

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 1.5em; margin-left: 10px;">19</div>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Judge</i></div> <div>FIRST <i>Sally</i></div> <div>MI <i>L</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>Montgomery</i></div> <div>SUFFIX</div> </div>		<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Receipt #</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX</div> <div>APT / SUITE #</div> <div>CITY</div> <div>STATE</div> <div>ZIP CODE</div> </div> <div style="margin-top: 10px;"> <i>13901 Midway Rd Ste 102 Box 315</i> <i>Dallas, TX 75244</i> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 10px;"> <i>(972) 247-7354</i> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>Mr</i></div> <div>FIRST <i>Andrew</i></div> <div>MI <i>M</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <i>"Andy"</i></div> <div>LAST <i>Trusevich</i></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE)</div> <div>APT / SUITE #</div> <div>CITY</div> <div>STATE</div> <div>ZIP CODE</div> </div> <div style="margin-top: 10px;"> <i>6000 Columbus Avenue No. 2411</i> <i>Plano, TX 75024</i> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 10px;"> <i>(972) 849-4063</i> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <div style="margin-top: 10px;"> <i>07 / 01 / 2024</i> <i>12 / 31 / 2024</i> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Month Day Year</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> <div style="margin-top: 10px;"> <i>11 / 08 / 2022</i> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="margin-top: 10px;"> <i>County Court at Law # 3</i> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

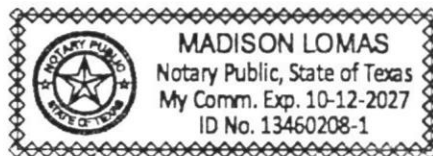
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 4764.24
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,902.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,338.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sally L. Montgomery
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sally L. Montgomery this the 15th day of Jan., 2025, to certify which, witness my hand and seal of office.

