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 34 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Monica McCoy NAME Date Received **ELECTRONICALLY FILED** 07/12/2025 NICKNAME LAST **SUFFIX** Purdy CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **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** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/02/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 95 Dallas Court Of Appeals, Justice Place 6 District 5

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 34

| 13 C / OH NAME | Purdy, Monica McCo | y (The Honorable) | 14 Filer ID (I 00080944 | Ethics Commission Filers) |
|--|----------------------------------|---|----------------------------|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio | the candidate's or office | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| ш | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | SS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | \$ 0.00 | | | |
| | | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | S) | \$ 93,050.00 |
| EXPENDITURE TOTALS | | \$ 0.00 | | |
| | | \$ 17,801.44 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PI | AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD | AST DAY OF THE | \$ 175,785.38 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | |
| | | The Honora | ble Monica McCoy Pu | ırdy |
| | | | f Candidate or Officehold | |
| AFFIX NOT | ΓARY STAMP / SEAL AB | OVE | | |
| Sworn to and subsc | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of offic | eer administering oath | Printed name of officer administering oath | Title of officer | administering oath |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | C | JVE | 3 of 34 |
|----|--------|--|-----------------------------|-------|-----------------------|
| | ER NAM | ME onica McCoy (The Honorable) | 19 Filer ID 00080944 | (Ethi | cs Commission Filers) |
| | | E SUBTOTALS SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | Х | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 93,050.00 |
| 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 | 6 | \$ | 17,801.44 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 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 | DNS | \$ | |
| 12 | . X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER | RETURNED | \$ | 106.32 |
| | | | | | |
| | | | | | |
| | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|---|---|------------------------|------------------------------|-------------|--|
| | The Instru | ction Guide explains ho | w to complete this t | form. | 1 | Total pages Schedule A(J)1: Sch: 1/19 Rpt: 4/34 |
| 2 | FILER NAME Purdy, Monic | ca McCoy (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080944 |
| 4 | Date 06/18/2025 | 5 Full name of contributor Afzalipour, Armin6 Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$1,000.00 |
| | | Dallas, TX 75201 | | T | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| 40 | Business Ex | | | Business Executive | | Of and |
| 10 | O Contributor's employer/law firm Megatel 11 Law firm of contributor's sp | | | ous | se (II any) | |
| 12 | | s a child, law firm of parent(s) (i | f any) | l | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 05/30/2025 | Arnold & Itkin LLP Contributor address; City; | State; Zip Code | | | \$2,500.00 |
| | Cambuila utaula I | Houton, TX 77007 | | Contributoulo Job Title | | |
| | Contributors | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | L | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/18/2025 | Baron & Budd PC | | | | \$5,000.00 |
| | | Contributor address; City; Dallas, TX 75219 | | | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | 1 | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|---------------------------|--|------------------------|---------------------------------|-----|--|
| | The Instru | ction Guide explains ho | w to complete this t | form. | 1 | Total pages Schedule A(J)1: Sch: 2/19 Rpt: 5/34 |
| 2 | FILER NAME Purdy, Moni | ca McCoy (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080944 |
| 4 | Date 05/30/2025 | 5 Full name of contributor Baron and Blue6 Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$2,500.00 |
| Ļ | Contributoulo | Dallas, TX 75205 | | O Contributorio Joh Title | | |
| 8 | Contributors | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's sp | ous | se (if any) |
| 12 | 2 If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Π | Amount of Contribution (\$) |
| | 06/18/2025 | Barron, Thomas Contributor address; City; | <u> </u> | | | \$250.00 |
| | | Dallas, TX 75204 | | | | |
| | | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | | f Thomas Barron | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | fany) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/26/2025 | Beckham, Blake | _ | | | \$2,500.00 |
| | | Contributor address; City; Dallas, TX 75204 | State; Zip Code | | • | |
| _ | Contributor's I | I Principal Occupation | | Contributor's Job Title | | |
| | Attorney | · · · · · · · · · · · · · · · · · · · | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | Beckham Po | ortela | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|--|--|------------------------|------------------------------|------------|--|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 3/19 Rpt: 6/34 |
| 2 | FILER NAME Purdy, Monic | ca McCoy (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080944 |
| 4 | Date 06/04/2025 | Full name of contributor Bragalone, Jeffrey Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$2,500.00 |
| | | Dallas, TX 75202 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney Attorney | | | | | |
| 10 | LO Contributor's employer/law firm Bragalone Olejko Saad PC | | | oous | e (if any) | |
| 40 | | | 6 A | | | |
| 12 | i i contributor i | s a child, law firm of parent(s) (i | i any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/17/2025 | Brauer, Alexander Contributor address; City; | State; Zip Code | | | \$250.00 |
| | | Dallas, TX 75254 | | | | |
| | | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | Ct and |
| | Bailey Braue | employer/law firm | | Law firm of contributor's sp | Jous | e (II any) |
| _ | | s a child, law firm of parent(s) (i | f any) | | | |
| | ii contributor i | s a clind, law littl of paretil(s) (i | i aliy) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/22/2025 | Brown, Irma | | | | \$100.00 |
| | | Contributor address; City; Frisco, TX 75034 | | | | |
| | Contributor's F | <u>I</u> Principal Occupation | | Contributor's Job Title | | |
| | Not Applicab | | | Not Applicable | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | e (if any) |
| | Not Applicab | ole | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | SCHEDULE | A(J)1 | | |
|----|----------------------------------|---|--|---------------------------------|--|-------------|
| | The Instru | ction Guide explains how t | o complete this fo | orm. | 1 Total pages Schedule A(J) Sch: 4/19 Rpt: 7/34 | 1: |
| 2 | FILER NAME Purdy, Monie | ca McCoy (The Honorable) | | | 3 Filer ID (Ethics Commiss 00080944 | ion Filers) |
| 4 | Date 06/18/2025 | 5 Full name of contributor Clement, Alison6 Contributor address; City; StatDallas, TX 75204 | out-of-state PAC (ID#:_ e; Zip Code |) | 7 Amount of Contribution (\$) | \$100.00 |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| 10 | Contributor's e Battiste Cler | employer/law firm nent PLLC | | 11 Law firm of contributor's sp | pouse (if any) | |
| 12 | If contributor is | s a child, law firm of parent(s) (if an | y) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 06/17/2025 | Cortez, Carlos Contributor address; City; Stat Dallas, TX 75243 | e; Zip Code | | | \$5,000.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | pouse (if any) | |
| | Cortez Law | Firm PLLC | | | | |
| | If contributor is | s a child, law firm of parent(s) (if an | y) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 06/12/2025 | Crain Brogdon LLP Contributor address; City; Stat Dallas, TX 75206 | e; Zip Code | | | \$5,000.00 |
| | Contributor's I | I Principal Occupation | | Contributor's Job Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | pouse (if any) | |
| | If contributor is | s a child, law firm of parent(s) (if an | y) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|-----------------------------|---------------------------|---|------------------------|----------------------------------|--|
| | The Instru | ction Guide explains h | ow to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 5/19 Rpt: 8/34 |
| 2 | FILER NAME Purdy, Moni | ca McCoy (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00080944 |
| 06/18/2025 Crawford Wishnew | | 5 Full name of contributor Crawford Wishnew Lan 6 Contributor address; City | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) \$2,000.00 |
| | | Dallas, TX 75201 | | | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| 12 | ! If contributor i | s a child, law firm of parent(s) (| if any) | | |
| | Date 05/30/2025 | Full name of contributor Donovan, Carol Contributor address; City | out-of-state PAC (ID#: | | Amount of Contribution (\$) \$500.00 |
| | | Dallas, TX 75214 | | 1 | |
| | Contributor's Attorney | Principal Occupation | | Contributor's Job Title Attorney | |
| | Contributor's | | | Law firm of contributor's s | pouse (if any) |
| | If contributor i | s a child, law firm of parent(s) (| if any) | | |
| | Date 06/16/2025 | Full name of contributor Genender, Paul Contributor address; City | out-of-state PAC (ID#: | | Amount of Contribution (\$) \$1,000.00 |
| | | Dallas, TX 75220 | | | |
| | Contributor's Attorney | Principal Occupation | | Contributor's Job Title Attorney | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | | s a child, law firm of parent(s) (| if any) | | |
| | | | | | |

