FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080944 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Monica McCoy NAME Date Received **ELECTRONICALLY FILED** 07/08/2024 NICKNAME LAST **SUFFIX** Purdy CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard NAME NICKNAME LAST **SUFFIX** Dick Sayles **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 939-8701 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 95 Dallas District Judge District 95

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Purdy, Monica McCo	/ (The Honorable)	14 Filer ID 00080944	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with officeholders are required to report this inform	out the candidate's or office	eholder's knowledge or				
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME							
_								
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAM	1E					
		COMMITTEE CAMPAIGN TREASURER ADD	RESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 1,990.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 32,565.77				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	HE LAST DAY OF THE	\$ 135,759.05				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information required t					
		The Hor	orable Monica McCoy P	ourdy				
		Signatu	re of Candidate or Officeho	ılder				
AFFIX NOT	TARY STAMP / SEAL AB	OVE						
		aid		day				
of	, 20, to co	ertify which, witness my hand and seal of office						
Signature of offic	er administering oath	Printed name of officer administering oat	n Title of office	er administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHI	EET PG 3 3 of 19
	R NAN	(Ethics Comm	nission Filers)		
		E SUBTOTALS SCHEDULE		SUBTO	AL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,990.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	32,565.77
6.		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	35.19

	MONET	ARY POLITICAL	SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/19
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
		ca McCoy (The Honorable)			00080944
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/02/2024	Alfred, Obichukwu			\$50.00
		6 Contributor address; City;	State; Zip Code		
		Austin, TX 78738			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	IT Director			IT Director	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
	MedCare Cl	inics			
12	If contributor i	s a child, law firm of parent(s) (if any)	•	
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/11/2024		Allen, Kimulique	_		\$100.00
	Contributor address; City; State; Zip Code		State: Zip Code		··
		Irving, TX 75063			
		Principal Occupation		Contributor's Job Title	
	Physician			Physician	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Cooper Clin	ic			
	If contributor i	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/26/2024	Bruce, Dana		·	\$500.00
		Contributor address; City;	State: Zip Code		··
		, ,,	· •		
		Rockwall, TX 75087			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Pryor & Brud	ce			
	If contributor i	s a child, law firm of parent(s) (if any)	1	
l					

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/19
2	FILER NAME Purdy, Monie	ca McCoy (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080944
4	Date 06/25/2024	5 Full name of contributor Fertitta, Brandi6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Dallas, TX 75254				
8		·		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Glast Phillips	employer/law firm s & Murrav		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/10/2024					\$100.00
		Heath, TX 75126				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Self Employe	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (if	anv)			
	ii continuator i	s a crima, law iiiiii or parcria(s) (ii	ally)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	01/30/2024	Kennedy, Stephen				\$500.00
		Contributor address; City; Dallas, TX 75202	State; Zip Code		1	
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kennedy La					
	If contributor is	s a child, law firm of parent(s) (i	any)			

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/19
2	FILER NAME Purdy, Monic	ca McCoy (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080944
4	Date 06/25/2024	Full name of contributor Landerman, Allen Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		West Hartford, CT 0611	7			
8		Contributor's Principal Occupation 9 Contributor's Job Title				
	Texas Lawyer Texas Lawyer					
10	Contributor's e Allen Lander	employer/law firm rman PC		11 Law firm of contributor's sp	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
H	Date	Full name of contributor	Out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
	Date Full name of contributor out-of-state PAC (ID#:) 02/11/2024 Mayo-Williams, Cheryl Contributor address; City; State; Zip Code				•	\$25.00
		Dallas, TX 75222				
		Principal Occupation		Contributor's Job Title		
		Contracts Administrator		Budget and Contracts A	dn	ninistrator
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	City of Dalla					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/15/2024	Mell, Demetria	_			\$25.00
		Contributor address; City; Flower Mount, TX 75022			•	
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Not Employe	ed		Not Employed		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/19
2	FILER NAME Purdy, Monic	ca McCoy (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080944
4	Date 02/14/2024	5 Full name of contributor Moffitt, Cathy6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$50.00
		Arlington, TX 76016				
8		Contributor's Principal Occupation 9 Contributor's Job Title				
	Not Employed Not Employed					
10	O Contributor's e Not Employe	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>		
	Date	Full name of contributor	Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	Date Full name of contributor out-of-state PAC (ID#:) 02/10/2024 Ramdon, Mia Contributor address; City; State; Zip Code				-	\$40.00
		Forney, TX 75126				
		Principal Occupation		Contributor's Job Title		
	Registered [Registered Dietitian		and the sun of
	Diversify Die	employer/law firm		Law firm of contributor's sp	Jou:	se (II arry)
		s a child, law firm of parent(s) (if	· anv)			
	ii contributor is	o a orma, law iiiii or parerii(o) (ii	uny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	02/10/2024	Strambler-Butler, Neisha	a			\$100.00
		Contributor address; City; Richardson, TX 75082	State; Zip Code			
_	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Not Employe	ed		Not Employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/19	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Purdy, Monie	ca McCoy (The Honorable)			00080944
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)
	02/10/2024	Thompson, Mattie			\$50.00
		6 Contributor address; City; State; Zip Code			
		Irving, TX 75062			
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	<u> </u>	
•	Not Employe		Not Employed		
10		employer/law firm	11 Law firm of contributor's sp	oouse	e (if any)
	Not Employe		·		· · //
12		s a child, law firm of parent(s) (if any)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

