CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	e this form.	1 Filer ID (Ethics Commi 00086036		2 Total pages filed: 14	
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	Mr.	Dennis S			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME L	AST		SUFFIX	 07/15/2025	
	ı	ondon		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	457 Laurence Ave.					_
ADDRESS	Ste. 603				Receipt #	Amount
Change of Address	Heath, TX 75032				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS/MRS/MR F	IRST		MI	ļ	
TREASURER		fary K.		IVII		
NAME	Wild.	idiy it.				
	NICKNAME L	 AST		SUFFIX		
	V	Vard				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP.	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	517 Terry Lane					
(Residence or Business)						
(,	Heath, TX 75032					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(949) 413-8333					
PHONE						
8 REPORT				_	_	
TYPE	January 15	30th day before	election	Runoff	15th day after can appointment (offic	npaign treasurer eholder only)
	X July 15	8th day before e	election	Exceeded modified	Final Report (Atta	
				reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202	25	
40 51 5051011	ELECTION DATE	-		EL FOTION TVDE		
10 ELECTION	ELECTION DATE Month Day Year		imary	ELECTION TYPE Runoff	Other	
	Month Bay real			브		
		G	eneral	Special		
44 055105	OFFICE LIFE D (if any)			Tab office couldn't	(f. l	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT State Represent		
				Otate Represent	dive District 66	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	ME London Jr., Dennis S (Mr.) 14 Filer ID 00086036			(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made with I officeholders are required to report this informa	out the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	- Si 20ii 10			
		COMMITTEE CAMPAIGN TREASURER NAM		
		COMMITTEE CAMPAIGN TREASURER ADDI	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
	2. TOTAL POLITIC (OTHER THAN F	ANS)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,470.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 345.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 30,040.00
17 AFFIDAVIT				
		l swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required to	
			Dennis S London Jr.	dia
		Signature	e of Candidate or Officehol	uer
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

	FORM	CIC	H
COVER	SHEE	T PG	3

			3 of 14						
	8 FILER NAME London Jr., Dennis S (Mr.) 19 Filer ID (Ethics Commission Filers) 00086036								
	NAME OF SCHEDULE								
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4. X	SCHEDULE E: LOANS		\$ 1,900.00						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,529.70						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 940.95						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

LOANS				SCHEDULE E
The Instructi	on Guide explains how to complete this t	form.		ges Schedule E: 1 Rpt: 4/14
2 FILER NAME London Jr., De	FILER NAME London Jr., Dennis S (Mr.)			(Ethics Commission Filers)
4 TOTAL OF U	OTAL OF UNITEMIZED LOANS			\$
5 Date of loan 01/08/2025	7 Name of lender Out-of-state PA London Jr., Dennis	AC (ID#:)	9 Loan Amount (\$) \$1,900.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	Rockwall , TX 75032			11 Maturity Date
	tion / Job title (See Instructions)	13 Employer (See Instructions	•	
Managing Men		London Security Solutio		
14 Description of Co X None	ollateral	15 Check if personal funds we	re deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal occupa	tion	21 Employer (See Instructions)	

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 5/14	London Jr., Dennis S (Mr.) 00086036
4	Date	5 Payee name
	01/28/2025	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/28/2025	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.
		Check if Austin, TX, officeholder living expense fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/28/2025	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.
		Check if Austin, TX, officeholder living expense fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 6/14	London Jr., Dennis S (Mr.) 00086036
4	Date	5 Payee name
	04/28/2025	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
		iee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Davisa nama
	05/28/2025	Payee name ANBTX
	Amount (\$) \$4.95	Payee address; City; State; Zip Code PO Box 40
	φ4.95	FO BOX 40
		Torroll TV 75160
		Terrell, TX 75160
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2025	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.
	_/	Check if Austin, TX, officeholder living expense fee
		lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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: 3/4 Rpt: 7/14	London Jr., Dennis S (Mr.) 00086036
4	Date	5 Payee name
	01/15/2025	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment
		Ground during the state of the
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	02/14/2025	CHASE CARD SERVICES
H	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
		Ground Burn Lymonia
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/14/2025	CHASE CARD SERVICES
Н	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 Card F ayment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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: 4/4 Rpt: 8/14	2 FILER NAME London Jr., Dennis S (Mr.)	3 Filer ID (Ethics Commission Filers) 00086036		
4	Date 04/15/2025	5 Payee name CHASE CARD SERVICES	I		
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code PO Box 62940			
8	PURPOSE OF EXPENDITURE	Credit Card Payment	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense edit Card Payment		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date 06/13/2025	Payee name CHASE CARD SERVICES			
	Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 62940 Carol Stream, IL 60197-6294			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense edit Card Payment		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office 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	•	ruction Guide explains how	to complete this form.	OTHER (enter a cate	gory not listed al	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 1/6 Rpt: 9/14	London Jr., Dennis	S (Mr.)		00086036		
4 CREDIT CARD ISSUER		ncial institution ase	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$45.00	02/01/2025				
7 PAYEE	(a) Payee name CHASE CARD SEF	RVICES	(b) Payee address; PO Box 62940	City,	State,	Zip Code
			Carol Stream, IL 6019	7-6294		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description			
	Fees	of this scriedule)	fee			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living e	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$59.02	01/17/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	AT&T Mobility		PO Box 6416			
			Carol Stream, IL 6019	7-6416		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		telephone			
X Political		tar Experies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living e	expense	
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 Is	suer Paid		
	\$59.01	02/17/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	AT&T Mobility		PO Box 6416			
			Carol Stream, IL 6019	7-6416		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		telephone			
X Political	Office Overhead/Rent	iai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living e	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica			aries/Wages/Contract Labor	OTHER (enter a cate	gory not listed at	bove)
		ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)
Sch: 2/6 Rpt: 10/14	London Jr., Dennis	S (Mr.)		00086036		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZE	1 .		
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE	DIT \$		
	·		CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is:	suer Paid		
	\$59.01	03/17/2025				
	Φ59.01	03/11/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
17.1.22	(a) Fayee name		PO Box 6416	City,	State,	Zip Code
	AT&T Mobility		PO BOX 0410			
	,			7.044.0		
	() 0 :		Carol Stream, IL 6019	7-6416		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
<u> </u>	Office Overhead/Rent	· ·	telephone			
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 Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is:	suer Paid		
	\$59.02	04/17/2025				
	Ψ33.02	04/11/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) · ayee ··a···e		PO Box 6416	0.53,	Otolio,	p
	AT&T Mobility		1 0 Box 0410			
			Carol Stream, IL 6019	7-6/16		
PURPOSE OF	(a) Category		(b) Description	7-0410		
EXPENDITURE	(See Categories listed at the top	of this schedule)	telephone			
X Political	Office Overhead/Rent	tal Expense	tolophono			
l <u>'</u>						
Non-Political	· ·	of Texas. Complete Schedule T.	<u> </u>	, TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is:	suer Paid		
	\$47.97	01/16/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1601 Trapelo Road			
	Constant Contact		·			
			Waltham, MA 02451			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	advertising outreach			
X Political	Advertising Expense					
Non-Political	(a) Charles to the control of the co	of Toyon Complete Calculate	D Objective of	TV officeholder in		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeriolder	name Office	z sougni	Onice nela		
expenditure to benefit C/OH						
l						