| M | ONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|-----------------|---------------|--|-------------------------|--------------------------------|------------------|---|
| The | e Instru | ction Guide explains ho | ow to complete this f | form. | 1 ' | pages Schedule A(J)1: 6/19 Rpt: 9/34 |
| | ER NAME | ca McCoy (The Honorable) | | | 3 Filer ID 00080 | (Ethics Commission Filers) |
| 4 Date | | 5 Full name of contributor Grau Law Group 6 Contributor address; City; | out-of-state PAC (ID#:_ |) | | nt of Contribution (\$) \$1,000.00 |
| | | Dallas, TX 75201 | | | | |
| 8 Con | ntributor's F | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 Con | ntributor's e | employer/law firm | | 11 Law firm of contributor's s | pouse (if an | y) |
| 12 If co | ontributor is | s a child, law firm of parent(s) (i | if any) | | | |
| Date 06/2 | e 22/2025 | Full name of contributor Hagerman, Lalonni Contributor address; City; | out-of-state PAC (ID#:_ | | Amour | nt of Contribution (\$) \$50.00 |
| | | Lancaster, TX 75134 | | | | |
| | | Principal Occupation | | Contributor's Job Title | | |
| | | cial Services | | Dir of Financial Service | | |
| | AMF | employer/law firm | | Law firm of contributor's s | pouse (ii aii | y) |
| If co | ontributor is | s a child, law firm of parent(s) (i | f any) | | | |
| Date | e | Full name of contributor | out-of-state PAC (ID#: |) | Amour | nt of Contribution (\$) |
| 05/ | 30/2025 | Hamilton Wingo LLP | _ | | | \$5,000.00 |
| | | Contributor address; City; | State; Zip Code | | | |
| 0 | | Dallas, TX 75201 | | Occasilla de de Jala Tida | | |
| Con | itributor's i | Principal Occupation | | Contributor's Job Title | | |
| Con | ntributor's e | employer/law firm | | Law firm of contributor's s | pouse (if an | y) |
| If co | ontributor is | s a child, law firm of parent(s) (i | if any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|---|---|------------------------|------------------------------|-------------|---|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 7/19 Rpt: 10/34 |
| 2 | FILER NAME Purdy, Moni | ca McCoy (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080944 |
| 4 | Date 06/10/2025 | 5 Full name of contributor Harris, Juanita6 Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$100.00 |
| | | Rockwall, TX 75032 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney Attorney | | | | | |
| 10 | 0 Contributor's employer/law firm 11 Law firm of contributor's sp DIRECTV | | | oous | se (if any) | |
| 12 | 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 (\$) |
| | 06/18/2025 | Holland and Knight Texa Contributor address; City; | | | | \$750.00 |
| | Cantuila staula I | Dallas, TX 75202 | | Constribute de Joh Title | | |
| | Contributors | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (i | any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 05/27/2025 | Holmes, James Contributor address; City; | State; Zip Code | | | \$350.00 |
| | | Dallas, TX 75201 | | | | |
| | Contributor's I | I Principal Occupation | | Contributor's Job Title | | |
| | Business Ex | ecutive | | Business Executive | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | Robur LLC | | | | | |
| | If contributor is | s a child, law firm of parent(s) (if | any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|--------------------------------|--|-------------------------|---------------------------------|------|---|
| | The Instru | ction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A(J)1: Sch: 8/19 Rpt: 11/34 |
| 2 | FILER NAME Purdy, Moni | ca McCoy (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080944 |
| 4 | Date 06/16/2025 | 5 Full name of contributor Johansen, Mark6 Contributor address; City; S | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) \$1,000.00 |
| | | Dallas, TX 75225 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| 10 | Contributor's e Egan Nelsor | employer/law firm 1 LLP | | 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) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 06/17/2025 | Johnson, Debra Hunter Contributor address; City; S Dallas, TX 75229 | itate; Zip Code | | | \$1,000.00 |
| _ | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Consultant | - ппстрат Оссирацоп | | Consultant | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | | s a child, law firm of parent(s) (if | any) | <u> </u> | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 05/30/2025 | Contributor address; City; S | state; Zip Code | | | \$5,000.00 |
| L | Contributor's | Dallas, TX 75219 Principal Occupation | | Contributor's Job Title | | |
| | Continuators | -ппсіраї Оссираціон | | Continuator's Job Title | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if | any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|----|---------------------------|---|------------------------|----------------------------------|-------|---|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 9/19 Rpt: 12/34 |
| 2 | FILER NAME Purdy, Moni | ca McCoy (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00080944 |
| 4 | Date 05/16/2025 | 5 Full name of contributor Kent, David6 Contributor address; City; | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) \$100.00 |
| Ļ | | Dallas, TX 75243 | | T | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 | Attorney | and a conflored fines | | Attorney | | and (if a man) |
| 10 | Faegre Drinl | employer/law firm Ker | | 11 Law firm of contributor's sp | Jous | se (II ally) |
| 12 | | s a child, law firm of parent(s) (i | f any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/18/2025 | Khirallah PLLC Contributor address; City; Dallas, TX 75206 | State; Zip Code | | | \$1,500.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Continuator 5 i | -ппстрат Оссирацоп | | Continuator \$ 300 Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | <u> </u> | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/16/2025 Kirk, Ronald | | State; Zip Code | | | \$1,000.00 |