	Candidate/Officeholder/Politica redit Card Payment							OTHER (enter a category not listed above)			
1 Tot	al pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Co	mmission Filers)	
S	Sch: 1/9 Rpt: 9/19	Purdy, Mo	nica McCoy (The Ho	norable)				00080944			
4 Dat	te	5 Payee nam	е								
05/	/07/2024	American	Airlines								
6 Am	ount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode						
	\$422.21	PO Box 63	19616								
		DFW Airp	ort, TX 75261								
8	PURPOSE OF		See Categories listed at the top	p of this schedule)	(b)	Description					
E	XPENDITURE	Travel Ou	t of District			Check if Austin		ide of Texas. Con , officeholder livin		e T.	
						Purchase of a				CLE	
	mplete <u>ONLY</u> if direct penditure to benefit C/OI		fficeholder name	Office sou	<u>l</u> ught			Office h	eld		
Dat	te	Payee nam	e								
03/	/03/2024	Cesars Pa	lace								
Am	ount (\$)	Payee addr	ess; City;	State; Zip Co	ode						
	\$417.47	3570 S La	s Vegas Blvd								
		Paradise,	NV 89109								
	PURPOSE OF		See Categories listed at the top	p of this schedule)	(b)	Description				_	
E)	XPENDITURE	Event Exp	ense			=		ide of Texas. Con , officeholder livin		Э.Т.	
						Hotel advance				na CLE	
								J	•	3	
	mplete <u>ONLY</u> if direct penditure to benefit C/OI		fficeholder name	Office sou	ught			Office h	eld		
Dat	te	Payee nam	e								
01/	/10/2024	Dallas Baı	Association								
Am	ount (\$)	Payee addr	ess; City;	State; Zip Co	ode						
	\$355.00	2101 Ross									
		Dallas, TX	75201								
	PURPOSE OF	(a) Category	See Categories listed at the top	o of this schedule)	(b)	Description					
E	XPENDITURE	Fees						ide of Texas. Con		е Т.	
						Membership		, officeholder livin	g expense		
						Wellbership (uu				
Col	mplete <u>ONLY</u> if direct	Candidate/O	fficeholder name	Office sou	ıaht			Office h	eld		
	penditure to benefit C/OI		mocholaci Hailic	Office Sui	agrit			Office II	Ciu		
<u> </u>	···										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal	Services		ges/C	ontract Labor		OTHER (enter a	category not listed above)
			Instruction Guide explair	is now to com	piete	tnis form.			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/9 Rpt: 10/19		AcCoy (The Honorab	le)				00080944	
4	Date	5 Payee name							
	01/22/2024	Dallas County D	emocratic Party						
6	Amount (\$)	7 Payee address;	City; Sta	te; Zip Cod	е				
	\$250.00	1414 N Washin	gton Ave						
		Dallas, TX 7520	4						
8	PURPOSE	(a) Category (See Cat	egories listed at the top of this s	schedule) (b) [Description			
	OF EXPENDITURE	Advertising Exp	ense		Ļ	=			plete Schedule T.
					Ļ	」 ^{Check If Austin,} Advertising sp		officeholder living	
						auvertising sp	JUI	isorsilip or e	event
9	Complete ONL V if direct	Candidate/Officeho	lder neme	Office source	h+			Office by	ald
9	Complete ONLY if direct expenditure to benefit C/OI		ider name	Office soug	ΠL			Office he	eiu
_	Date	Payee name							
	03/14/2024	Dallas Photo La	h						
				to: Zin Cod					
	Amount (\$)	Payee address;	•	te; Zip Cod	е				
	\$1,443.75	684 Lake Caroly	/n Pkwy #133E						
		Irving, TX 75039)						
	PURPOSE	(a) Category (See Cat	egories listed at the top of this s	schedule) (b) [Description			
	OF EXPENDITURE	Advertising Exp	ense			<u></u>			plete Schedule T.
					Ĺ	⊸		officeholder living	g expense
					(Campaign sig	JII C	istribution	
	Computate ONLY if diseast	Candidata/Officaba	lelan nama	Office seven	la 4			Office le	al d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeho	ider name	Office soug	nι			Office he	eia
	Date	Payee name							
	01/05/2024	Democracy Too	lbox						
	Amount (\$)	Payee address;	City; Sta	te; Zip Cod	е				
	\$9,500.00	8552 Royal Coเ	nty Down Drive						
		McKinney, TX 7	5070						
	PURPOSE	(a) Category (See Cat	egories listed at the top of this	schedule) (b) [Description			
	OF EXPENDITURE	Consulting Expe	ense						plete Schedule T.
					Ĺ			officeholder living	
					(zampaign coi	nst	uurig, tundra	aising and management
_	Complete ONLY if direct	Candidate/Officeho	lder name	Office soug	ht			Office he	ald
	expenditure to benefit C/OI		idel Hailie	Jince Soug	111			Onice H	u
<u></u>	rme provided by Tayas E	hiaa Cammiaaian	www.othics	ototo tv uo					Version V// 1 0 d279aha/