Madison Lomas

Madison Lomas

Personal Banker

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sauy L. Montgomery</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,807.83
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9543.38
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 551.61
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 5</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/2/24</i>	5 Payee name <i>American Express</i>	
6 Amount (\$) <i>1893.19</i>	7 Payee address: City: State: Zip Code <i>P.O. Box 6031 Coral Stream, AL 60197-6031</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Credit card payment</i>	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>7/23/24</i>	Payee name <i>TEXAS Center for the Judiciary</i>	
Amount (\$) <i>= 882.08</i>	Payee address: City: State: Zip Code <i>1210 San Antonio Suite 800 Austin, TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>TRAVEL In District Other Education</i>	
	Description <i>Reimbursement - Region 1 Education Conference Expenses</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>8/4/24</i>	Payee name <i>American Express</i>	
Amount (\$) <i>4774.61</i>	Payee address: City: State: Zip Code <i>P.O. Box 6031 Coral Stream, AL 60197-6031</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Credit card payment</i>	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Sally L Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 8/28/24	5 Payee name Larry Duncan	
6 Amount (\$) \$900	7 Payee address: City: State: Zip Code 5415 BANTING WAY DALLAS, TEXAS 75227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	
	(b) Description July 1 - Dec 31, 2024	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 8/31/24	Payee name American Express		
Amount (\$) \$688.97	Payee address: City: State: Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) credit card payment		Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 9/12/24	Payee name Larry Duncan		
Amount (\$) \$400.08	Payee address: City: State: Zip Code 5415 BANTING WAY DALLAS, TX 75227		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description website rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By:	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 375	2 FILER NAME Sully L Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 10/2/24	5 Payee name First Administrative Region	
6 Amount (\$) - \$1793.39	7 Payee address: City: State: Zip Code 2100 Bloomdale Rd McKinney, TX 75071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement-	
	(b) Description Sept 4-6 Annual Judicial Education Conference expenses	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/2/24	Payee name American Express	
Amount (\$) \$2,157.72	Payee address: City: State: Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	
	Description Security	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/2/24	Payee name Smith Thompson Security	
Amount (\$) \$356.63	Payee address: City: State: Zip Code P.O. Box 260689 Plano, TX 75026-0689	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	
	Description Security	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 475		2 FILER NAME Sally L. Montgomery		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/24		5 Payee name American Express			
6 Amount (\$) \$1521.30		7 Payee address: City: State: Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit card payment		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/24		Payee name Campaign Techniques, Inc.			
Amount (\$) \$6500.00		Payee address: City: State: Zip Code 100 Crescent Court, Suite 700 Dallas, TX 75202			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting expense		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/1/24		Payee name American Express			
Amount (\$) \$1053.86		Payee address: City: State: Zip Code P.O. Box 6031 Carol Stream, IL 60197-6031			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit card payment		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 585	2 FILER NAME Sally L Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 12/9/24	5 Payee name Baylor Law School	
6 Amount (\$) \$300.00	7 Payee address: City; State; Zip Code Sheila & Walter Humphrey Law Center 1114 South University Parks Dr. One Bear Place #972-88 Waco, TX 76798-7288	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contribution	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/29/24	Payee name American Express		
Amount (\$) \$936.94	Payee address: City; State; Zip Code P.O. Box 6031 Carol Stream, AL 60197-6031		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) credit card payment		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address: City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 10710	2 FILER NAME Sally L. Montgomery	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 247.16
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5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 614.68	(b) Date Expenditure Charged 5/16/24	(c) Date(s) Credit Card Issuer Paid 7/2/24
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7 PAYEE	(a) Payee name Mistm Galleries Houston	(b) Payee address; City, State, Zip Code 5060 West Alabama ST Houston, TX 77056
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description May 13-16, 2024 Hotel - Region B Conference
<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT 6.a.	(a) Amount Charged \$ 164.89	(b) Date Expenditure Charged 5/22/24	(c) Date(s) Credit Card Issuer Paid 7/2/24
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PAYEE 7.a.	(a) Payee name AT&T Universe	(b) Payee address; City, State, Zip Code P.O. Box 5014 Carol Stream, IL 60197-5014
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other - communication	(b) Description internet / telephone service w/ fax lines
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT 6.b.	(a) Amount Charged \$ 138.04	(b) Date Expenditure Charged 6/10/24	(c) Date(s) Credit Card Issuer Paid 7/2/24
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PAYEE 7.b.	(a) Payee name AT&T Mobility	(b) Payee address; City, State, Zip Code P.O. Box 6416 Carol Stream, IL 60197-6416
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other - communication	(b) Description cellular communication
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <i>2710</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>432.98</i>
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5 CREDIT CARD ISSUER	Name of financial institution <i>American Express</i>
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6 PAYMENT	(a) Amount Charged \$ <i>732.42</i>	(b) Date Expenditure Charged <i>6/11/24</i>	(c) Date(s) Credit Card Issuer Paid <i>7/2/24</i>
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7 PAYEE	(a) Payee name <i>Chris Craft</i>	(b) Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	(b) Description <i>framing of courtroom art</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<i>Credit Card</i> <i>ISSUER</i>	Candidate / Officeholder name <i>American Express</i>	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ <i>3,343.36</i>	(b) Date Expenditure Charged <i>4/19/24</i>	(c) Date(s) Credit Card Issuer Paid <i>8/4/24</i>
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PAYEE	(a) Payee name <i>Furniture Buy</i> <i>Commission</i>	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead</i>	(b) Description <i>furniture replacement</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ <i>174.44</i>	(b) Date Expenditure Charged <i>6/2/24</i>	(c) Date(s) Credit Card Issuer Paid <i>8/4/24</i>
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PAYEE	(a) Payee name <i>AT&T Universe</i>	(b) Payee address; City, State, Zip Code <i>P.O. Box 5014</i> <i>Carol Stream, IL 60197-5014</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <i>internet / telephone w/ fax</i> <i>line service</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 30710 2 FILER NAME Sally L Montgomery 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 138.36

7/10/24

8/4/24

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

AT&T Mobility

P.O. Box 6416

Carroll Stream, TX 76019-6416

8 PURPOSE OF
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

other

communication - cellular

(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

PAYMENT

6 a.