| | Contributorio | Dallas, TX 75214 | | Contributorio Joh Titlo | | |
| | Attorney | Principal Occupation | | Contributor's Job Title Attorney | | |
| H | | employer/law firm | | Law firm of contributor's sp | 2011 | se (if any) |
| | Gibson Duni | | | | , , , | (i. di.y) |
| | | s a child, law firm of parent(s) (i | f any) | <u> </u> | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE / | 4(J)1 |
|----|--|---|------------------------|------------------------------|-----------|---|------------|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | otal pages Schedule A(J)1 ch: 10/19 Rpt: 13/34 | : |
| 2 | FILER NAME Purdy, Monie | ca McCoy (The Honorable) | | | 1 | iler ID (Ethics Commission 0080944 | on Filers) |
| 4 | Date 06/10/2025 | 5 Full name of contributor Lauten, Brian6 Contributor address; City; | out-of-state PAC (ID#: | | 7 A | mount of Contribution (\$) | \$1,000.00 |
| | | Dallas, TX 75219 | | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | | |
| 10 | Attorney Attorney 0 Contributor's employer/law firm 11 Law firm of contributor's sp | | | 201100 | (if a mu) | | |
| 10 | Brian Lauten PC | | | ouse | (II arry) | | |
| 12 | If contributor is | s a child, law firm of parent(s) (if | any) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | А | mount of Contribution (\$) | |
| | 05/30/2025 | Law Offices of Domingo Contributor address; City; Dallas, TX 75247 | | | | | \$2,500.00 |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | | |
| | | ····o·pai o coapation | | | | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oouse | (if any) | |
| | If contributor is | s a child, law firm of parent(s) (if | any) | L | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | А | mount of Contribution (\$) | |
| | 06/16/2025 | Logie, Katelyn Contributor address; City; Trophy Club, TX 76262 | State; Zip Code | | | | \$100.00 |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | | |
| | Attorney | | | Attorney | | | |
| | | employer/law firm | | Law firm of contributor's sp | ouse | (if any) | |
| | Logie Law F | | | | | | |
| | If contributor is | s a child, law firm of parent(s) (if | any) | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TIC | DNS | | SCHEDULE A(J)1 |
|---------------------------------|--|---|------------------------------|---------------------------------|---|--|
| | The Instru | e Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A(J)1: Sch: 11/19 Rpt: 14/34 |
| 2 | FILER NAME Purdy, Moni | a McCoy (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00080944 | |
| 4 | Date 06/13/2025 | _ ` | | 7 | Amount of Contribution (\$) \$1,000.00 | |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | _ | |
| | Attorney | | | Attorney | | |
| 10 | Contributor's of Perkins Coie | employer/law firm | | 11 Law firm of contributor's sp | ous | se (if any) |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | | | | |
| _ | Date | Full name of contributor out-of-state PAC | (ID#: |) | Π | Amount of Contribution (\$) |
| | 05/30/2025 Lynn Pinker Hurst & Schwegmann LLP Contributor address; City; State; Zip Code | | | | | \$2,500.00 |
| | Contributor's I | Dallas, TX 75201 Principal Occupation | | Contributor's Job Title | _ | |
| | | | | | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | If contributor i | s a child, law firm of parent(s) (if any) | | L | | |
| | Date | Full name of contributor out-of-state PAC | (ID#:_ |) | | Amount of Contribution (\$) |
| | 05/30/2025 Lyons & Simmons LLP Contributor address; City; State; Zip Code Dallas, TX 75201 | | | | \$5,000.00 | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| Contributor's employer/law firm | | | Law firm of contributor's sp | ous | se (if any) | |
| | If contributor i | s a child, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | | SCHEDULE A(J)1 | |
|----|--|--|------------------------|---------------------------------|--|--|--|
| | The Instru | ction Guide explains ho | w to complete this | form. | 1 | Total pages Schedule A(J)1: Sch: 12/19 Rpt: 15/34 | |
| 2 | FILER NAME Purdy, Moni | McCoy (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00080944 | | |
| 4 | Date 06/18/2025 | | | 7 | Amount of Contribution (\$) \$250.00 | | |
| | | Dallas, TX 75225 | | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | | |
| | Attorney | | | Attorney | | | |
| 10 | Contributor's e Mccall Parkh | employer/law firm nurst | | 11 Law firm of contributor's sp | oous | se (if any) | |
| 12 | If contributor is | s a child, law firm of parent(s) (i | f any) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/28/2025 Martin, Ben Contributor address; City; State; Zip Code | | | | \$1,000.00 | | |
| | | Dallas, TX 75219 | | | | | |
| | | Principal Occupation | | Contributor's Job Title | | | |
| | Attorney | | | Attorney | | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) | |
| | Ben Martin L | <u> </u> | • A | | | | |
| | ii contributor i | s a child, law firm of parent(s) (i | rany) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Π | Amount of Contribution (\$) | |
| | 05/15/2025 | Mayo, Cheryl | _ | | | \$50.00 | |
| | | Contributor address; City; Dallas, TX 75222 | State; Zip Code | | • | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | <u> </u> | | |
| | Administrato | · | | Administrator | | | |
| | | employer/law firm | | Law firm of contributor's sp | าดนร | se (if any) | |
| | Mayo Consu | | | | | (, , | |
| | | s a child, law firm of parent(s) (i | f any) | 1 | | | |
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| MONET | TARY POLITICAL | CONTRIBUTIO | ONS | SCHEDULE A(J)1 |
|--------------------|---------------------------------------|------------------------|---------------------------------------|--|
| The Instru | iction Guide explains ho | w to complete this t | form. | 1 Total pages Schedule A(J)1: Sch: 13/19 Rpt: 16/34 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| Purdy, Moni | a McCoy (The Honorable) | | 00080944 | |
| 4 Date | | | | 7 Amount of Contribution (\$) |
