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) 00026547 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Dale B. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Tillery CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4513 Scenic Cir MAILING Receipt # Amount **ADDRESS** Change of Address Garland, TX 75043 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Dale B. NAME NICKNAME LAST **SUFFIX** Tillery **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 4513 Scenic Cir **ADDRESS** (Residence or Business) Garland, TX 75043 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 683-0988 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 134 Dallas District Judge District 134

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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Version V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Tillery, Dale B. (The I	Honorable)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. consent. Candidates and	the candidate's or office		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS	IC)	\$ 0.00
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	15)	\$ 0.00
TOTALS	4			0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 19,702.49
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 227,231.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Dale B. Tillery	,
		Signature o	f Candidate or Officehold	der
AFFIX NO	ΓARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath
g		344	12 5. 5351	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 12
l	ER NAN lery, Da	(Ethics Commission Filers)		
I	ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 19,702.49
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
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	DNS	\$
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 1/9 Rpt: 4/12	Tillery, Dale B. (The Honorable)
4	Date	5 Payee name
	11/13/2024	1800Flowers.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.76	One Old Country Rd
		Suite 500
		New York, TX 11514
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Flowers for constituent's funeral
•	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Data	
	Date 10/14/2024	Payee name AnyPromo, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,476.17	1511 E Holt Blvd
		Ontario, CA 91761
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mugs with Campaign Logo
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/16/2024	Circle K #4529
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$68.67	531 E Malloy Rd
	,	ool L manoy
		Seagoville, TX 75159
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPLINDITORL	Check if Austin, TX, officeholder living expense
		Holiday Hams, Turkey, and Brisket for Pct Chair Appreciation
	C. residente ONII V if alimont	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not I							above)	
Cicuit Caru Fayilletit				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 2/9 Rpt: 5/12		Tillery, Dale	B. (The Honor	able)					00026547		
4	Date	5	Payee name						·			
	08/12/2024		Costco Who	lesale								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
ľ	\$190.34	ľ	8282 Park L	-	Otato,	Z.p 00	uo					
	4200.0		0202 : 0 2	•••								
			Dallac TV 7	7E221								
Ļ			Dallas, TX 7			Ī						
8	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description		df.T O	lata Cabadula T	
	EXPENDITURE		Food/Bevera	age Expense				=		officeholder livin	nplete Schedule T.	
								Jury Room Si			ig expense	
								,	•			
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	0	office sou	aht			Office h	eld	
	expenditure to benefit C/OI	Н					3					
\vdash	Date		Payee name									
	12/29/2024		Costco Who	lesale								
_	Amount (\$)	H	Payee addres		State:	Zip Co	de					
	\$504.98		8282 Park L	-	State,	21p 00	uc					
	Ψ504.50		0202 T alk L	.11								
			Dolloo TV 7	7E221								
		_	Dallas, TX 7			ı						
	PURPOSE OF	(a) 		e Categories listed at	the top of this sche	edule)	(b)	Description	outoi	do of Toyon Cor	nnloto Cohodulo T	
	EXPENDITURE		Food/Bevera	age Expense				=		officeholder livin	nplete Schedule T.	
								Jury Room Si				
								•				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	0	office sou	ght			Office h	ield	
	expenditure to benefit C/OF	Н										
	Date		Payee name									
	09/28/2024		Dallas Bar A	Association								
	Amount (\$)		Payee addres		State:	Zip Co	de					
	\$250.00		2101 Ross A	-	,							
			Dallas, TX 7	'5201								
	PURPOSE	(2)					(h)	Description				
	OF	(4)	Event Exper	e Categories listed at	the top of this sche	edule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		LVCIII LXPCI	130				Check if Austin,	, TX,	officeholder livin	ig expense	
								Bench Bar Se	emi	nar		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght	<u> </u>		Office h	eld	
L	expenditure to benefit C/OI	H										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 6/12	Tillery, Dale B. (The Honorable) 00026547
4	Date	5 Payee name
	12/10/2024	Democracy Toolbox LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,000.00	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.
		Check if Austin, TX, officeholder living expense Consulting fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/30/2024	Fisher, Phillip
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	5002 Bilindsay Dr
	Ψ3,000.00	3002 Billiusay Bi
		Seagoville, TX 75159
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to beriefft C/O	
	Date	Payee name
	07/28/2024	Hodge, Terri
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	7106 Abrams Rd
		Dallas, TX 75231
	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.
		Check if Austin, TX, officeholder living expense Consulting feE
		Consulting leE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor OTHER (enter The Instruction Guide explains how to complete this form.					a category not listed above)				
					Guide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/9 Rpt: 7/12		Tillery, Dale	B. (The Hono	rable)					00026547		
4	Date	5	Payee name									
	12/16/2024		Hoss BBQ									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$76.37		900 N Highv	vay 175								
			Seagoville,	TX 75159								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		,		Check if travel of	outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							—		officeholder livin		
								Pit Use for Sr Brisket for Pc			/ Hams, Turkey and	
								DIISKELIUI FC				
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	12/29/2024		Hoss BBQ									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$700.00		900 N Highv	vay 175								
			Seagoville,	TX 75159								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards/	Memorials Ex	pense			<u></u>			nplete Schedule T.	
								—		officeholder living		_+
								Chair Appreci			urkey, and Brisket for P	J۱
_	Complete ONLY if direct	<u> </u>	`andidato/Offic	ceholder name		Office sou	aht			Office h	old	_
	expenditure to benefit C/O		,anuluale/Onic	Lenoidei Haine	C	mice sou	gni			Office II	eiu	
		_										_
	Date	ı	Payee name		4.4.00							
	10/11/2024		Irving-Carro	llton Branch N	AACP							
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$200.00		PO Box 166	253								
			Irving, TX 75	5016								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense							nplete Schedule T.	
								Check if Austin, Freedom Fun		officeholder living		
								rieeuoiii ruii	iu L	uncheon A	u	
	Complete ONLY if direct	Щ	`andidato/Offic	ceholder name		Office sou	aht			Office h	ald	_
	Complete ONLY if direct expenditure to benefit C/O		anuuale/UIII(choluel name	C	AIICE SUU	yııı			Onice n	⊡ iu	
												_

