

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Dr.

Dexter

Q

NICKNAME

LAST

SUFFIX

Floyd

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

352-4400

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Joshua

Q

NICKNAME

LAST

SUFFIX

Currie

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #

CITY

STATE

ZIP CODE

21416 County Road 145 Tyler, TX 75703

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

452-9884

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

11

/

1

/

23

THROUGH

Month

Day

Year

4

/

15

/

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

4

/

24

ELECTION TYPE

☐

Primary

☐

Runoff

☒

Other
Description
City Council

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Tyler City Council District 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

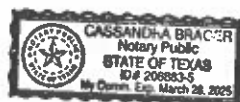
15 C/OH NAME Dexter Floyd		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 480.13
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,530.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,663.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,435.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dexter Floyd
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dexter Floyd this the 15 day of April, 2024, to certify which, witness my hand and seal of office.
Cassandra Brager CASSANDRA BRAGER
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____
 _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____
 _____ (month) _____ (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,530.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 480.13
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,663.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME DEXTER FLOYD		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertus Lewis 6 Contributor address; City; State; Zip Code 2126 Longport Ave Dallas TX 75203	7 Amount of contribution (\$) \$1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertus Lewis Contributor address; City; State; Zip Code 2126 Longport Ave Dallas TX 75203	Amount of contribution (\$) \$1,100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Wages Contributor address; City; State; Zip Code 13467 White Tail Dr. Tyler TX 75707	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Grubb Contributor address; City; State; Zip Code 2723 S. Chilton Ave Tyler TX 75701	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME DEXTER FLOYD		3 Filer ID (Ethics Commission Filers)
4 Date 11-19-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertus Lewis	7 Amount of contribution (\$) \$ 200
6 Contributor address; City; State; Zip Code 2126 Lanpek Ave Dallas TX 75203		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-5-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Grubb	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 2723 S. Chilton Ave Tyler TX 75701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-7-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenna Embry	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 2626 S. Chilton Ave Tyler TX 75701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-7-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Stansbury	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 3104 Willow Circle Tyler TX 75703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12-13-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanesia Wheeler 6 Contributor address: City: State: Zip Code 1007 Britton Ave. Tyler TX 75701	7 Amount of contribution (\$) \$ 20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-13-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Williams Contributor address: City: State: Zip Code 3251 Matlock Rd #22202 Mansfield TX 76063	Amount of contribution (\$) \$ 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimeshia Johnson Contributor address: City: State: Zip Code 12380 FM 850 Tyler TX 75707	Amount of contribution (\$) \$ 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darwin Wade Contributor address: City: State: Zip Code 6027 Pietvo Dr. Grand Prairie TX 75052	Amount of contribution (\$) \$ 20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME DEXTER FLOYD		3 Filer ID (Ethics Commission Filers)
4 Date 12-14-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Hutton 6 Contributor address; City; State; Zip Code 15234 CR 314 Tyler TX 75706	7 Amount of contribution (\$) \$ 20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-15-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karla Timms Contributor address; City; State; Zip Code 416 Eisenhower Dr. Tyler TX 75704	Amount of contribution (\$) \$ 20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-15-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Roy Contributor address; City; State; Zip Code 6452 CR 152 W Bulford TX 75757	Amount of contribution (\$) \$ 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-15-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Hawley Contributor address; City; State; Zip Code P.O. Box 56731 Atlanta GA 30343	Amount of contribution (\$) \$ 20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter Floyd 6 Contributor address; City; State; Zip Code 804 Vine Heights Tyler TX 75701	7 Amount of contribution (\$) \$40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Gooding Contributor address; City; State; Zip Code 2630 Pioneer Days Tampa FL 33610	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rueia Davis Contributor address; City; State; Zip Code 463 Jacobsen Dr. Newark, DE 19702	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared Sidney Contributor address; City; State; Zip Code 422 Paldao Dr. Mesquite TX 75149	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME DEXTER FLOYD		3 Filer ID (Ethics Commission Filers)
4 Date 12-16-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Brown Jr. 6 Contributor address; City: State: Zip Code 11623 Lanes End Dr. Flint TX 75762	7 Amount of contribution (\$) \$ 40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-16-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daphane Rhoads Contributor address; City: State: Zip Code 910 Vance St. Tyler TX 75702	Amount of contribution (\$) \$ 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-16-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nockelle Ivory Contributor address; City: State: Zip Code 202 Willow Rd. Boullard TX 75757	Amount of contribution (\$) \$ 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacinto Vincas Contributor address; City: State: Zip Code 2312 E. Devine St. Tyler TX 75701	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2023	5 Full name of contributor DeWan Perry <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 616 Green Castle Dr. Dallas TX 75232	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/3/2024	Full name of contributor Guillermina Naranjo <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 223 E. 4th St. Tyler TX 75708	Amount of contribution (\$) \$300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/11/2024	Full name of contributor Lillian Brooks <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 14421 CR 393 Tyler TX 75708	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/7/2023	Full name of contributor Dextee Floyd <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 804 Vine Heights Tyler TX 75701	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Ross 6 Contributor address; City; State; Zip Code P.O. Box 8832 Tyler, TX 75711	7 Amount of contribution (\$) \$150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Young Contributor address; City; State; Zip Code 1681 Skidmore Lane Tyler, TX 75703	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacinto Vincas Contributor address; City; State; Zip Code 2312 E. Devine Tyler TX 75701	Amount of contribution (\$) \$40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Hartsfield Contributor address; City; State; Zip Code 1620 W 7th St. Tyler TX 75701	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3-9-2024 Gary Brown	7 Amount of contribution (\$) \$ 90.00
	6 Contributor address; City; State; Zip Code 1857 Stonecrest Blvd. Unit 1604 Tyler, TX 75703	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3-6-2024 Tyronn Kaven	Amount of contribution (\$) \$ 90.00
	Contributor address; City; State; Zip Code 3302 Elizabeth Springs Court Katy, TX 77494	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3-6-2024 David Thorn Darius Thorn	Amount of contribution (\$) \$ 25.00
	Contributor address; City; State; Zip Code Indian Wood Blvd. Park Forest, IL 60466	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 9-6-2024 Shirley Clark	Amount of contribution (\$) \$ 50.00
	Contributor address; City; State; Zip Code 1600 W. 20th St. Tyler, TX 75702	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
7-8-2024	Dexter Floyd 804 Vine Heights Tyler TX 75701	\$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-2-2021	Quincy Beavers 3351 Cascades Ct. Unit 315 Tyler TX 75709	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2	FILER NAME
---	------------