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 250.00

7/2/24

8/4/24

PAYEE

7 a.

(a) Payee name

(b) Payee address;

City,

State, Zip Code

Dallas Bar Association

2101 Ross Ave

Dallas, TX 75202

PURPOSE OF
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

Event Expense

Sept 19-20, 2024

Dallas Brick Bar Conference

(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

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 4810		2 FILER NAME Sally L. Montgomery		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 375.43	
5 CREDIT CARD ISSUER		Name of financial institution American Express			
6 PAYMENT		(a) Amount Charged \$ 175.78	(b) Date Expenditure Charged 7/23/24	(c) Date(s) Credit Card Issuer Paid 8/31/24	
7 PAYEE		(a) Payee name AT&T Wireless	(b) Payee address; City, State, Zip Code P.O. Box 5014 Carol Stream, Ill 60197-5014		
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Internet Telephone Service w/fax	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name _____ Office Sought _____ Office Held _____			
PAYMENT 6a.		(a) Amount Charged \$ 137.76	(b) Date Expenditure Charged 8/10/24	(c) Date(s) Credit Card Issuer Paid 8/31/24	
PAYEE 7a		(a) Payee name AT&T Mobility	(b) Payee address; City, State, Zip Code P.O. Box 6416 Carol Stream, Ill 60197-6416		
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Cellular Communication	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name _____ Office Sought _____ Office Held _____			
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name	(b) Payee address; City, State, Zip Code		
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name _____ Office Sought _____ Office Held _____			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4: 57810

2 FILER NAME

Sally L. Montgomery

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 213.62

5 CREDIT CARD
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 1034.90

(b) Date Expenditure Charged

9/7/24

(c) Date(s) Credit Card Issuer Paid

10/2/24

7 PAYEE

(a) Payee name

J.W. Marriott San Antonio
Hill Country

(b) Payee address:

23808 Resort Pkwy
San Antonio, TX 78261

City, State, Zip Code

8 PURPOSE OF
EXPENDITURE

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

Event

(b) Description

2024 Annual Judicial Conference
Sept 4-7

☒ Political
☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

6 a.

(a) Amount Charged

\$ 175.78

(b) Date Expenditure Charged

8/24/24

(c) Date(s) Credit Card Issuer Paid

10/2/24

PAYEE

7 a.

(a) Payee name

AT&T Universe

(b) Payee address:

P.O. Box 5014
Carlsbad, NM 88501

City, State, Zip Code

PURPOSE OF
EXPENDITURE

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

Other

(b) Description

Internet/
Telephone service N/A

☒ Political
☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

6 b.

(a) Amount Charged

\$ 138.06

(b) Date Expenditure Charged

9/10/24

(c) Date(s) Credit Card Issuer Paid

10/2/24

PAYEE

7 b

(a) Payee name

AT&T Mobility

(b) Payee address:

P.O. Box 6414
Carlsbad, NM 88501

City, State, Zip Code

PURPOSE OF
EXPENDITURE

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

Other

(b) Description

cellular communication

☒ Political
☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 6810	2 FILER NAME Sally L. Montgomery	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT u.c.	(a) Amount Charged \$595.34	(b) Date Expenditure Charged 8/14/24
	(c) Date(s) Credit Card Issuer Paid 10/2/24	
7 PAYEE 7c	(a) Payee name Office Depot	(b) Payee address; City, State, Zip Code 2904 Forest Lane DALLAS, TX 75234
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	
	(b) Description printer cartridges	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 7.810 2 FILER NAME Sally L. Montgomery 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 702.01