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 By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expu Legal Services The Instruction Guide	Sal		Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)	
L	Sch: 5/9 Rpt: 8/12	Tillery, Dal	e B. (The Honorable	e)			00026547		
4	Date	5 Payee name					-		
	08/29/2024	J.L. Turner	Legal Association						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zi	ip Cod	e			
	\$1,250.00	P.O. Box 1	30987						
		Dallas, TX	75313-0987						
8	PURPOSE	(a) Category (s	iee Categories listed at the to	p of this schedule	e) (b) Description			
	OF EXPENDITURE	Contributio	ns/Donations Made	Ву		:	outside of Texas. Cor	mplete Schedule T.	
	EXPENDITORE	Candidate/	Officeholder/Politica	al Committe	e		n, TX, officeholder livir		
						Donation to 5	501(c)(3) scnoi	arship program	
<u>_</u>	Commission ONU V. if allows	Condition 100	in a la al al a un a ser e	04.		-4	Offi - 1	المام	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office	e sougl	<u> </u>	Office h	ieiu	
	Date	Payee name							
	12/26/2024	Lewis, Fred	d						
	Amount (\$)	Payee addre	ess; City;	State; Zi	ip Cod	е			
	\$2,500.00	6827 Racir	ie Drive						
		Dallas, TX	75232						
	PURPOSE	(a) Category (s	see Categories listed at the to	p of this schedule	e) (b) Description			
	OF EXPENDITURE	Consulting				ш	outside of Texas. Co		
	ZA ZABITORZ					_	n, TX, officeholder livir	ng expense	
						Consulting fe	 		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office	e sougl	nt	Office h	neld	
	expenditure to benefit C/O		ioonolaci name	Office	.c sougi		Office I	ioid	
-	Date	Dovos nem							
	Date 12/10/2024	Payee name	y Awards Dallas						
_			-	Ctata: 7'	in 0=-1	•			
	Amount (\$) \$200.00	Payee addre 1910 Pacifi		State; Zi	ib Cod	е			
	\$200.00								
		Suite 1422							
		Dallas, TX	/5201						
	PURPOSE OF		see Categories listed at the to		e) (b) Description	outside -f.T-	malata Calandul - T	
	EXPENDITURE		ns/Donations Made Officeholder/Politica		ا م		outside of Texas. Con n, TX, officeholder livir		
		- Carialaale/	Chicololdei/i oillice			MLK Legacy		.	
						- •			
	Complete ONLY if direct		iceholder name	Office	e soug	nt	Office h	neld	
	expenditure to benefit C/OI	4							

