

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

37

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <i>Judge</i>	FIRST <i>Samy</i>	MI <i>L.</i>	OFFICE USE ONLY			
		NICKNAME <i>Montgomery</i>	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE				Date Received		
		<i>13901 Midway Rd Ste 102 Box 315 Dallas, TX 75244</i>						
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
			<i>(972) 247-7354</i>					
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Andrew</i>	MI <i>M.</i>	Receipt #	Amount \$		
		NICKNAME <i>"Andy"</i>	LAST <i>Trusevich</i>	SUFFIX	Date Processed	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE				Date Imaged		
		<i>6000 Columbus Avenue No. 2411 Plano, TX 75024</i>						
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
			<i>(972) 849-4063</i>					
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
		<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH -FR)						
10 PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		<i>02</i>	<i>23</i>	<i>2022</i>	THROUGH	<i>12</i>	<i>31</i>	<i>2022</i>
11 ELECTION		ELECTION DATE			ELECTION TYPE			
		Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
		<i>11</i>	<i>08</i>	<i>2022</i>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
		<i>County Court-at-Law #3</i>						
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
		<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS			
			<input type="checkbox"/> GENERAL					
			<input type="checkbox"/> SPECIFIC					
				COMMITTEE CAMPAIGN TREASURER NAME				
				COMMITTEE CAMPAIGN TREASURER ADDRESS				

FILED  
 JOHN F. WARKEN  
 COUNTY CLERK  
 DALLAS COUNTY, TEXAS  
 2023 JAN 17 PM 4:39

FILED  
 JOHN F. WARKEN  
 COUNTY CLERK  
 DALLAS COUNTY, TEXAS  
 2023 JAN 17 PM 4:27

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

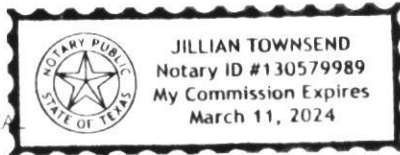
15 JC/OH NAME <i>Sally L. Montgomery</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 59,700
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 3093.88
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,674.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 65,803.89
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/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by SALLY L. Montgomery this the 17th day of January, 2022, to certify which, witness my hand and seal of office.

*Jillian Townsend* Jillian Townsend Notary  
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 - JC/OH**

**FORM JC/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>SALLY L. Montgomery</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 58,200
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,500
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	\$ 16,581.09
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	\$ 8947.42
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

10/11

2 FILER NAME

Sally - Montgomery

3 Filer ID (Ethics Commission Filers)

4 Date

08/19/22

5 Full name of contributor  out-of-state PAC ID# \_\_\_\_\_

Jonathan R. Patton

7 Amount of contribution (\$)

\$5000.00

6 Contributor address; City; State; Zip Code

3449 Milton Ave, Unit 2 DALLAS, TX 75205

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

Tillotson Law

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

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

Date

8/19/22

Full name of contributor  out-of-state PAC ID# \_\_\_\_\_

Crawford Wishnew Lang, PLLC

Amount of contribution (\$)

\$5000.00

Contributor address; City; State; Zip Code

1700 Pacific Ave. Ste. 2390 Dallas, TX 75201

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

8/19/22

Full name of contributor  out-of-state PAC ID# \_\_\_\_\_

Freese & Goss, PLLC

Amount of contribution (\$)

\$5000.00

Contributor address; City; State; Zip Code

3500 Maple Ave, Ste 1100, Dallas, TX 75219

Contributor's principal occupation

attorneys

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>2 of 11</b>
2 FILER NAME <i>Sally - Montgomery</i>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/19/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Tim K. Goss</b>	7 Amount of contribution (\$) <b>\$5000.00</b>
6 Contributor address; City; State; Zip Code <b>3500 Maple Ave Ste 1100, Dallas, TX 75219</b>		
8 Contributor's principal occupation <i>attorney</i>	9 Contributor's job title	
10 Contributor's employer/law firm <i>Freese &amp; Goss, PLLC</i>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>9/27/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Kaeske Law Firm</b>	Amount of contribution (\$) <b>\$5000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 802023, Dallas, TX 75380</b>		
Contributor's principal occupation <i>attorneys</i>	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

Date <b>7/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Glenn Tucker</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>7441 Marvin D. Love Fwy, Ste 400, Dallas, TX 75237</b>		
Contributor's principal occupation <i>attorney</i>	Contributor's job title	
Contributor's employer/law firm <i>Law Office of Glenn D Tucker</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3 of 11