5 CREDIT CARD ISSUER Name of financial institution America Express

6 PAYMENT (a) Amount Charged \$ 280.42 (b) Date Expenditure Charged 9/20/24 (c) Date(s) Credit Card Issuer Paid 10/23/24

7 PAYEE (a) Payee name Hilton Darras Rockwell (b) Payee address; City, State, Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) TRAVEL In District (b) Description hotel - DBA Bench/Bar Conference (c) ☒ Political ☐ Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office Sought Office Held

PAYMENT 64 (a) Amount Charged \$ 225.00 (b) Date Expenditure Charged 9/14/24 (c) Date(s) Credit Card Issuer Paid 10/23/24

PAYEE 7a (a) Payee name American Trans of Credit (b) Payee address; City, State, Zip Code Mac Taylor Ann Braithon Ln 900 Jackson St Dallas, TX 75202 St 430

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description 2022 - 2023 (c) ☒ Political ☐ Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office Sought Office Held

PAYMENT 6b (a) Amount Charged \$ 175.78 (b) Date Expenditure Charged 9/23/24 (c) Date(s) Credit Card Issuer Paid 10/23/24

PAYEE 7b (a) Payee name AT 4T Universe (b) Payee address; City, State, Zip Code P.O. Box 5014 Carol Stream, Ill 60197-5014

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) other (b) Description internet / telephone service (c) ☒ Political ☐ Non-Political (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <i>8/10</i>	2 FILER NAME <i>Sally L Montgomery</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution <i>American Express</i>		
6 PAYMENT	(a) Amount Charged <i>\$ 138.09</i>	(b) Date Expenditure Charged <i>10/10/24</i>	(c) Date(s) Credit Card Issuer Paid <i>10/23/24</i>
7 PAYEE	(a) Payee name <i>HT&T Mobility</i>	(b) Payee address; City, State, Zip Code <i>P.O. Box 6416 Carol Stream, Ill 60197-6416</i>	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>other</i>		(b) Description <i>cellular communication</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 90310 2 FILER NAME Sally L Montgomery 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 468.68

5 CREDIT CARD
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 176.46

10/22/24

12/1/2024

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

AT&T Universe

P.O. Box 5014

Carol Stream, Ill 60197-5014

8 PURPOSE OF
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

other

internet/
telephone service w/fax

(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

PAYMENT

6a.

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 138.09

11/10/24

12/1/24

PAYEE

7a

(a) Payee name

(b) Payee address;

City,

State, Zip Code

AT&T Mobility

P.O. Box 6416

Carol Stream, Ill 60197-6416

PURPOSE OF
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

other

cellular communication

(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

6b

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 270.63

10/22/24

12/1/24

PAYEE

7b

(a) Payee name

(b) Payee address;

City,

State, Zip Code

Dr. Delphenium

5806 Lovers Lane

Dallas, TX 75225

PURPOSE OF
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

Gift

staff retirement
w/ staff illness

(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

2 FILER NAME

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

American Express

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 181.49

11/23/24

12/29/24

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

AT&T Nurse

P.O. Box 5014
Carol Stream, Ill 60197-5014

8 PURPOSE OF
EXPENDITURE

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

(b) Description

☒ Political
☐ Non-Political

other

internet/
telephone service w/ fax

(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

PAYMENT

6A

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 138.09

12/10/24

12/29/24

PAYEE

7R

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

AT&T Mobility

P.O. Box 6416
Carol Stream, Ill 60197-6416

PURPOSE OF
EXPENDITURE

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

(b) Description

☒ Political
☐ Non-Political

other

cellular communication

(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

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

PURPOSE OF
EXPENDITURE

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

(b) Description

☐ Political
☐ Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES 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)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 1	2 FILER NAME Sally I Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 8/20/24	5 Payee name Smith Thompson	
6 Amount (\$) 290.40 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 260689 Plano, TX 75026-0689	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description security
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/18/24	Payee name Neddie In A Haystack	
Amount (\$) \$268.21 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6911 Preston Rd Dallas, TX 75205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description XMAS cards to supporters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		