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 3/9 Rpt: 11/19	Purdy, Monica McCoy (The Honorable) 00080944
4	Date	5 Payee name
	01/30/2024	Democracy Toolbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,600.00	8552 Royal County Down Drive
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign consulting, fundraising and management
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$1,000.00	8552 Royal County Down Drive
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign consulting, fundraising and management
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.45	520 Belle View Blvd #4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Transaction fees for online donations during the
L		reporting period
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 12/19	Purdy, Monica McCoy (The Honorable) 00080944
4	Date	5 Payee name
	04/10/2024	Genesis the Women's Shelter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2023 Lucas Dr
		Dallas, TX 75219
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event ticket
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/09/2024	Interdenominational Ministerial Alliance of Dallas
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 671209
		Dallas, TX 75367
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Program advertising
		1 Togram actions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/06/2024	Jack & Jill of America Inc. Dallas Chapter
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	PO Box 225135
		Dallas, TX 75222-5135
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event program advertising
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 5/9 Rpt: 13/19	Purdy, Monica McCoy (The Honorable) 00080944	
4	Date	5 Payee name	
	03/01/2024	National Bar Association - National Convention	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$599.00	1816 12th St NW 4th Floor	
		Washington, DC 20009	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		CLE registration fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	
	03/15/2024	PayPal	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$125.00	2211 N 1st Street	
		San Jose, CA 95131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Platform fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	_
⊨			=
	Date	Payee name	
	01/05/2024	Reilly Echols Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$866.00	1710 S Harwood	
		Dallas, TX 75215	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign materials	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	Superiord to borient 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

