listed at the top of this schedule) Descrip Zip Code **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 Date Payee name Amount (\$) Pavee address City: State Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Polit		ds/Memorials Expense vices		Expense s/Wages/Contract		vel Out Of District er (enter a category not listed above)
The Instruction	Guide explains how to co	omplete this form.		USE A NEW	PAGE FOR EACH	CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 17.11	2 FILER NAME SMILY L.	Monta	omeri	7	3 F	ILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP			,	/	\$	247,16
5 CREDIT CARD ISSUER	Name of financial institut  On rerical  (a) Amount Charged		esa		•	
6 PAYMENT	\$ 1014 108	5/1/2/2	4	7/2	edit Card Issuer Pa	
7 PAYEE	(a) Payee name Westin Caller	rinHousen	(b) Payee ad	o West a	labamas	State, Zip Code
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories In	sted at the top of this sche	dule)			B conference
Non-Political	(c) Check if travel out	tside of Texas. Complet	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct expanditure to benefit C/OH	Candidate / Officeholder	Candidate / Officeholder name Office Sought				
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cre	edit Card Issuer Pa	id
6. 9.	\$ 169.89	5/22/29	4	7/2	124	
PAYEE  7a.	(a) Payee name		(b) Payee ad	Idress; Sux SO14 L Sto140	City,	State, Zip Code
PURPOSE OF EXPENDITURE  1 Political	(a) Category (See Categories listed at the top of this schedule)  Other - Cimmunication  (b) Description  internet  telephone persone All faxling			4/		
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought		Office Held
PAYMENT (,b,	(a) Amount Charged \$ 138.04	(b) Date Expenditu	-		edit Card Issuer Pa	ıd
PAYEE	(a) Payee name	6/10/2	(b) Payee ad	ldress;	City,	State, Zip Code
7.6,	ATAT Nube	ility	Caro	2 Stree	m, Sel U	0197-6416
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)  Oher-communication		dule)	(b) Description	n	munication
Non-Political	(c) Check if travel out:	side of Texas. Complet			Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	fice Sought		Office Held

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

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

Contributions/Donations Made Candidate/Officeholder/Poli		ls/Memorials Expense		Expense :Wages/Contract I		el Out Of District r (enter a category not listed above)
	Guide explains how to co					CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 27/10	2 FILER NAME Sally Lill	nontgom	ery		3 FI	LER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EX	/		/		\$	432.98
5 CREDIT CARD ISSUER	Name of financial institut	tion Expr	ess			
6 PAYMENT	(a) Amount Charged 5 732.42 (a) Payee name	(b) Date Expendit	ure Charged	(c) Date(s) Cred	dit Card Issuer Pai	d
7 PAYEE	Chris Cray	H	(b) Payee ad	ldress;	City,	State, Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (see Categories li	sted at the top of this scho		(b) Description		us room art
Non-Political	(c) Check if travel out	tside of Texas. Comple	te Schedule T.	-	- 11	officeholder living expense
Credit Card	Condidate Officeholder	exp		fice Sought		Office Held
PAYMENT '	(a) Amount Charged \$ 3,348.36	(b) Date Expendit		(c) Date(s) Cred	dit Card Issuer Pai	d
PAYEE	(a) Payee name Furniture B	ind in	(b) Payee ad		City,	State, Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories list		dule)	(b) Description		riplacement
Non-Political	(c) Check if travel out	side of Texas. Comple	te Schedule T.		Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit WOH	Candidate / Officeholder	name	Of	fice Sought		Office Held
PAYMENT	(a) Amount Charged \$ 174.94	(b) Date Expendit	,	(c) Date(s) Cred	dit Card Issuer Pai	d
PAYEE	(a) Payee name ATHT UV	eve	(b) Payee ad P.O.F. Cara	of Strew	n, SU 6	State, Zip Code 0197 - 5014
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories lise	sted at the top of this sche	dule)	(b) Description interv	service	phone w/ fax
Non-Political	(c) Check if travel out	side of Texas. Complet	te Schedule T.		Check if Austin, TX	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held
	ATTACH ADDIT	TIONAL COPIE	S OF THIS	SCHEDULE	AS NEEDED	

### SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politi		rices	7. 00.00	Expense Wages/Contract L		enter a category not listed above)
The Instruction	Guide explains how to co	omplete this form.				CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 37710	Sally L	montgo.	mery			ER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP		_	/		\$	
5 CREDIT CARD ISSUER	Name of financial institut	/	ress	**************************************		
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged		dit Card Issuer Paid	
	\$ 138,36	7/10/2	4	8/4/	29	
7 PAYEE	ATAT Mobi	lity	P. P. F.	dress; Rox 6416 L Stream	City, 5,4460	State, Zip Code 197 - 6416
8 PURPOSE OF	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description		
Political	other			Comme	unication	Cellular
Non-Political	(c) Check if travel out	tside of Texas. Complet	te Schedule T.		Check if Austin, TX, off	ficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held
PAYMENT La.	(a) Amount Charged	(b) Date Expendit			dit Card Issuer Paid	
	\$ 250.00	1/2/29	+	8/4/	124	
PAYEE 7a.	(a) Payee name Dallus Bar H	socition	(b) Payee ad 2/0/ Dal	Ross A	City, 15202	State, Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories li Event Ex	sted at the top of this sche	dule)	(b) Description	Bench Br	State, Zip Code - 19-20, 2024 1 Conference
Non-Political	(c) Check if travel out	tside of Texas. Comple	te Schedule T.		Check if Austin, TX, of	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cred	dit Card Issuer Paid	
PAYEE	(a) Payee name		(b) Payee ad	idress;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description		
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T		Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE	AS NEEDED	

SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment Rembursement Office Overhead/Rental Expense Polling Expense Ponting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other colors a stressey out letted above.)

The Instruction Guide explains how to complete this form.				USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME SALLY L	mont	30mer	ч	3 FILER	ID (Ethics Commission File	
4 TOTAL OF UNITEMIZED EXP		. )	_	)	s	375.43	
5 CREDIT CARD ISSUER	Name of financial institution  American  (a) Amount Charged		'ss/				
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	edit Card Issuer Paid		
	5 175.78	7/23/	24	8/31	124		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zip Code	
	ATAT WO	lise	Cara	dress; of SO14 Street	m All be	0197-5014	
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories In	isted at the top of this sche		(b) Description	n ,	where Sergice	
Non-Political	(c) Check if travel ou	tside of Texas. Complet	te Schedule T.		Check if Austin, TX, offic	eholder living expense	
9 Complete ONLY if direct expenditure to benefit OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
PAYMENT (0 A.	(a) Amount Charged  5 137.76	(b) Date Expendito	24	8/3/	edit Card Issuer Paid		
PAYEE 7A	(a) Payee name AT&TM		(b) Payee ad P.O. 1	dress; BOX 64	16 City, and while was	State, Zip Code 60197-6416	
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top of this schedule)			Cellulas Communi catión			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ceholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	edit Card Issuer Paid		
PAYEE	(a) Payee name	-	(b) Payee ad	dress;	City,	State, Zip Code	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sche	dule)	(b) Description	n		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	te Schedule T.		Check if Austin, TX, of	ficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE	AS NEEDED		

## SCHEDULE F4

	EXP	ENDITURE CATE	GORIES FO	R BOX 10	(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award ical Committee Legal Sen	erage Expense Is/Memorials Expense vices	Office Overhe Polling Exper Printing Expe		ense Transpe Travel I Travel I	ion/Fundraising Expense ortation Equipment & Related Expense in District Out Of District enter a category not listed above)
The Instruction	Guide explains how to co	emplete this form.	USI	E A NEW PA	GE FOR EACH C	REDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4: 5771	2 FILER NAME Sully	L.Mont	gonier	4	3 FILE	R ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	/	_	_	)	\$	213.62
5 CREDIT CARD ISSUER	Name of financial institut	n Expres	لحد			
6 PAYMENT	(a) Amount Charged \$ 1034.90	(b) Date Expenditure	Charged (c)		t Card Issuer Paid $2/2/24$	
7 PAYEE	J. W. Marris Hill Country	AT SAN ANTONIO	b) Payee address 238081 Sun Ar	s; Resort Nonio	PKWY82	State, Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (see Categories in	sted at the top of this schedule	(b) Z	Description 2024 Gr	enual Fe	dicial Conference
Non-Political	(c) Check if travel out	tside of Texas. Complete S	schedule T.	Ch	neck if Austin, TX, offi	ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office 5	Sought		Office Held
PAYMENT L. G.	(a) Amount Charged  \$ 175.78	(b) Date Expenditure		Date(s) Credi	t Card Issuer Paid	
PAYEE 7 a.	(a) Payee name AT dT UVIN	(	P.D. Box	S;	City,	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li		(b)	Description	net/	Service N/for x
Non-Political	(c) Check if travel ou	tside of Texas. Complete S	schedule T.			iceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office S	Sought		Office Held
PAYMENT & b.	(a) Amount Charged \$ 138.06	(b) Date Expenditure		Date(s) Credi	t Card Issuer Paid	
РАУЕЕ 7 Ь	(a) Payee name ATETMOB	(	b) Payee address P.O. BO Casal S	<i>y – y – y</i> s;	City, S, All 60	State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories II	sted at the top of this schedule	61	Description WWW	e comm	unication
Non-Political	(c) Check if travel out	tside of Texas. Complete S	chedule T		Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office S	Sought		Office Held
	ATTACH ADDI	TIONAL COPIES	OF THIS SC	HEDULE A	AS NEEDED	

### SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Carpidatas/Officebooked as (Political Committee)

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

The Instruction	on Guide explains how to co		Salaries	Wages/Contract Lab USE A NEW PAG			not listed above) ISSUER
1 TOTAL PAGES SCHEDULE F4: 6 7/	noutsem	ery		3 FILE	R ID (Ethics	Commission Filers	
4 TOTAL OF UNITEMIZED EX	XPENDITURES CHARGED TO A	,			\$		
5 CREDIT CARD ISSUER	Name of financial institut		25/				
6 PAYMENT (	(a) Amount Charged  5 595.34	(b) Date Expendition   8/14/24		(c) Date(s) Credit (			
7 PAYEE 70	(a) Payee name	pot	(b) Payee ad		City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	Printing	isted at the top of this sche		(b) Description  Printer  Chee	Cartri ck if Austin, TX, offin	0	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name		Office Held			
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Credit (	Card Issuer Paid		
PAYEE	(a) Payee name	(a) Payee name (b) Payee add			City,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top of this schedule)  (b) Description						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Chec				eck if Austin, TX, off	ceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged \$		ure Charged	(c) Date(s) Credit Card Issuer Paid			
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this s		dule)	(b) Description			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				neck if Austin, TX, o	fficeholder livin	g expense
	Candidate / Officeholder	name	Off	fice Sought		Office Held	

## SCHEDULE F4

	EXP	ENDITURE CAT	EGORIES	FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Award	erage Expense ds/Memorials Expense	Office O Polling E Printing	payment/Reinfbursement verhead/Rental/Expense Expense Expense //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 co	omplete this form.		USE A NEW PAGE FO	R EACH CREDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4: 7310 Sally C. Montgome			ery		3 FILER ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXP	- 1		J		5 702.01		
5 CREDIT CARD ISSUER	Name of financial institution America Lexpress						
6 PAYMENT	(a) Amount Charged \$ 280.42	(b) Date Expenditu 9/20/24	ire Charged	(c) Date(s) Credit Card Issuer Paid			
7 PAYEE	(a) Payee name (b) Payee address; City, State, Zip Code Hilton Darras Rockwell						
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories in TRAVEL In 1		dule)	hotel - DBA Bench / Ben Conference			
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.	Check if A	ustin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought	Office Held		
PAYMENT 64.	(a) Amount Charged (b) Date Expenditure Charged  \$ 225.00 9/14/24			(c) Date(s) Credit Card Issuer Paid  10 /2 3/2-4			
PAYEE 7A	(a) Payee name (b) Payee address; City, State, Zip Code American Juns of Court Bra Hon Lnw GD of Jackson St State 31.						
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories list of at the top of this schedule)			(b) Description 2022 - 2023			
▶ 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 Off			fice Sought Office Held			
PAYMENT 6 b	s /75.78	(b) Date Expenditu 9/2-3/24	ure Charged	(c) Date(s) Credit Card I	ssuer Paid		
PAYEE 76.	(a) Payee name AT 47 UVL 2	se	P.O. B.	dx5014 Striam A	City, State, Zip Code 44 60197-5014		
PURPOSE OF EXPENDITURE  Political  Non-Political	(a) Category (See Categories listed at the top of this schedule)			internet/ kelephone service			
	(c) Check if travel ou	tside of Texas. Complet	e Schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office			fice Sought	Office Held		
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED		