2 FILER NAME

SALLY L. Montgomery

3 Filer ID # Ethics Commission Filers'

4 Date

8/19/22

5 Full name of contributor

Ben Martin, Esq

out-of-state PAC ID#

7 Amount of contribution (\$)

\$2500.00

6 Contributor address:

3214 McKinney Avenue, Ste 100, Dallas, TX 75204

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

8/23/22

Full name of contributor

Connie Hawkins

out-of-state PAC ID#

Amount of contribution (\$)

\$100.00

Contributor address:

2310 Lawnmeadow Dr., Richardson, TX 75080

Contributor's principal occupation

a Horney

Contributor's job title

Contributor's employer/law firm

Meynier Resse Liberman & Matte

Law firm of contributor's spouse (if any)

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

Date

11/3/22

Full name of contributor

Ryan Thompson

out-of-state PAC ID#

Amount of contribution (\$)

\$1100.00

Contributor address:

3300 Oak Lawn Ave, 3rd Floor, Dallas, TX 75219

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Thompson Law LLP

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1

4 of 11

2 FILER NAME

SALLY L. Montgomery

3 Filer ID# Ethics Commission Filers'

4 Date

11/4/22

5 Full name of contributor

out-of-state PAC ID#

Mark Siegel, Esq

7 Amount of contribution (\$)

\$200.00

6 Contributor address: City State Zip Code

5233 Ursula Lane, Dallas, TX 75229

8 Contributor's principal occupation

attorney

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

10/3/22

Full name of contributor

out-of-state PAC ID#

James W. Volberding

Amount of contribution (\$)

\$300.00

Contributor address: City State Zip Code

4902 Barclay Dr.  
Tyler, TX 75703

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Kretzer & Volberding, P.C.

Law firm of contributor's spouse (if any)

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

Date

10/14/22

Full name of contributor

out-of-state PAC ID#

H. Grady Chandler, Esq

Amount of contribution (\$)

\$250.00

Contributor address: City State Zip Code

12222 Merit Drive Ste 1200  
DALLAS, TX 75251

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

Law Offices of H Grady Chandler

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **577.11**

2 FILER NAME

**SALLY L. Montgomery**

3 Filer ID # Ethics Commission Filers:

4 Date

**11/30/22**

5 Full name of contributor  out-of-state PAC ID#

**Andrew M. Trusevich, Esq**

7 Amount of contribution (\$)

**\$1000.00**

6 Contributor address: City: State: Zip Code

**5748 KATE AVE  
PLANO, TX 75024-5877**

8 Contributor's principal occupation

**attorney**

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

**12/8/22**

Full name of contributor  out-of-state PAC ID#

**LAW OFFICE OF JOHN M. LOZANO, PLLC**

Amount of contribution (\$)

**\$500.00**

Contributor address: City: State: Zip Code

**9900 Starlight Rd DALLAS, TX 75220-4546**

Contributor's principal occupation

**attorney**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

**12/8/22**

Full name of contributor  out-of-state PAC ID#

**Avant Law Firm**

Amount of contribution (\$)

**\$200.00**

Contributor address: City: State: Zip Code

**1595 N Central Expwy Richardson, TX 75080**

Contributor's principal occupation

**attorney**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **6 B 11**

2 FILER NAME

**SALLY L. Montgomery**

3 Filer ID: Ethics Commission Filers'

4 Date

**12/8/22**

5 Full name of contributor  out-of-state PAC ID#

**Jason January, P.C.**

7 Amount of contribution (\$)

**\$250.00**

6 Contributor address: City State Zip Code

**3030 LBJ Fwy Ste 130 Dallas, TX 75234**

8 Contributor's principal occupation

**attorney**

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

**12/8/22**

Full name of contributor  out-of-state PAC ID#

**Law Office of Sean R. Cox**

Amount of contribution (\$)

**\$500.00**

Contributor address: City State Zip Code

**400 N Erway St. # 130864 Dallas, TX 75313**

Contributor's principal occupation

**attorney**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

**12/8/22**

Full name of contributor  out-of-state PAC ID#

**HAMILTON Wingo, LLP**

Amount of contribution (\$)

**\$5000.00**

Contributor address: City State Zip Code

**325 N St. Paul St., Ste 3300 Dallas, TX 75201**

Contributor's principal occupation

**attorney**

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>SALLY L. Montgomery</i>		1 Total pages Schedule A(J)1. <i>7</i>
		3 Filer <input checked="" type="checkbox"/> Ethics Commission Filers
4 Date <i>12/8/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Ted B. Lyon &amp; Associates, P.C.</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address: City: State: Zip Code <i>18601 LBJ Frwy Ste 525 Mesquite, TX 75150</i>		
8 Contributor's principal occupation <i>attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>LAW Office of Jay J. Murray P.C.</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address: City: State: Zip Code <i>2512 State St. Dallas TX 75201</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>James Mitchell</i>	Amount of contribution (\$) <i>\$1500.00</i>
Contributor address: City: State: Zip Code <i>6605 Park Lane, Dallas TX 75225</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Payne Mitchell Law Group LLC</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>SALLY L. Montgomery</i>		1 Total pages Schedule A(J)1 <i>8/11</i>
4 Date <i>12/7/22</i>		3 Filer ID Ethics Commission Filers
5 Full name of contributor <i>Amy Witherite</i>	<input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <i>\$2500</i>
6 Contributor address: <i>10440 N. Central Expy - US 75 Ste 400</i> <i>DALLAS TX 75231</i>		
8 Contributor's principal occupation <i>attorney</i>	9 Contributor's job title	
10 Contributor's employer/law firm <i>Witherite Law Group</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/8/22</i>		Full name of contributor <i>Ben Taylor</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$100.00</i>
		Contributor address: <i>2654 Lakewood Court, Dallas, TX 75214-3881</i>		
		Contributor's principal occupation <i>attorney</i>		Contributor's job title
		Contributor's employer/law firm <i>Ted B. Lyon &amp; Associates, PC</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)				

Date <i>12/8/22</i>		Full name of contributor <i>Adam B. LeCrone</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$500.00</i>
		Contributor address: <i>123 N. Crockett Street Ste 200</i> <i>Sherman, TX 75090</i>		
		Contributor's principal occupation <i>attorney</i>		Contributor's job title
		Contributor's employer/law firm <i>The LeCrone Law Firm, PC</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>SALLY L. Montgomery</i>		1 Total pages Schedule A(J)1 <i>9/11</i>
4 Date <i>12/8/22</i>		3 Filer <input type="checkbox"/> Ethics Commission Filers' <input type="checkbox"/>
5 Full name of contributor <i>Carlos Cortez</i>	<input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <i>\$5000.00</i>
6 Contributor address: City: State: Zip Code <i>12801 N. Central Expwy Ste 360 DALLAS, TX 75243</i>		
8 Contributor's principal occupation <i>attorney</i>	9 Contributor's job title	
10 Contributor's employer/law firm <i>Cortez Law Firm, PLLC</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/8/22</i>	Full name of contributor <i>Thomas Herald</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address: City: State: Zip Code <i>7800 N Stemmons Fwy Ste. 650 DALLAS, TX 75247</i>			
Contributor's principal occupation <i>attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Thomas A. Herald, P.C.</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>12/9/22</i>	Full name of contributor <i>Marissa Maggio</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$200.00</i>
Contributor address: City: State: Zip Code <i>2621 Regal Rd Plano, TX 75075</i>			
Contributor's principal occupation <i>a Horney</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>SALLY L. Montgomery</i>		1 Total pages Schedule A(J)1: <i>10 B 11</i>
4 Date <i>12/10/22</i>		3 Filer ID# Ethics Commission Filers:
5 Full name of contributor <i>David D Crowe</i>	<input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <i>\$2500.00</i>
6 Contributor address: <i>901 main Street, 906530 DALLAS, TX 75202</i>		
8 Contributor's principal occupation <i>attorney</i>	9 Contributor's job title	
10 Contributor's employer/law firm <i>Crowe, Arnold &amp; Majors, LLP</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/9/22</i>	Full name of contributor <i>Armin Afzalipour</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$3000.00</i>
Contributor address: <i>2555 N. Pearl St Apt 504 Dallas TX 75201</i>		City: State: Zip Code	
Contributor's principal occupation <i>real estate</i>		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>12/18/22</i>	Full name of contributor <i>William Curtis</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$500.00</i>
Contributor address: <i>17754 Preston Rd Ste 200, Dallas, TX 75252</i>		City: State: Zip Code	
Contributor's principal occupation <i>attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Curtis Law Group</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

2 FILER NAME <i>SALLY L. Montgomery</i>		1 Total pages Schedule A(J)1: <i>17711</i>
4 Date <i>12/30/22</i>		3 Filer ID Ethics Commission Filers
5 Full name of contributor <i>Munsch, Hardt Kopf &amp; Harr, P.C</i>	<input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address: <i>500 N. Akard Street, Ste 3800 Dallas, TX 75201-6659</i>		
8 Contributor's principal occupation <i>attorney</i>	9 Contributor's job title	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/30/22</i>	Full name of contributor <i>William M. Toles</i>	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address: <i>5100 Verde Valley #151 Dallas, TX 75254</i>		City: State: Zip Code	
Contributor's principal occupation <i>attorney</i>		Contributor's job title	
Contributor's employer/law firm <i>Munsch Hardt Kopf &amp; Harr</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)
Contributor address:		City: State: Zip Code	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 <i>12/1</i>	
2 FILER NAME <i>SALLY L. Montgomery</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12/8/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eric H. Marge</i>	8 Amount of Contribution \$ <i>\$1500.00</i>	9 In-kind contribution description <i>fund raising event expenses</i>
7 Contributor address; City; State; Zip Code <i>2619 Hibernia St Ste 1 Dallas, TX 75204</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>attorney</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>The Marge Law Firm, P.C.</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <i>187</i>	<b>2</b> FILER NAME <i>SALLY L. Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/5/2022</i>	<b>5</b> Payee name <i>American Express</i>	
<b>6</b> Amount (\$) <i>1213.19</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 650448 DALLAS, TX 75265-0448</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Credit card payment</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8/4/22</i>	Payee name <i>AMERICAN EXPRESS</i>	
Amount (\$) <i>1078.81</i>	Payee address; City; State; Zip Code <i>P.O. Box 650448 DALLAS, TX 75265-0448</i>	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8/6/22</i>	Payee name <i>Fish Fry Democrats, PAC</i>	
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>6333 E. Mockingbird Lane, Ste 147-800 DALLAS, TX 75214</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event &amp; Contribution expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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: <b>287</b>	2 FILER NAME <b>SALLY L. Montgomery</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/6/22</b>	5 Payee name <b>Larry DUNCAN</b>	
6 Amount (\$) <b>\$ 900.00</b>	7 Payee address: City; State; Zip Code <b>5415 Banting Way DALLAS, TX 75227</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>July 1 - Dec 31, 2022</b>
	(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 <b>8/6/22</b>	Payee name <b>Moody Family YMCA</b>		
Amount (\$) <b>\$250.00</b>	Payee address: City; State; Zip Code <b>6000 Preston Rd DALLAS, TX 75205</b>		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contribution</b>	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 <b>8/10/22</b>	Payee name <b>Boyles &amp; Son Fencing and Outdoors</b>		
Amount (\$) <b>\$3662.10</b>	Payee address: City; State; Zip Code <b>2530 Rochelle Rd Rockwall, TX 75082</b>		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other - security</b>	Description <b>fencing</b>
	<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.

<b>1</b> Total pages Schedule F1: <i>387</i>	<b>2</b> FILER NAME <i>SALLY L. Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9/4/2022</i>	<b>5</b> Payee name <i>American Express</i>	
<b>6</b> Amount (\$) <i>\$1541.38</i>	<b>7</b> Payee address, City, State, Zip Code <i>P.O. Box 650448 Dallas, TX 75265-0448</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Credit card payment</i>	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>10/4/2022</i>	Payee name <i>American Express</i>	
Amount (\$) <i>\$1563.98</i>	Payee address, City, State, Zip Code <i>P.O. Box 650448 Dallas, TX 75265-0448</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
Date <i>10/5/2022</i>	Payee name <i>Larry Duncan</i>	
Amount (\$) <i>\$346.91</i>	Payee address, City, State, Zip Code <i>5415 Banting Way DALLAS, TX 75227</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	
	Description <i>website expense</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

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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 Expense                                                   | Fees                          | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense                                                           | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officer/holder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                          | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4 of 7</b>	2 FILER NAME <b>Sally L. Montgomery</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/22</b>	5 Payee name <b>Smith Thompson Security</b>	
6 Amount (\$) <b>\$356.63</b>	7 Payee address <b>P.O. Box 260689 Plano, TX 75026-0689</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>security system</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought / Office held
Date <b>11/4/2022</b>	Payee name <b>American Express</b>	
Amount (\$) <b>\$1349.68</b>	Payee address <b>P.O. Box 650448 DALLAS, TX 75265-0448</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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, officer/holder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought / Office held
Date <b>12/3/2022</b>	Payee name <b>American Express</b>	
Amount (\$) <b>\$1061.81</b>	Payee address <b>P.O. Box 650448 DALLAS, TX 75265-0448</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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, officer/holder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officer/holder 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/Raising 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: 5 of 7      2 FILER NAME: Sally L. Montgomery      3 Filer ID (Ethics Commission Filers):

4 Date: 12/26/2022      5 Payee name: American Express

6 Amount (\$): 1987.96      7 Payee address: P.O. Box 50448      City:      State:      Zip Code: Dallas, TX 75265-0448

8 PURPOSE OF EXPENDITURE:      (a) Category (See Categories listed at the top of this schedule):      (b) Description:

(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:

Date: 12/26/2022      Payee name: Jewish Federation of Greater Dallas

Amount (\$): \$150.00      Payee address: 7800 Northaven Rd      City:      State:      Zip Code: Dallas, TX 75230

PURPOSE OF EXPENDITURE:      Category (See Categories listed at the top of this schedule): Contribution      Description:

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

Complete ONLY if direct expenditure to benefit C/OH:      Candidate / Officeholder name:      Office sought:      Office held:

Date: 12/26/2022      Payee name: Dallas Bar Association

Amount (\$): \$270.00      Payee address: 2101 Ross Ave      City:      State:      Zip Code: Dallas, TX 75201

PURPOSE OF EXPENDITURE:      Category (See Categories listed at the top of this schedule): Fees      Description: Dues - Dallas Bar Association, DWLA, Tr. Skills Sects, DRL

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

Complete ONLY if direct expenditure to benefit C/OH:      Candidate / Officeholder name:      Office sought:      Office held:

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# 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/Officerholder/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>6 of 7</i>	2 FILER NAME <i>Sally L. Montgomery</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/26/2022</i>	5 Payee name <i>TEXAS Center For the Judiciary</i>	
6 Amount (\$) <i>\$300.00</i>	7 Payee address <i>1210 San Antonio Suite 800 Austin, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</i>	(b) Description <i>purpose-judicial education</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officer/holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought      Office held
Date <i>8/15/2022</i>	Payee name <i>Freedom Foundations of Valley Forge</i>	
Amount (\$) <i>\$100.00</i>	Payee address <i>Advancement Department PO Box 67 Valley Forge, Pa 19481-0067</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Scholarship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officer/holder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought      Office held
Date <i>12/27/2022</i>	Payee name <i>Freedom Foundations of Valley Forge</i>	
Amount (\$) <i>\$150.00</i>	Payee address <i>Advancement Department PO Box 67 Valley Forge, Pa 19481-0067</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <i>Scholarship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officer/holder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder 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 Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7 of 7</b>	2 FILER NAME <b>SALLY L. Montgomery</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/23/22</b>	5 Payee name <b>TEXAS Center for the Judiciary</b>	
6 Amount (\$) <b>-\$498.65</b>	7 Payee address, City, State, Zip Code <b>1210 SAN ANTONIO ST # 800 AUSTIN, TX 78761</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <b>JCLE - Annual Conference Reimbursement</b>
	(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
Date <b>12/31/22</b>	Payee name <b>PAYPAL</b>	
Amount (\$) <b>\$547.29</b>	Payee address, City, State, Zip Code <b>2211 NORTH FIRST ST. SAN JOSE, CA 95131</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <b>Fees</b>
	(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
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

<b>1</b> Total pages Schedule F4: <i>18/15</i>	<b>2</b> FILER NAME <i>Sally L. Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>6/11/22</i>	<b>6</b> Payee name <i>Texas Center for the Judiciary</i>	
<b>7</b> Amount (\$) <i>\$400.00</i>	<b>8</b> Payee address; City; State; Zip Code <i>1210 San Antonio Suite 800 Austin, TX 78701</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>JCLE - Annual Conference</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>5/26/22</i>	Payee name <i>AT&amp;T Universe</i>		
Amount (\$) <i>\$148.03</i>	Payee address; City; State; Zip Code <i>P.O. Box 5014 Carol Stream, Ill 60197-5014</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <i>internet</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|                                                                               | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <i>2 of 15</i>	<b>2</b> FILER NAME <i>SAMY L. Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>6/1/2022</i>	<b>6</b> Payee name <i>Extra Space Storage</i>	
<b>7</b> Amount (\$) <i>\$257.00</i>	<b>8</b> Payee address: City; State; Zip Code <i>2422 Marsh Lane Carrollton, Tx 75006</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Rent</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <i>sign storage</i>
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>6/9/2022</i>	Payee name <i>AT&amp;T Mobility</i>		
Amount (\$) <i>\$204.15</i>	Payee address: City; State; Zip Code <i>P.O. BOX 537104 ATLANTA, GA 30353-7104</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <i>cellular</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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.

<b>1</b> Total pages Schedule F4: <i>3 of 15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>5/25/22</i>	<b>6</b> Payee name <i>Chris Craft Framing &amp; Gallery</i>	
<b>7</b> Amount (\$) <i>\$140.57</i>	<b>8</b> Payee address; City; State; Zip Code <i>5211 W. Louisa Lane DALLAS, TX 75209</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>other - courtroom furnishing</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>6/27/2022</i>	Payee name <i>AT&amp;T Universe</i>		
Amount (\$) <i>\$144.89</i>	Payee address; City; State; Zip Code <i>P.O. Box 5014 Carol Stream, Ill 60197-5014</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <i>internet</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

<b>1</b> Total pages Schedule F4: <i>4 of 15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>6/30/2022</i>	<b>6</b> Payee name <i>Dallas Museum of Art</i>	
<b>7</b> Amount (\$) <i>\$480</i>	<b>8</b> Payee address: City; State; Zip Code <i>1717 N. Harwood St DALLAS, TX 75201</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution - Advocate</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>school &amp; blind access</i>
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>7/9/2022</i>	Payee name <i>AT&amp;T Mobility</i>	
Amount (\$) <i>\$204.67</i>	Payee address: City; State; Zip Code <i>PO Box 537104 Atlanta, Ga 30353-7104</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cellular</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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.

<b>1</b> Total pages Schedule F4: <i>5 of 15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>8/4/22</i>	<b>6</b> Payee name <i>Dallas-Morning News</i>	
<b>7</b> Amount (\$) <i>\$140.78</i>	<b>8</b> Payee address: City, State, Zip Code <i>1954 Commercial St DALLAS, TX 75201</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Education</i>
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>8/9/22</i>	Payee name <i>AT&amp;T Mobility</i>		
Amount (\$) <i>\$279.59</i>	Payee address: City, State, Zip Code <i>P.O. Box 537104 ATLANTA, GA 30353-7104</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cellular communication</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

<b>1</b> Total pages Schedule F4: <i>6 of 15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date <i>7/25/22</i>	<b>6</b> Payee name <i>AT&amp;T Universe</i>	
<b>7</b> Amount (\$) <i>\$429.77</i>	<b>8</b> Payee address: City: State; Zip Code <i>PO Box 5014 Carol Stream, Ill 60197-5014</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>office overhead</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>internet</i>
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>8/10/22</i>	Payee name <i>Chris Craft Custom &amp; Framing</i>		
Amount (\$) <i>\$505.53</i>	Payee address: City: State; Zip Code <i>5211 W. Lovers Lane Draughts, TX 75209</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>framing</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

<b>1</b> Total pages Schedule F4: <i>7 of 15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>8/17/22</i>	<b>6</b> Payee name <i>Dallas County Democratic Party</i>	
<b>7</b> Amount (\$) <i>\$1070.00</i>	<b>8</b> Payee address; City; State; Zip Code <i>1414 N. WASHINGTON, DALLAS, TX 75204</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contribution</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>8/22/22</i>	Payee name <i>Staples</i>		
Amount (\$) <i>\$280.90</i>	Payee address; City; State; Zip Code <i>4400 Belt Line Rd ADDISON, TX 75001</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead - printing cartridges</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

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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.

<b>1</b> Total pages Schedule F4: <i>8 of 15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>9/3/2022</i>	<b>6</b> Payee name <i>Dr. Delphenium's</i>	
<b>7</b> Amount (\$) <i>\$154.80</i>	<b>8</b> Payee address: City: State: Zip Code <i>5806 Lovens Lane DALLAS, TX 75225</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Gift - supporter</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>9/15/22</i>	Payee name <i>Dallas Bar Association</i>		
Amount (\$) <i>\$395.00</i>	Payee address: City: State: Zip Code <i>2101 Ross Ave DALLAS, TX 75201</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense - Dorch Bar Conference</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

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### 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.