| 06/18/2025 | Miller Weisbrod Olesky I | _LP | | \$2,500.00 |
| | 6 Contributor address; City; | State; Zip Code | | |
| | | | | |
| | Dallas, TX 75243 | | | |
| 8 Contributor's | Principal Occupation | | 9 Contributor's Job Title | |
| 10 Contributor's | employer/law firm | | 11 Law firm of contributor's sp | pouce (if any) |
| 10 Continuators | employerлаw iimi | | 11 Law IIIII of Contributor's Sp | ouse (ii any) |
| 12 If contributor | is a child, law firm of parent(s) (if | any) | | |
| | | | | |
| Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/29/2025 | Miller, Rob | | | \$500.00 |
| | Contributor address; City; | State; Zip Code | | 1 |
| | | | | |
| | | | | |
| | Dallas, TX 75201 | | | |
| Contributor's | Principal Occupation | | Contributor's Job Title | |
| Attorney | | | Attorney | |
| Contributor's | employer/law firm | | Law firm of contributor's sp | pouse (if any) |
| Miller Copel | and LLP | | | |
| If contributor | is a child, law firm of parent(s) (if | any) | | |
| | T = " | | | T |
| Date 06/17/2025 | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/17/2025 | Moye, Veronica | | | \$2,500.00 |
| | Contributor address; City; | State; Zip Code | | |
| | | | | |
| | Dallas, TX 75230 | | | |
| Contributor's | Principal Occupation | | Contributor's Job Title | |
| Attorney | | | Attorney | |
| Contributor's | employer/law firm | | Law firm of contributor's sp | oouse (if any) |
| King & Spal | ding | | | |
| If contributor | is a child, law firm of parent(s) (if | any) | | |
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| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|---|---|------------------------|--|--|--|
| | The Instru | ction Guide explains ho | w to complete this t | form. | 1 | Total pages Schedule A(J)1: Sch: 14/19 Rpt: 17/34 |
| 2 | FILER NAME Purdy, Monic | McCoy (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00080944 | |
| 4 | Date 06/18/2025 Full name of contributor | | 7 | Amount of Contribution (\$) \$1,000.00 | | |
| L | | Dallas, TX 75201 | | I | | |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 | 10 Contributor's employer/law firm 11 Law firm of contributor's spo | | | oou | se (if any) | |
| 12 | ! If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) |
| | 06/04/2025 | Pittman, Aubrey Contributor address; City; Dallas, TX 75202 | <u> </u> | | | \$2,500.00 |
| | 0 + - 1 - 1 - 1 | | | Contributorio Job Title | <u> </u> | |
| | | Principal Occupation | | Contributor's Job Title Attorney | | |
| _ | Attorney | and a sault assisting | | | | and (if any) |
| | The Pittman | employer/law firm | | Law firm of contributor's sp | JOU: | se (II arry) |
| | | | Family | | | |
| | ii contributor i | s a child, law firm of parent(s) (i | any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) |
| | 06/16/2025 | Rasansky, Jeff | | | l | \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75201 | | | | | |
| | Contributor's I | I Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oou | se (if any) |
| | Rasansky /M | 1cKenzie | | | | |
| | If contributor is | s a child, law firm of parent(s) (i | f any) | | | |
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| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|----|--|---|------------------------|---------------------------------|--|--|
| | The Instru | Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A(J)1: Sch: 15/19 Rpt: 18/34 |
| 2 | FILER NAME Purdy, Monic | a McCoy (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00080944 | |
| 4 | Date 05/15/2025 | | | 7 | Amount of Contribution (\$) \$250.00 | |
| | | Dallas, TX 75370 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| 10 | | employer/law firm Devin Madden Kenefick Harri | S | 11 Law firm of contributor's sp | ous | se (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if | any) | <u> </u> | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/10/2025 | Sawicki, Michael Contributor address; City; S | State; Zip Code | | | \$500.00 |
| | Contributor's | Dallas, TX 75206 Principal Occupation | | Contributor's Job Title | | |
| | Attorney | этпісіраї Оссираціон | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | าดเม | se (if any) |
| | Sawicki Law | | | · | | |
| | If contributor is | s a child, law firm of parent(s) (if | any) | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/18/2025 | Shamoun & Norman LLP | , — | | | \$5,000.00 |
| | Contributor address; City; State; Zip Code Farmers Branch, TX 75234 | | | • | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if | any) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTIC | ONS | | SCHEDULE A(J)1 |
|----|---|---|-------------------------|--------------------------------------|--|--|
| | The Instru | e Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A(J)1: Sch: 16/19 Rpt: 19/34 |
| 2 | FILER NAME Purdy, Monic | a McCoy (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00080944 | |
| 4 | Date 06/18/2025 5 Full name of contributor out-of-state PAC (ID#:) Slade, Jared 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) \$250.00 | | |
| | | Dallas, TX 75209 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| 10 | Contributor's 6 Alston & Biro | employer/law firm d LLP | | 11 Law firm of contributor's sp | ous | se (if any) |
| 12 | ! If contributor i | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 06/16/2025 | Smith, Jason Contributor address; City; State | ; Zip Code | | | \$500.00 |
| | O a materilla cata and a 1 | Fort Worth, TX 76104 | | O anatolia da da Tala Titla | | |
| | Attorney | Principal Occupation | | Contributor's Job Title Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | | co (if amy) |
| | | of Jason Smith | | Law IIIII of Contributor 3 3p | Jous | se (ii diiy) |
| | | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 05/30/2025 Sommerman McCaffity Quesada & Geisler LLP Contributor address; City; State; Zip Code | | | | \$5,000.00 | |
| | Contributor's I | Dallas, TX 75219 | | Contributor's Job Title | | |