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:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 3/6 Rpt: 11/14	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	02/16/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Constant Contact		1601 Trapelo Road			
			Waltham, MA 02451			
8 PURPOSE OF	(a) Category	-# Abib	(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	advertising outreach			
X Political						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Au			officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office			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		
	\$47.97	03/16/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Constant Contact		1601 Trapelo Road			
			Waltham, MA 02451			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	advertising outreach			
X Political	Advertising Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	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		
	\$47.97	04/16/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			1601 Trapelo Road			
	Constant Contact					
			Waltham, MA 02451			
PURPOSE OF	(a) Category	-# 4bib	(b) Description			
EXPENDITURE	(See Categories listed at the top 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 expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	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 Inst	ruction Guide explains how	to complete this	s form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 4/6 Rpt: 12/14	London Jr., Dennis S (Mr.)			00086036				
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cı	redit Card Issuer	r Paid			
	\$47.97	05/16/2025						
7 PAYEE	(a) Payee name		(b) Payee add 1601 Trape		City,	State,	Zip Code	
	Constant Contact							
			Waltham, M					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
	Advertising Expense	of this scriedule)	advertising	outreach				
X Political	· .							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	() (T (1) = 1 (2)	1000					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Ci	redit Card Issuer	r Paid			
	\$47.97	06/16/2025						
PAYEE	Constant Contact		(b) Payee add	dress;	City,	State,	Zip Code	
			1601 Trape	lo Road				
			Waltham, MA 02451					
PURPOSE OF	(a) Category		(b) Descriptio					
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Advertising Expense		advertising	outreach				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cı	redit Card Issuer	r Paid			
	\$62.05	01/20/2025						
PAYEE	(a) Payee name	<u> </u>	(b) Payee add	dress;	City,	State,	Zip Code	
	CHASE CARD SERVICES		PO Box 62940					
			Carol Stream, IL 60197-6294					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Descriptio	n				
EXPENDITURE			Interest					
X Political								
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 Office	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 Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)			
Sch: 5/6 Rpt: 13/14	London Jr., Dennis	S (Mr.)		00086036				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
	\$62.89	02/20/2025						
7 PAYEE	(a) Payee name	(b) Payee address;		City,	State,	Zip Code		
	CHASE CARD SERVICES		PO Box 62940					
			Carol Stream, IL 60197-6294					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Interest							
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					
9 Complete ONLY if direct expenditure to benefit C/OH	Carididate/Officeriolder	name Onice	e sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
TATMENT	1		(c) Date(s) Great Gara 150	der i ala				
	\$57.36	03/20/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	CHASE CARD SERVICES		PO Box 62940	•		·		
			Carol Stream, IL 60197-6294					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description					
EXPENDITURE			Interest					
X Political								
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 Office sough		e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
	\$64.00	04/20/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	CHASE CARD SERVICES		PO Box 62940					
			Carol Stream, IL 60197-6294					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
EXPENDITURE	Fees		Interest					
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica			nting Expense aries/Wages/Conti		avel Out of District HER (enter a category	not listed at	oove)	
	The Instr	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 6/6 Rpt: 14/14	London Jr., Dennis			00086036				
4 CREDIT CARD	Name of financial institution see previous		CHARGED TO A CREDIT CARD		c			
ISSUER					 \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue		Paid			
	\$62.22	05/20/2025						
7 PAYEE	(a) Davisa marea					Ctoto	Zin Code	
/ PATEE	(a) Payee name	(b) Payee a		City,	State,	Zip Code		
	CHASE CARD SEF	PO Box 62940 Carol Stream, IL 60197-6294						
8 PURPOSE OF	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 expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid			
	\$63.55	06/20/2025						
PAYEE	() 5		(1) 5		0		7: 0 1	
PATEE	CHASE CARD SERVICES		(b) Payee a		City,	State,	Zip Code	
			PO BOX 62	2940				
			Carol Stream, IL 60197-6294					
PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Interest					
X Political	rees							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								
l								