SCHEDULE F1

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/9 Rpt: 9/12 Tillery, Dale B. (The Honorable) 00026547 4 Date Payee name 11/13/2024 Namecheap.com 6 Amount (\$) Payee address; City; State; Zip Code \$34.12 4600 East Washington Street Suite 300 Phoenix, AZ 85034 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain name registration renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2024 Sparkletts / DS Water of America, Inc. Amount (\$) Payee address; City; State; Zip Code \$96.77 PO Box 660579 Dallas, TX 75266 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water for Jury Room Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/22/2024 Stonewall Democrats of Dallas Amount (\$) Payee address: City: State; Zip Code \$120.00 PO Box 192305 Dallas, TX 75219 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/9 Rpt: 10/12	Tillery, Dale B. (The Honorable) 00026547
4	Date	5 Payee name
	12/16/2024	Super1Foods
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.20	125 Hall Rd.
		Seagoville, TX 75159
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Holiday Hams, Turkey, and Brisket for Pct Chair
		Appreciation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/16/2024	Super1Foods Super1
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.75	125 Hall Rd.
		Seagoville, TX 75159
	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 Holiday Hams, Turkey, and Brisket for Pct Chair
		Appreciation
	Complete ONLY if direct	<u>l</u>
	Complete ONLY if direct expenditure to benefit C/O	y
	Date	Payee name
	08/24/2024	Teleflora
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.38	11444 West Olympic Blvd
		4th Floor
		Los Angeles, CA 90064
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Flowers for constituent's funeral
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	·

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 11/12	Tillery, Dale B. (The Honorable) 00026547
4	Date	5 Payee name
	11/15/2024	The Green & Green Co
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	4100 Springs Valley Rd
		Ste 475
		Dallas, TX 75244
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
		Amicus Gala 2024 Ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/16/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$536.70	220 N Highway 175
		Seagoville, TX 75159
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Holiday Hams, Turkey, and Brisket for Pct Chair
		Appreciation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/29/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$599.83	220 N Highway 175
		Seagoville, TX 75159
	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 Holiday Hams, Turkey, and Brisket for Pct Chair
		Appreciation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

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 By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Polling Experiments Printing Experiments Salaries/Wag	nse es/Contract L		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/9 Rpt: 12/12		Tillery, Dal	e B. (The Hond	orable)				00026547	
4	Date	5	Payee name)						
	12/29/2024		Walmart							
6	Amount (\$)	7	Payee addre	ess; City;	State	Zip Code				
	\$281.45		220 N High	ıway 175						
_			Seagoville,			10				
8	PURPOSE OF	(a)		See Categories listed		edule) (K	Descrip		ide of Teyes Com	nplete Schedule T.
	EXPENDITURE		GITI/Awards	s/Memorials Ex	kpense				, officeholder living	
							Holiday	y Hams, ⁻		Brisket for Pct Chair
							Apprec	iatioN		
9	Complete ONLY if direct expenditure to benefit C/OI	H	Candidate/Off	ficeholder name	(Office sough	t		Office h	eld