| | Continuators | Principal Occupation | | Continuator 5 Job Title | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| MONET | ARY POLITICAL (| CONTRIBUTIO | DNS | SCHEDULE A(J)1 |
|---------------------------|--|---------------------------|---------------------------------|--|
| The Instru | ction Guide explains how | v to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 17/19 Rpt: 20/34 |
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Purdy, Monid | nica McCoy (The Honorable) | | 00080944 | |
| 4 Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 06/18/2025 | Superior Litigation Service | es PLLC | | \$250.00 |
| | 6 Contributor address; City; S | tate; Zip Code | | |
| | Garland, TX 75040 | | | |
| 8 Contributor's F | Principal Occupation | | 9 Contributor's Job Title | |
| 10 Contributor's e | employer/law firm | | 11 Law firm of contributor's sp | pouse (if any) |
| 12 If contributor is | s a child, law firm of parent(s) (if a | any) | <u> </u> | |
| Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 05/20/2025 | Taylor, Ben | | , | \$100.00 |
| | Contributor address; City; S Dallas, TX 75214 | tate; Zip Code | | |
| Contributor's F | IPrincipal Occupation | | Contributor's Job Title | |
| Attorney | | | Attorney | |
| | employer/law firm | | Law firm of contributor's sp | pouse (if any) |
| Ted B Lyon (| & Associates PC | | | |
| If contributor is | s a child, law firm of parent(s) (if a | any) | | |
| Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/11/2025 | Taylor, Thad | out or otation 7 to (15 m | | \$1,000.00 |
| | Contributor address; City; S | tate; Zip Code | | |
| | Dallas, TX 75209 | | | |
| | Principal Occupation | | Contributor's Job Title | |
| Surgeon | | | Surgeon | |
| | employer/law firm | | Law firm of contributor's sp | pouse (if any) |
| Dallas Oral S | | | | |
| If contributor is | s a child, law firm of parent(s) (if a | any) | | |
| | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | | SCHEDULE A(J)1 |
|--|-----------------------------|---|------------------------|---------------------------------|--|--|
| | The Instru | e Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A(J)1: Sch: 18/19 Rpt: 21/34 |
| 2 | FILER NAME Purdy, Monic | McCoy (The Honorable) | | ı | Filer ID (Ethics Commission Filers) 00080944 | |
| 4 | Date 06/18/2025 | | | 7 | Amount of Contribution (\$) \$5,000.00 | |
| | | Dallas, TX 75202 | | 1 | | |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | ous | e (if any) |
| 12 | 2 If contributor is | s a child, law firm of parent(s) (if | any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Ι | Amount of Contribution (\$) |
| | 01/14/2025 | Vasudev, Pooja Contributor address; City; | <u> </u> | | | \$250.00 |
| | | Dallas, TX 75201 | | | | |
| | | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | Contributor's of PV Law PLL | employer/law firm C | | Law firm of contributor's sp | ous | e (if any) |
| - | | s a child, law firm of parent(s) (if | fany) | | | |
| | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 06/10/2025 | Walsh, David | | , | | \$250.00 |
| Contributor address; City; State; Zip Code | | | | | | |
| | Contributor's I | Dallas, TX 75251 Principal Occupation | | Contributor's Job Title | | |
| | Attorney | -Tiricipal Occupation | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | ous | e (if any) |
| | | derson King PLLC | | · · | | |
| | If contributor is | s a child, law firm of parent(s) (if | any) | 1 | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE A(J)1 |
|--|---|--|--|--|------------------------------------|
| | The Instru | ction Guide explains how to complete this | 1 | otal pages Schedule A(J)1: ch: 19/19 Rpt: 22/34 | |
| 2 | FILER NAME | | | | iler ID (Ethics Commission Filers) |
| _ | Purdy, Monica McCoy (The Honorable) Date | | | | 0080944 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 05/30/2025 Witherite Law Group PLLC | | AI | mount of Contribution (\$) \$5,000.00 | | |
| | 03/30/2023 | 6 Contributor address; City; State; Zip Code | | . | ψο,οσο.οί |
| | | | | | |
| | | | | | |
| | | Dallas, TX 75231 | | | |
| 8 | Contributor's I | Principal Occupation | 9 Contributor's Job Title | | |
| 10 | Contributor's | employer/law firm | 11 Law firm of contributor's sp | oouse (| (if any) |
| | | | | | |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | | | |
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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/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete | e this form. |
|---|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/11 Rpt: 23/34 | Purdy, Monica McCoy (The Honorable) | 00080944 |
| 4 | Date | 5 Payee name | · |
| | 06/02/2025 | American Airlines | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$403.81 | 1 Skyview Drive | |
| | | | |
| | | Fort Worth, TX 76155 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| | | L | Check if Austin, TX, officeholder living expense Cicket Purchase - Annual Meeting & CLE |
| l | | ' | Toket Full distribute Triminal Meeting & OLE |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| ľ | expenditure to benefit C/O | | omos noru |
| ⊨ | Date | Payee name | |
| l | 06/03/2025 | Christian, Jerry | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$200.00 | 1400 Sunny Glen Drive | |
| l | 4200.00 | 1 loc carmy clem blive | |
| l | | Dallas, TX 75232 | |
| ┝ | PURPOSE | | Description |
| l | OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | | Campain Ad in Retirment Program |
| L | | | |
| l | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| ┕ | <u>'</u> | | |
| | Date | Payee name | |
| L | 04/01/2025 | Costco | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$161.82 | 8055 Churchill Way | |
| l | | | |
| | | Dallas, TX 75251 | |
| l | PURPOSE OF | · · · · · · · · · · · · · · · · · · · | Description |
| l | EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | | Supplies for Jury Room |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | | | |
| | | | |