1 Total pages Schedule F1: Sch: 69 Rpt: 14/19 Anount (8) PurPo, Monica McCoy (The Honorable) Purply, Monica McCoy (The Honorable) Purply (8) Description Purply (8) Payee address; City; State; Zip Code Po Box 795247 Dallas, TX 75379 Purply, Monica McCoy (The Honorable) Purply (9) Date Complete CNILY if direct Appenditure to henefit C/OH Posc and distance of the State (The State) Purply (1) Dallas, TX 75240 Purply, Monica McCoy (The Honorable) Purply (9) Dallas, TX 75240 Purply (1)		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
Sch: 6/9 Rpt: 14/19 4 Date 01/23/2024 7 Payee amne Reilly Echols Printing 6 Amount (\$) 7 Payee address: City: State; Zip Code 1710 S Harwood Dallas, TX 75215 8 PURPOSE OF EXPENDITURE Quality direct expenditure to benefit C/OH Payee amne 03/14/2024 Senate District 16 Convention Amount (\$) Payee address: City: State; Zip Code Campaign materials Payee name 03/14/2024 Senate District 16 Convention Amount (\$) Payee address: City: State; Zip Code S50.00 PO Box 795247 Dallas, TX 75379 PURPOSE OF EXPENDITURE Quality direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office sought Office held Office held Convention Office sought Office held Office held Office held Office held Office sought Office held Office held Office held Office held Office sought Office held Office held Office sought Office held	1	Total pages Schodule F1:	· · · · · · · · · · · · · · · · · · ·							
Reilly Echols Printing	1	. •								
Amount (\$) S3,557.91 7 Payee address; City; State; Zip Code	4	Date	5 Payee name							
Sajestical State Sajestical		01/23/2024	· Lyss ······s							
Candidate/Officeholder name Complete Control of the schedule Candidate/Officeholder name Control of the schedule	6	` '	1710 S Harwood							
Candidate/Officeholder name Complete Control of the schedule Candidate/Officeholder name Control of the schedule	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
Candidate/Officeholder name Office sought Office held										
Date 03/14/2024 Payee name Senate District 16 Convention Amount (\$) Payee address; City; State; Zip Code PO Box 795247 Dallas, TX 75379 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder himg expense Advertising sponsorship of convention Complete QNLY if direct expenditure to benefit C/OH Date 06/26/2024 Payee name Sharis Berries Fruit Amount (\$) Payee address; City; State; Zip Code 13021 Coit Rd Ste 107 Dallas, TX 75240 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder him geopense Gift for court staff member		EXPENDITURE	Check if Austin, TX, officeholder living expense							
O3/14/2024 Senate District 16 Convention Amount (\$)	9									
Amount (\$)		Date	Payee name							
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PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description		Amount (\$) Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check it travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of convention Complete ONLY if direct expenditure to benefit C/OH Date O6/26/2024 Amount (\$) Payee name Sharis Berries Fruit Amount (\$) Payee address; City; State; Zip Code 13021 Coit Rd Ste 107 Dallas, TX 75240 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$50.00 PO Box 795247								
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Complete ONLY if direct expenditure to benefit C/OH Date										
Date 06/26/2024 Payee name Sharis Berries Fruit Amount (\$) Payee address; City; State; Zip Code \$121.20 13021 Coit Rd Ste 107 Dallas, TX 75240 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for court staff member Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Advertising sponsorship of convention								
Sharis Berries Fruit Amount (\$)			•							
Amount (\$) Payee address; City; State; Zip Code \$121.20 13021 Coit Rd Ste 107 Dallas, TX 75240 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Gift for court staff member Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name							
\$121.20		06/26/2024	Sharis Berries Fruit							
Dallas, TX 75240 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for court staff member Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code							
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift for court staff member Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$121.20								
OF EXPENDITURE Gift/Awards/Memorials Expense Gift for court staff member Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
EXPENDITURE GITI/AWards/Memorials Expense Gift for court staff member Complete ONLY if direct Candidate/Officeholder name Office sought Office held			, <u> </u>							
Complete ONLY if direct Candidate/Officeholder name			One/ Wards/Wemonals Expense							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		-								
			Gilt for court stall member							
Experience to benefit Groff										
	L		·							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
-	Sch: 7/9 Rpt: 15/19	Purdy, Monica McCoy (The Honorable) 00080944							
4	Date	5 Payee name							
	05/05/2024	State Bar of Texas							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$470.00	1414 Colorado St							
		Austin, TX 78701							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	-	Check if Austin, TX, officeholder living expense							
		Membership dues							
_	Operation ONLY if allowed	One distance (Office health as a second seco							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	05/05/2024	Texas Center for the Judiciary							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$350.00 1210 San Antonio Ste 800								
		Austin, TX 78701							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Judicial conference registration fees							
		Sudicial conference registration rees							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH									
	Date	Payee name							
	01/29/2024	Payee name Texas Justice Democrats							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	6333 Mockingbird Lane, Suite 147, Box 800							
		Dalls, TX 75214							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense							
		Advertising sponsorship of event							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 8/9 Rpt: 16/19	Purdy, Monica McCoy (The Honorable) 00080944								
4	Date	5 Payee name								
	02/11/2024	The Links Foundation								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$1,000.00	1200 Massachusetts Ave NW								
		Washington, DC 20005								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Program advertising								
		1 Togram advertising								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/O									
L										
	Date	Payee name								
	01/23/2024	The Order Desk								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$8,535.66	\$8,535.66 9840 Monroe Dr Ste 104								
	Dallas, TX 75220									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T.								
	Check if Austin, TX, officeholder living expense Campaign mailer									
		Sampaigi maio.								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH										
	Date	Payee name								
	04/14/2024	Payee name Tiff's Treats								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$48.12	1001 Ross Ave Ste 120								
L		Dallas, TX 75202								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE		Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Gift for court staff member								
		Gilt for court stall member								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic			mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
┰	Total pages Schedule F1:	2	FII FR NAM	1F				3	Filer ID	(Ethics Commission Filers)
-	Sch: 9/9 Rpt: 17/19	-		nica McCoy (The	Honorable))			00080944	(
4	Date	5	Payee name	e						
	04/08/2024		UPS Store							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Code				
	\$360.00		5930 Roya	al Ln Ste E						
			Dallas, TX	75230						
8	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	edule) (b)	Description			
	OF EXPENDITURE		Fees						ide of Texas. Comp	
							Campaign p		, officeholder living	
							Campaign p	บรเ	Unice box let	5
Ļ	0 1: 0 1: 0		0 11 1 101	·		<u> </u>			0.00	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Oi	fficeholder name	(Office sought			Office he	ıu
H										

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 18/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Purdy, Monica McCoy (The Honorable) 00080944 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2024 \$35.19 America's Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75204 Purpose for which amount is received Check if political contribution returned to filer Interest on deposits

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Purdy, Monica McCoy (The Honorable) 00080944 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Monica, Purdy 8 Departure city or name of departure location 07/13/2024 9 Destination city or name of destination location 07/19/2024 Las Vegas 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane National Bar Association CLE