<b>1</b> Total pages Schedule F4: <i>9 of 15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>9/30/22</i>	<b>6</b> Payee name <i>Horseshoe Bay Resort</i>	
<b>7</b> Amount (\$) <i>\$420.93</i>	<b>8</b> Payee address; City; State; Zip Code <i>200 HI CIR N. NORSHOE BAY, TX 78657</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event expense - travel expense for DBA Branch Conference</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>11/19/22</i>	Payee name <i>AT&amp;T Mobility</i>		
Amount (\$) <i>\$118.64</i>	Payee address; City; State; Zip Code <i>P.O. Box 537104 ATLANTA, GA 30353-7104</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cellular</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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.

<b>1</b> Total pages Schedule F4: <i>10/17/15</i>	<b>2</b> FILER NAME <i>Sally L Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name <i>DAY L Foundation</i>	
<b>7</b> Amount (\$) <i>\$258.75</i>	<b>8</b> Payee address; City; State; Zip Code <i>2101 Ross Ave DALLAS, TX 75202</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>10/24/22</i>	Payee name <i>AT&amp;T Universe</i>		
Amount (\$) <i>\$157.54</i>	Payee address; City; State; Zip Code <i>PO Box 5014 Carol Stream, IL 60197-5014</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>internet</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>11 of 15</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	\$
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5 Date <i>11/10/22</i>	6 Payee name <i>AT&amp;T Mobility</i>
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7 Amount (\$) <i>\$118.64</i>	8 Payee address; City; State; Zip Code <i>PO Box 537104 Atlanta, GA 30353-7104</i>
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>cellular</i>
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/2/22</i>	Payee name <i>Dallas Morning News</i>
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Amount (\$) <i>140.77</i>	Payee address; City; State; Zip Code <i>1954 Commerce St DALLAS, TX 75201</i>
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>education</i>
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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

## 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.

<b>1</b> Total pages Schedule F4: <i>12/15</i>	<b>2</b> FILER NAME <i>Sally L. Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>11/9/22</i>	<b>6</b> Payee name <i>Chris Craft Custom Framing</i>	
<b>7</b> Amount (\$) <i>\$644.86</i>	<b>8</b> Payee address; City; State; Zip Code <i>5211 W. Lovera Lane DALLAS, TX 75209</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Other</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>framing</i>
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>11/13/22</i>	Payee name <i>American Arms of Court</i>		
Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>C/O CHAD RuBack, Esq., 8117 PRESTON Road, Ste #300 DALLAS, TX 75225</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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.

1 Total pages Schedule F4: <b>13 of 15</b>	2 FILER NAME <b>Sally L. Montgomery</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <b>10/23/22</b>	6 Payee name <b>AT&amp;T Universe</b>
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7 Amount (\$) <b>\$157.54</b>	8 Payee address; City; State; Zip Code <b>PO Box 5014 Carol Stream, Ill 60197-5014</b>
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <b>interest</b>
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/10/22</b>	Payee name <b>AT&amp;T Mobility</b>
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Amount (\$) <b>\$138.88</b>	Payee address; City; State; Zip Code <b>PO Box 537104 Atlanta, GA 30353-7104</b>
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office overhead</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <b>cellular communication</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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.

<b>1</b> Total pages Schedule F4: <i>14 of 15</i>	<b>2</b> FILER NAME <i>Sally L. Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>11/22/22</i>	<b>6</b> Payee name <i>AT&amp;T DTD</i>	
<b>7</b> Amount (\$) <i>\$1099.99</i>	<b>8</b> Payee address; City; State; Zip Code <i>5100 Belt Line Rd. Ste #1032 Addison, TX 75001</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Communication - new equipment</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>11/23/22</i>	Payee name <i>AT&amp;T Uverse</i>	
Amount (\$) <i>\$157.54</i>	Payee address; City; State; Zip Code <i>PO Box 5014 Carol Stream, IL 60197-5014</i>	
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>internet</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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.

<b>1</b> Total pages Schedule F4: <i>158/15</i>	<b>2</b> FILER NAME <i>Sally L. Montgomery</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>11/24/22</i>	<b>6</b> Payee name <i>AT&amp;T D17D</i>	
<b>7</b> Amount (\$) <i>\$113.64</i>	<b>8</b> Payee address; City; State; Zip Code <i>5100 Belt Line Rd Ste # 1032 ADDISON, TX 75001</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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		

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