SCHEDULE F1

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

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: 2/11 Rpt: 24/34 | Purdy, Monica McCoy (The Honorable) 00080944 |
| 4 | Date | 5 Payee name |
| | 03/10/2025 | Dallas County Democratic Party |
| 6 | Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 1414 N Washington Ave |
| | | Dallas, TX 75204 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | | Check if Austin, TX, officeholder living expense DCDP Fish Fry |
| | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/24/2025 | Dallas Photo Lab |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$808.60 | 3824 Cedar Springs Rd #169 |
| | | |
| | | Dallas, TX 75219 |
| | 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 |
| | | Website re-design campaign ad designs misc |
| | | Website re-design earripaign au designs mise |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/15/2025 | Democracy Toolbox |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,000.00 | PO Box 6250 |
| | | McKinney, TX 75071 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Management |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
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| L | | |

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

| | 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: 3/11 Rpt: 25/34 | Purdy, Monica McCoy (The Honorable) | |
| 4 | Date | 5 Payee name | _ |
| | 02/26/2025 | Democracy Toolbox | |
| 6 | Amount (\$) \$375.00 | 7 Payee address; City; State; Zip Code PO Box 6250 | |
| | | McKinney, TX 75071 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Consulting Expense | |
| | | Check if Austin, TX, officeholder living expense Event planning | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 04/16/2025 | Democracy Toolbox | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$300.00 | PO Box 6250 | |
| | | | |
| | | McKinney, TX 75071 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Event planning | |
| | | Event planning | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| _ | Date | Payee name | _ |
| | 06/18/2025 | Democracy Toolbox | |
| | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$2,300.00 | PO Box 6250 | |
| | | McKinney, TX 75071 | |
| | 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. | |
| | ZA ZHOHOKZ | Check if Austin, TX, officeholder living expense | |
| | | Campaign Management | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Com Credit Card Payment | nmittee Legal Services Salaries The Instruction Guide explains how to o | s/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| 1 Total pages Schedule F1: 2 | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/11 Rpt: 26/34 | Purdy, Monica McCoy (The Honorable) | 00080944 |
| 4 Date 5 | Payee name | |
| 02/26/2025 | Dodd Education & Support - Delta | |
| ` ′ | Payee address; City; State; Zip C | Code |
| \$300.00 | PO Box 226601 | |
| | | |
| | Dallas, TX 75222 | |
| 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 Campaign Ad |
| | | Campaign Ad |
| 9 Complete ONLY if direct C | Candidate/Officeholder name Office so | Ugaht Office held |
| expenditure to benefit C/OH | Candidate/Officeriolder frame Office St | ought Office field |
| Data I | | |
| | Payee name | |
| 06/30/2025 | DonorBox | |
| Amount (\$) | Payee address; City; State; Zip C | Code |
| \$1,699.02 | 520 Belle View Blvd #4106 | |
| | | |
| | Alexandria, VA 22307 | |
| PURPOSE (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 Online donation transaction fees during the reporting |
| | | period period |
| Complete ONLY if direct C | Candidate/Officeholder name Office so | L ought Office held |
| expenditure to benefit C/OH | | |
| Date | Payon namo | |
| | Payee name Edible Arrangements | |
| | | |
| | Payee address; City; State; Zip (| Loae Loae |
| \$99.34 | 407 Lamar Street Suite 180 | |
| | | |
| | Dallas, TX 75202 | |
| I 0E I | Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Staff Appreciation |
| | | Otali Approdution |
| Complete ONLY if direct C | Candidate/Officeholder name Office so | Dught Office held |
| expenditure to benefit C/OH | office state of the state of th | onice neid |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| | | | The manaction datac explains now to | complete this form. |
|----------------|---|------------|-------------------------------------|---------------------|
| s Schedule F1: | 2 | FILER NAME | = | |
| | ı | | | |

| | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|--------------|--|
| | Sch: 5/11 Rpt: 27/34 | Purdy, Monica McCoy (The Honorable) | | 00080944 |
| 4 | Date | 5 Payee name | | ' |
| | 01/06/2025 | Green & Green | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | e | |
| | \$150.00 | 1910 Pacific Avenue Suite 14220 | | |
| | | | | |
| | | Dallas, TX 75036 | | |
| 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. |
| | | | L | Check if Austin, TX, officeholder living expense MLK Awards Advertisement |
| | | | ., | net / wards / laverasement |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held |
| | expenditure to benefit C/O | | | Gillido fidid |
| | Date | Payee name | | |
| | 04/09/2025 | Harland Clarke - ACU | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | е | |
| | \$75.52 | 4040 N Central Expwy #100 | | |
| | | | | |
| | | Dallas, TX 75204 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | h) r | Description |
| | | (See Categories listed at the top of this schedule) | υ) L | <u> </u> |
| | OF EXPENDITURE | Office Overhead/Rental Expense | יי ב ב | Check if travel outside of Texas. Complete Schedule T. |
| | OF | , - | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF | , - | | Check if travel outside of Texas. Complete Schedule T. |
| | OF | Office Overhead/Rental Expense | [F | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF EXPENDITURE | Office Overhead/Rental Expense Candidate/Officeholder name Office soug | [F | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct | Office Overhead/Rental Expense Candidate/Officeholder name Office soug | [F | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | Office Overhead/Rental Expense Candidate/Officeholder name Office soug | [F | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF | Office Overhead/Rental Expense Candidate/Officeholder name Office soug Payee name | F ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF | Office Overhead/Rental Expense Candidate/Officeholder name Office soug Payee name Interdenominational Ministerial Alliance | F ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/21/2025 Amount (\$) | Office Overhead/Rental Expense Candidate/Officeholder name Office soug Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod | F ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/21/2025 Amount (\$) | Office Overhead/Rental Expense Candidate/Officeholder name Office soug Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod | F ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/21/2025 Amount (\$) \$60.00 | Office Overhead/Rental Expense Candidate/Officeholder name Office soug Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod PO Box 671209 Dallas, TX 75367 | F htt | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/21/2025 Amount (\$) \$60.00 PURPOSE OF | Office Overhead/Rental Expense Candidate/Officeholder name Office soug Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod PO Box 671209 Dallas, TX 75367 | F htt | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account Office held Description Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/21/2025 Amount (\$) \$60.00 | Candidate/Officeholder name Candidate/Officeholder name Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod PO Box 671209 Dallas, TX 75367 (a) Category (See Categories listed at the top of this schedule) | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/21/2025 Amount (\$) \$60.00 PURPOSE OF | Candidate/Officeholder name Candidate/Officeholder name Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod PO Box 671209 Dallas, TX 75367 (a) Category (See Categories listed at the top of this schedule) | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account Office held Description Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 01/21/2025 Amount (\$) \$60.00 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod PO Box 671209 Dallas, TX 75367 (a) Category (See Categories listed at the top of this schedule) Event Expense | C | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ticket Purchase |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/21/2025 Amount (\$) \$60.00 PURPOSE OF | Candidate/Officeholder name Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod PO Box 671209 Dallas, TX 75367 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office soug | C | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 01/21/2025 Amount (\$) \$60.00 PURPOSE OF EXPENDITURE Complete ONLY if direct | Candidate/Officeholder name Payee name Interdenominational Ministerial Alliance Payee address; City; State; Zip Cod PO Box 671209 Dallas, TX 75367 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office soug | C | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Re-order of checks for campaign account Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ticket Purchase |

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/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|---|---|
| 1 | Total pages Schedule F1: Sch: 6/11 Rpt: 28/34 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Purdy, Monica McCoy (The Honorable) 00080944 | _ |
| 4 | Date 01/21/2025 | 5 Payee name Interdenominational Ministerial Alliance | |
| 6 | Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code PO Box 671209 | |
| 8 | PURPOSE OF EXPENDITURE | Dallas, TX 75367 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship Ad Purchase | _ |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | _ |
| | Date 02/14/2025 | Payee name Jack and Jill Dallas Chapter | |
| | Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code PO Box 225135 Dallas, TX 75222 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Ad & Sponsorship | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date 03/24/2025 | Payee name Mac Taylor Inn of Court | |
| | Amount (\$) \$225.00 | Payee address; City; State; Zip Code PO Box 750016 | |
| | | Dallas, TX 75275 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues | |
| | Complete ONLY if direct expenditure to benefit C/ON | 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 -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

| Candidate/Officeholder/Politic Credit Card Payment | al 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: 7/11 Rpt: 29/34 | Purdy, Monica McCoy (The Honorable) 00080944 |
| 4 Date | 5 Payee name |
| 02/01/2025 | Michaels |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$166.71 | 5301 Beltline Rd Ste 1 |
| | |
| | Dallas, TX 75254 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Framing for Certificate for Chambers |
| | Training for Continuous for Chambors |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 03/13/2025 | Michaels |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$365.89 | 5301 Beltline Rd Ste 1 |
| | |
| | Dallas, TX 75254 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Framing for Election Certificate for Chambers |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payon name |
| 02/06/2025 | Payee name National Bar Association |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$599.00 | 1816 12th St NW 4th Floor |
| | |
| | Washington, DC 20009 |
| 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 |
| | Annual Meeting & CLE |
| Complete CNI V if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | |
| , | |
| | |
| | |