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 Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By 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 2 FILER NAME 3 FILER ID (Ethics Commission Filers) Sally L Montgomery SCHEDULE F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution 5 CREDIT CARD **ISSUER** nount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid 6 PAYMENT \$ 138.09 7 PAYEE 8 PURPOSE OF EXPENDITURE Political Non-Political 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 (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYMENT \$ PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYMENT \$ PAYEE (a) Payee name (b) Payee address; City. State. Zip Code PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political 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 F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4: 9-03-10

2 FILER NAME
SCHEDULE F4: 9-03-10

A TOTAL OF UNIVERSITY OF EXPLANATION FOR A SEPTIMENTAL AND A SEPTIMENTAL

1-4510	Ja/14 61	1101110m	eru				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						468.68	
5 CREDIT CARD ISSUER	Name of financial institution  American Express  (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid						
6 PAYMENT	(a) Amount Charged \$ 176, 46			(c) Date(s) Credit Card Issuer Paid			
7 PAYEE	(a) Payee name (b) Payee address;				city, m, Sll	State, Zip Code 60197-5014	
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)  O'Free			(b) Description internet/ telephone Service W/fax			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held					Office Held	
PAYMENT LOG.	(a) Amount Charged \$ 138.09	(b) Date Expenditur	,	12/1124	t Card Issuer Paid	3	
PAYEE 7A	(a) Payee name (b) Payee address; City, State, Zip Code P. D. BOX 4414 CARSI Stream; All 60197 - 6416						
PURPOSE OF EXPENDITURE  Political Non-Political	(a) Category (See Categories listed at the tox of this schedule)  (b) Description  Cullus				larcon	rmunication	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						
PAYMENT 65	(a) Amount Charged  \$ 270.63	(b) Date Expenditu		. 7 /	t Card Issuer Paid	i	
PAYEE 16	Dr. Delph		580	6 Lovers	City, Lane 75225	State, Zip Code	
PURPOSE OF EXPENDITURE Political	Dr. Delphen, um Dallas, T x 75225  (a) Category (See Categories listed at the top of this schedule)  Gift  Wathfried netricement  Staff retirement						
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						
	47740040000			SOUEDIN E			

## 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 Fees Office Overhead/R
Food/Beverage Expense Polling Expense
Gift/Awards/Memonals Expense Printing Expense

Loan Repayment Reimbursement Office Overhead/Rental Expense

Candidate/Officeholder/Polit The Instruction	Guide explains how to co		Salaries	Wages/Contract Labor USE A NEW PAGE		er a category not listed above) EDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	monta	merc	(	3 FILER	ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$	646.36		
5 CREDIT CARD ISSUER	Name of financial institution  (mercial (12) Experience)							
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged  5 181, 49 11/2 3/2-4			(c) Date(s) Credit Card Issuer Paid  12/29/24				
7 PAYEE	(a) Payee name AT 4T UV	,	(b) Payee ad	dress; SOX 5014 al Striar	, city, w, Sella	State, Zip Code		
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule)  OF Complete Schedule T.  (c) Check if travel outside of Texas. Complete Schedule T.			(b) Description Internet   Lelephone Service w / fax Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office Sought Office Held							
PAYMENT 6 A	(a) Amount Charged (b) Date Expenditure Charged  \$ 138,09			(c) Date(s) Credit Card Issuer Paid  12/29/24				
PAYEE FR	(a) Payee name  (b) Payee and  PO  Ca			idress; City, State, Zip Code 1. Box 6416 101 Stream All 6019 1-6416				
PURPOSE OF EXPENDITURE  Political  Non-Political	(a) Category (See Categories listed at the top of his schedule)  ### Comparison of the Comparison of t					unication  cholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held							
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged		(c) Date(s) Credit Card Issuer Paid				
PAYEE	(a) Payee name (b) Payee as		dress;	City,	State, Zip Code			
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)  (b) Description							
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 Off			ice Sought		Office Held		
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE AS	NEEDED			

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental 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 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. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 8/20/24 Amith Thompson 7 Payee address: P.O. Box 260689 State; Zip Code 290.40 Reimbursement from Plano, Tx 75026-0689 political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF security **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 12/18/24 Medle An A Haystrik Payee address: 6411 Preston Rd Amount (\$) State: Zip Code Dalling, Tx 75205 political contributions XMAS cards to supporters PURPOSE Printing Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) State: Zip Code City: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin. TX, afficeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED