## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm 00086036		2 Total pages filed: 22	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr.	Dennis S			Date Received	
INVINI					ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX	01/15/2025	
		London		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER MAILING	457 Laurence Ave.					
ADDRESS	Ste. 603				Receipt # Amount	
Change of Address	Heath, TX 75032					
	110411, 17, 75052				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		NAI		
5 CAMPAIGN TREASURER				MI		
NAME	Mrs.	Mary K.				
	NICKNAME	LAST		SUFFIX		
		Ward				
6 CAMPAIGN	STREET ADDRESS (NO	) PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP COI	ΣE
TREASURER ADDRESS	517 Terry Lane					
(Residence or Business)						
(Noordonioe of Edomosts)	Heath, TX 75032					
7 CAMPAIGN TREASURER		HONE NUMBER	EXTENSION			
PHONE	(949) 413-8333					
8 REPORT TYPE	January 15	anth day hofor	- clastion	D:::::0#	1 45th day offer compaign treasurer	
'''-	X January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)	
	-		_	reporting limit	4	
9 PERIOD	Month Day Ye	ear		Month Day	Year	
COVERED	07/01/2024	Ti	HROUGH	12/31/2024	4	
10 ELECTION	ELECTION DATE	E		ELECTION TYPE		
	1	ear X F	Primary	Runoff	Other	
	03/05/2024		General	Special	_	
		-		Ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	OFFICE FILED (II dily)			State Representa		
				Otato Hoprossilla	Wive District 66	
		GO -	TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	London Jr., Dennis S	(Mr.)	<b>14</b> Filer ID 00086036	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this information	the candidate's or office	eholder's knowledge or
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 THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 516.10
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 4,104.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 275.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 28,550.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		Mr. D	ennis S London Jr.	
		Signature o	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH **COVER SHEET PG 3**

					3 of 22
l	ER NAM	(Ethics Co	ommission Filers)		
<b>20</b> SC	HEDUL	SUB	TOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	516.10
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	400.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	3,171.85
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	932.68
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	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	75.00
				-	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 4/22	
2	FILER NAME London Jr., [	Dennis S (Mr.)			3	Filer ID (Ethics Commission 00086036	n Filers)
4	Date 11/02/2024			7	Amount of Contribution (\$)	\$104.10	
_	Delicational	Rockwall, TX 75087		Frankrije (Ozakativati	<u></u>		
8	Sr. Client Lea	pation / Job title (See Instructions) ad	9	Employer (See Instructions Toptal	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/09/2024 Messina-Gates, Bernice  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$70.00		
	<u> </u>	Fate, TX 75189	_		<u></u>		
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	5)		
Date Full name of contributor out-of-state PAC (ID 08/09/2024 Messina-Gates, Bernice Contributor address; City; State; Zip Code		)#:	)		Amount of Contribution (\$)	\$70.00	
		Fate, TX 75189					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$70.00	
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	<u>                                      </u>		
	Date 07/15/2024  Full name of contributor out-of-state PAC (ID#:)  Messina-Gates, Bernice  Contributor address; City; State; Zip Code  Fate, TX 75189			Amount of Contribution (\$)	\$70.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/22		
2	FILER NAME London Jr.,	Dennis S (Mr.)	3	Filer ID (Ethics Commission 00086036	n Filers)	
4				7	Amount of Contribution (\$)	\$33.00
		Scottsdale, AZ 85250				
8	Principal occu Member	upation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/04/2024 Torel, Adam  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$33.00
	Scottsdale, AZ 85250  Principal occupation / Job title (See Instructions)  Member  Self					
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID#:_ Torel, Adam Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$33.00
	Drive in all asset	Scottsdale, AZ 85250	Franks or (Cook both ations			
	Member	upation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 07/04/2024	Full name of contributor out-of-state PAC (ID#:_ Torel, Adam Contributor address; City; State; Zip Code Scottsdale, AZ 85250	)		Amount of Contribution (\$)	\$33.00
Principal occupation / Job title (See Instructions) Employe Member Self			Employer (See Instructions Self	5)		

	LOANS			SCHEDULE !	Ξ	
	The Instruction	The Instruction Guide explains how to complete this form.  1 Total page Sch: 1/1 I				
2	FILER NAME London Jr., Den	nnis S (Mr.)		3 Filer ID (Ethics Commission Filers 00086036	)	
4	TOTAL OF UN	NITEMIZED LOANS		\$		
5	Date of loan 12/24/2024	7 Name of lender out-of-s	state PAC (ID#:	9 Loan Amount (\$) \$400	0.00	
6	Is lender a financial institution?	8 Lender address; City; S	tate; Zip Code	10 Interest Rate		
	No	Rockwall , TX 75032		11 Maturity Date		
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Ir	•		
	Managing Mem			ity Solutions LLC		
14	Description of Col  X None	lateral	15 Check if persona	al funds were deposited into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	X not applicable	18 Guarantor address; City; S	tate; Zip Code			
20	Principal occupati	on	21 Employer (See Ir	Instructions)		
			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

	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: 1/9 Rpt: 7/22	London Jr., Dennis S (Mr.) 00086036
4	Date	5 Payee name
	07/26/2024	ANBTX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.95	PO Box 40
		Terrell, TX 75160
8	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.
		Check if Austin, TX, officeholder living expense  fee
		ice
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/28/2024	ANBTX
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	PO Box 40
		Terrell, TX 75160
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		fee
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiantific to belieff 6/01	'
	Date	Payee name
	09/27/2024	ANBTX
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	PO Box 40
		Terrell, TX 75160
Г	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
1		fee
L		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OF	1

## 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		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Salaries	Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/9 Rpt: 8/22	London Jr.	, Dennis S (Mr.)					00086036	
4	Date	5 Payee name	)				_		
	10/28/2024	ANBTX							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode				
l	\$4.95	PO Box 40							
l									
		Terrell, TX	75160						
8	PURPOSE	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				=		de of Texas. Com	
						<u> </u>	, TX,	officeholder living	expense
						fee			
9	Commists ONII V if diseast	Canalidate/Of	ii a a la a la la una a a a a a	0#:				Office he	la la
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ugnt			Office he	eid
Г	Date	Payee name	)						
	11/27/2024	ANBTX							
Н	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
l	\$4.95	PO Box 40							
		Terrell, TX	75160						
	PURPOSE	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
						<u> </u>	, TX,	officeholder living	expense
						fee			
┝	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht			Office he	ald.
	expenditure to benefit C/O		icenoidei name	Office 30	ugni			Office fie	au .
F	Date	Payee name	<u> </u>						
	12/13/2024	ANBTX							
Н	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$4.95	PO Box 40		•					
l									
		Terrell, TX	75160						
	PURPOSE	(a) Category (S	See Categories listed at the t	top of this schedule)	(b)	Description			
l	OF EXPENDITURE	Fees						de of Texas. Comp	
						fee Check if Austin	, TX,	officeholder living	expense
						100			
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	llaht			Office he	eld
	expenditure to benefit C/O		nooriolaci Haine	Office 30	agiit			Since ne	
$\vdash$									
L									

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/9 Rpt: 9/22	London Jr., Dennis S (Mr.) 00086036
4	Date	5 Payee name
	12/27/2024	ANBTX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.95	PO Box 40
		Terrell, TX 75160
8	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		fee
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/15/2024	CHASE CARD SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 62940
		Carol Stream, IL 60197-6294
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LAI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
	Complete ONLY if direct	Candidata/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	CHASE CARD SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 62940
		Carol Stream, IL 60197-6294
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit Card Payment
		Cleuit Caid Fayineit
	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	•

## 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

	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: 4/9 Rpt: 10/22	London Jr., Dennis S (Mr.) 00086036
4	Date	5 Payee name
	09/13/2024	CHASE CARD SERVICES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 62940
		Carol Stream, IL 60197-6294
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit Card Payment
		Creat Card Layment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	10/15/2024	CHASE CARD SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 62940
	Ψ300.00	1 O BOX 02340
		Carol Stream, IL 60197-6294
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit Card Payment
		ordan dala raymoni
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/15/2024	CHASE CARD SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 62940
		Carol Stream, IL 60197-6294
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Credit Card Payment
		Credit Gard Fayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 11/22	London Jr., Dennis S (Mr.)	00086036
4	Date	5 Payee name	
	12/13/2024	CHASE CARD SERVICES	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	PO Box 62940	
		Carol Stream, IL 60197-6294	
8	PURPOSE OF	,	Description  Check if travel outside of Toyaca Complete Schedule T
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Credit Card Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/14/2024	CHASE CARD SERVICES	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	PO Box 62940	
		Carol Stream, IL 60197-6294	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Credit Card Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi	1	
	Date	Payee name	
	07/03/2024	Campaign Partner	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	PO Box 118	
		Ctill Diver MA 70700	
		Still River, MA 78768	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Website
	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
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 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: 6/9 Rpt: 12/22	London Jr., Dennis S (Mr.) 00086036
4	Date	5 Payee name
	08/05/2024	Campaign Partner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	PO Box 118
		Still River, MA 78768
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  Website
		Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	David and the second
	09/03/2024	Payee name
L		Campaign Partner
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	PO Box 118
		Still River, MA 78768
	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  Website
		Website
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	10/03/2024	Payee name Campaign Partner
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	PO Box 118
		Still River, MA 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Website
		Website
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

## 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						
1	Total pages Schedule F1:						
	Sch: 7/9 Rpt: 13/22	London Jr., Dennis S (Mr.) 00086036					
4	Date	5 Payee name					
	09/11/2024	Network Solutions					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$467.90	5535 Gate Pkway					
		Jacksonville, FL 32256-8080					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Web hosting					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI	Н					
	Date	Payee name					
10/29/2024		UPS Store					
Amount (\$)		Payee address; City; State; Zip Code					
	\$420.00	457 Laurence Drive					
		Heath, TX 75032					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		PO Box rental					
L							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experientale to belieff C/Of						
	Date	Payee name					
	11/02/2024	Winred Technical Services LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$4.10	1776 Wilson Blvd					
		Ste 530					
		Arlington, VA 22219					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Evnense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Donation Processing Fees					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	oxperialitate to beliefit 6/01	·· 	_				

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con 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:	
	Sch: 8/9 Rpt: 14/22	London Jr., Dennis S (Mr.)  Certifics Continussion Files (Mr.)
4	Date	5 Payee name
	10/04/2024	Winred Technical Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.30	1776 Wilson Blvd
		Ste 530
		Arlington, VA 22219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fees
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	Winred Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1776 Wilson Blvd
		Ste 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fees
		Donation 1 rocessing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	08/04/2024	Winred Technical Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1776 Wilson Blvd
		Ste 530
		Arlington, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	<b></b>	Check if Austin, TX, officeholder living expense
		Donation Processing Fees
	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

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
	3 Filer ID (Ethics Commission Filers) 00086036
Winred Technical Services LLC	
Payee address; City; State; Zip Code	
1776 Wilson Blvd	
<del></del>	
the state of the s	utside of Texas. Complete Schedule T.
Constant analasing Expense	TX, officeholder living expense
Donation Proc	essing Fees
Candidate/Officeholder name Office sought	Office held
)	FILER NAME London Jr., Dennis S (Mr.)  Payee name Winred Technical Services LLC  Payee address; City; State; Zip Code  1776 Wilson Blvd  Ste 530  Arlington, VA 22219  Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel o

#### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	( g)	
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME				
Sch: 1/6 Rpt: 16/22	London Jr., Dennis	S (Mr.)		00086036	
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$75.11	07/17/2024			
7 PAYEE	(a) Payee name  AT&T Mobility		(b) Payee address; PO Box 6416	City, St	ate, Zip Code
			Carol Stream, IL 60197-6	6416	
8 PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-illl)	(b) Description		
EXPENDITURE	Office Overhead/Rent		telephone		
X Political					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			K, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$14.99	07/17/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code
	AT&T Mobility		PO Box 6416		
			Carol Stream, IL 60197-6	6416	
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		telephone		
X Political					
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		K, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held		
expenditure to benefit C/OH		T	1		
PAYMENT	(a) Amount Charged \$61.43	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issue	er Paid	
PAYEE				-	. 7 .
PATEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code
	CHASE CARD SEF	RVICES	PO Box 62940		
			Caral Straam II 60107 (	2204	
PURPOSE OF	(a) Category		Carol Stream, IL 60197-6 (b) Description	0294	
EXPENDITURE	(See Categories listed at the top	of this schedule)	Interest		
X Political	Fees		interest		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held	

#### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete	this form.	(	,	,
1	Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 2/6 Rpt: 17/22	London Jr., Dennis S (Mr.)				00086036		
4	CREDIT CARD ISSUER	EXF			OF UNITEMIZED NDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
		\$10.66	08/16/2024					
7	PAYEE	(a) Payee name  Constant Contact			e address; apelo Road	City,	State,	Zip Code
L					n, MA 02451			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•			
		Advertising Expense	of this scriedale)	advertisi	ing outreach			
l	X Political	<u> </u>						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
		\$45.57	08/17/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		AT&T Mobility		PO Box	6416			
				Carol St	ream, IL 60197-6	416		
	PURPOSE OF	(a) Category		(b) Descr	iption			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		telephor	ne			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living ex	nense	
┢	Complete ONLY if direct	Candidate/Officeholder		ce sought Office held				
e	expenditure to benefit C/OH							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
		\$63.55	08/20/2024					
H	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
l				PO Box	62940			
l		CHASE CARD SEF	RVICES					
l				Carol St	ream, IL 60197-6	294		
	PURPOSE OF	(a) Category	-£4bibdul-)	(b) Descr	iption			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Interest				
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