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbur

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

| | 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: 8/11 Rpt: 30/34 | Purdy, Monica McCoy (The Honorable) 00080944 |
| 4 | Date | 5 Payee name |
| | 05/05/2025 | National Bar Institute - National Bar Association |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 1816 12th St NW 4th Floor |
| | | |
| | | Washington, DC 20009 |
| 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 |
| | | Campaign Ad |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| L | experience to borionic Grou | |
| | Date | Payee name |
| | 05/16/2025 | Reilly Echols Printing |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$377.23 | 1710 S Harwood Street |
| | | |
| | | Dallas, TX 75215 |
| | 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 Purchase of push cards |
| | | T dionase of pash caras |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | y |
| H | Date | Payee name |
| | 04/21/2025 | Secret to Writing LLC |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,500.00 | 8103 Hush Heights Drive |
| | Ψ2,300.00 | 0103 Hush Heights Drive |
| | | Rosharon, TX 77583 |
| H | 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Retool of Campaign materials website etc |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Politica | | | Legal Service | | pense | Salaries/V | | e /Contract Labor | | OTHER (en | | ategory not listed above) |
|---|--|-----|-----------------|---------------|------------------|------------------|------------|------|------------------------------------|-------|--------------|----------|----------------------------|
| | Credit Card Payment | | | The Instru | ction Guid | e explains l | how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | | 3 | Filer ID | | (Ethics Commission Filers) |
| | Sch: 9/11 Rpt: 31/34 | | Purdy, Moni | ca McCo | y (The H | lonorable) |) | | | | 0008094 | 44 | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 01/30/2025 | | Shay Cathe | y for Vice | Chair To | exas Dem | nocrats | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City | y ; | State; | Zip Co | de | | | | | |
| | \$100.00 | | PO Box 157 | 07 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8761 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories | listed at the t | top of this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Contribution | s/Donatio | ns Made | е Ву | | | Check if travel | | | | |
| | ZA ZADITORZ | | Candidate/C | Officehold | er/Politic | al Comm | ittee | | Campaign Do | | | living e | xpense |
| | | | | | | | | | Campaign Do | Jila | шоп | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | acholdor n | omo | | Office sou | abt | | | Office | e held | 4 |
| 9 | expenditure to benefit C/OI | | Januluale/Onic | zenoluei n | ame | C | mice sou | grit | | | Onic | e nei | J |
| _ | | | | | | | | | | | | | |
| | Date | | Payee name | Tayloo | | | | | | | | | |
| | 05/15/2025 | | State Bar of | | | | | | | | | | |
| | Amount (\$) | | Payee addres | | | State; | Zip Co | de | | | | | |
| | \$295.00 | | 1414 Colora | ido Stree | İ | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | e Categories | listed at the t | top of this sche | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Fees | | | | | | Check if travel of Check if Austin | | | | |
| | | | | | | | | | Membership | | | | |
| | | | | | | | | | · | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder n | ame | C | Office sou | ght | | | Offic | e hel | d |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 01/17/2025 | | Tau Rho On | nega Cha | ıpter - Al | ΚA | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City | y; | State; | Zip Co | de | | | | | |
| | \$175.00 | | PO Box 116 | 820 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Carrollton, T | X 75011 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories | listed at the t | ton of this sch | adula) | (b) | Description | | | | |
| | OF | l`´ | Advertising | | iisica ai iiic i | top of this som | cudic) | , | Check if travel | outsi | de of Texas. | Comple | ete Schedule T. |
| | EXPENDITURE | | J | · | | | | | Check if Austin | | officeholder | living e | xpense |
| | | | | | | | | | Campaign Ac | d | | | |
| | 0 1. 0 | | | , | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder n | ame | C | Office sou | ght | | | Offic | e hel | d |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Travel in Travel O

Transportation Equipment & Related Expense Travel in District
Travel Out of District

Solicitation/Fundraising Expense

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: 10/11 Rpt: 32/34 Purdy, Monica McCoy (The Honorable) 00080944 4 Date Payee name 03/14/2025 Texas Association of District Judges 6 Amount (\$) Payee address; City; State; Zip Code \$514.50 201 Caroline Street 10th Floor Houston, TX 77019 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Dues & Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2025 Texas Center for the Judiciary Amount (\$) Payee address; City; State; Zip Code \$120.00 1201 San Antonio Suite 800 Austin, TX 78701 **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 Family Violence CLE Series Webinars Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2025 Texas Center for the Judiciary Amount (\$) Payee address: City: State; Zip Code \$75.00 1201 San Antonio Suite 800 Austin, TX 78701 **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 Regional Conference Registration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | not listed above) |
|-------------------|--|--|--------------------|
| Ŀ | | | |
| 1 | Total pages Schedule F1: Sch: 11/11 Rpt: 33/34 | | Commission Filers) |
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| 4 | Date | 5 Payee name | |
| | 06/29/2025 | Texas Center for the Judiciary | |
| <u>ہ</u> | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| ľ | ` ' | | |
| l | \$350.00 | 1201 San Antonio Suite 800 | |
| l | | | |
| l | | Austin, TX 78701 | |
| Ļ | DUDDOOF | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | EXPENDITURE | Fees Check if travel outside of Texas. Complete Sche | dule T. |
| l | | Check if Austin, TX, officeholder living expense | |
| l | | Registration for Annual Regonial Co | onference & CLE |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| ⊨ | | | |
| l | Date | Payee name | |
| | 06/03/2025 | The Dallas Assembly | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$495.00 | 12900 Preston Rd Suite 1210 | |
| l | Ψ-100.00 | 12500 Frestoff Nu Guile 1210 | |
| l | | | |
| | | Dallas, TX 75230 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF | Fees Check if travel outside of Texas. Complete Sche | dule T. |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| l | | Membership Dues | |
| | | | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| | <u>'</u> | | |
| | Date | Payee name | |
| | 05/07/2025 | UPS Store 2321 | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| l | ` ' | | |
| l | \$360.00 | 5930 Royal Lane Suite E | |
| 1 | | | |
| | | Dallas, TX 75230 | |
| \vdash | PURPOSE | | |
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| l | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense | udic 1. |
| l | | Box Renewal | |
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| l | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | JU | |
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 34/34 2 FILER NAME Filer ID (Ethics Commission Filers) Purdy, Monica McCoy (The Honorable) 00080944 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2025 America's Credit Union \$31.32 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 paid on deposits during the reporting period Amount (\$) Name of person from whom amount is received Date 01/29/2025 Texas Center for the Judiciary \$75.00 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Refund