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

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

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

Candidate/Officeholder/Politica	-		laries/Wages/Cont		THER (enter a categor	ry not listed al	bove)
1 Total pages Schedule F4:	The Instruction Guide explains how to complete this form.  2 FILER NAME  3 Filer ID (Ethics Commission Filers)						
Sch: 3/6 Rpt: 18/22				00086036	CS COMMINS	Sion Fileis)	
4 CREDIT CARD	Name of financial institution 5 TOTAL OF UNITEMIZED			100000000			
ISSUER	1	revious	EXPEND	ITURES	\$		
	See pi	Tevious	CHARGE CARD	ED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	1	Credit Card Issue	r Paid		
	\$47.97	09/16/2024					
	Ψ47.57	03/10/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			1601 Trap	elo Road			
	Constant Contact						
			Waltham,	MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
l <u>—</u>	Advertising Expense	or this scriedule)	advertising	g outreach			
X Political							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$54.80	09/17/2024					
	4060	00/21/2021					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	ATOT Mobility		PO Box 64	416			
	AT&T Mobility						
	( ) 5			am, IL 60197-64	416		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript telephone	ion			
l <u>—</u>	Office Overhead/Rent		leiepriorie				
I <u>=</u>			<u> </u>	_			
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense  Ce sought Office held				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onc	e sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$63.05		(6) 2 410 (6)				
	φ03.05	09/20/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
			PO Box 62		•	,	•
	CHASE CARD SEF	RVICES					
			Carol Stre	am, IL 60197-62	294		
PURPOSE OF	(a) Category	(1)	(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Interest				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder name Office sought				O(()   -		
expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

#### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	(		
1 Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME					
Sch: 4/6 Rpt: 19/22	London Jr., Dennis	S (Mr.)		00086036		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$47.97	10/16/2024				
7 PAYEE	(a) Payee name  Constant Contact		(b) Payee address; 1601 Trapelo Road	City, State	e, Zip Code	
			Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Advertising Expense	of this schedule)	advertising outreach			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$55.00	10/17/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code	
	AT&T Mobility		PO Box 6416			
			Carol Stream, IL 60197-6416			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		telephone			
X Political	Office Overflead/Reff	iai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$59.97	10/20/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State	e, Zip Code	
			PO Box 62940	•	·	
	CHASE CARD SEF	RVICES				
			Carol Stream, IL 60197-6	6294		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Interest			
X Political	Fees					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH						

#### SCHEDULE F4

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	( ag)		
1 Total pages Schedule F4:	s Schedule F4: 2 FILER NAME				nission Filers)	
Sch: 5/6 Rpt: 20/22	London Jr., Dennis	S (Mr.)		00086036		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$47.97	11/16/2024				
7 PAYEE	(a) Payee name  Constant Contact		(b) Payee address; 1601 Trapelo Road	City, State	e, Zip Code	
			Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Advertising Expense	of this schedule)	advertising outreach			
X Political						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$59.00	11/17/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code	
	AT&T Mobility		PO Box 6416			
			Carol Stream, IL 60197-6416			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		telephone			
X Political	Office Overflead/Reff	iai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$61.65	11/20/2024				
PAYEE	(a) Payee name	I	(b) Payee address;	City, State	e, Zip Code	
			PO Box 62940			
	CHASE CARD SEF	RVICES				
			Carol Stream, IL 60197-6	294		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Interest			
X Political	1 663					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

## SCHEDULE F4

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers				
	Sch: 6/6 Rpt: 21/22	London Jr., Dennis	S (Mr.)	00086036			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S <b> \$</b>		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid		
		\$45.00	12/16/2024				
7	PAYEE	(a) Payee name  Constant Contact		(b) Payee address; 1601 Trapelo Ro	ad	State,	Zip Code
L				Waltham, MA 02	451		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description advertising outre	ach		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living	g expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
e	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid		
		\$59.00	12/17/2024				
Г	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	AT&T Mobility			PO Box 6416			
				Carol Stream, IL 60197-6416			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description telephone			
	X Political	Office Overhead/Rent	iai Expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	l	
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid		
		\$59.99	12/20/2024				
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		CHASE CARD SEF	0)//CEC	PO Box 62940			
		CHASE CARD SER	RVICES				
L				Carol Stream, IL	60197-6294		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	X Political	Fees	or the conceancy	Interest			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living	g expense	
Γ	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	I	
E	expenditure to benefit C/OH						

# 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: 22/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) London Jr., Dennis S (Mr.) 00086036 5 Name of person from whom amount is received 8 Amount (\$) Date 08/09/2024 \$75.00 Salem Media Group 6 Address of person from whom amount is received; City; State; Zip Code Camarillo, CA 93012 Purpose for which amount is received Check if political contribution returned to filer overpayment of radio ad purchase