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID# _____)

Joshua Currie

8 Amount of Contribution \$

218.67

9 In-kind contribution description

Shirts

12/12/2023

7 Contributor address; City; State; Zip Code

21416 County Road 145 Tyler, TX 75703

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)
Educator

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date _____

Full name of contributor ☐ out-of-state PAC ID# _____

David Montalvo

Amount of Contribution \$

170.00

In-kind contribution description

Push-Cards

12/19/2023

Contributor address: City: State: Zip Code

8416 Crooked Trl Tyler, TX 75703

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 91.46	
5 Date 12-22-23 1-10-24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Montalvo	8 Amount of Contribution \$ 56.28	9 In-kind contribution description Business cards
7 Contributor address; City; State; Zip Code 8416 Crooked Trl Tyler TX 75703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 12-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Montalvo	Amount of Contribution \$ 35.18	In-kind contribution description Website
Contributor address; City; State; Zip Code 8416 Crooked Trl Tyler TX 75703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Dexter Floyd</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-8-24</i>		5 Payee name <i>David Montalvo</i>			
6 Amount (\$) <i>\$75.00</i>		7 Payee address: <i>8416 Crooked Trl</i>		City: <i>Tyler</i>	State: <i>TX</i>
				Zip Code: <i>75703</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Facebook Ad</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Dexter Floyd</i>		Office sought <i>City Council</i>	Office held
Date <i>1-11-24</i>		Payee name <i>David Montalvo</i>			
Amount (\$) <i>\$75.00</i>		Payee address: <i>8416 Crooked Trl</i>		City: <i>Tyler</i>	State: <i>TX</i>
				Zip Code: <i>75703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Facebook Ad</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Dexter Floyd</i>		Office sought <i>City Council</i>	Office held
Date <i>1-12-24</i>		Payee name <i>David Montalvo</i>			
Amount (\$) <i>151.54</i>		Payee address: <i>8416 Crooked Trl</i>		City: <i>Tyler</i>	State: <i>TX</i>
				Zip Code: <i>75703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Banner</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Dexter Floyd</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-12-2024</i>		5 Payee name <i>David Montalvo</i>			
6 Amount (\$) <i>600.00</i>		7 Payee address; City: State: Zip Code <i>8416 Crooked Trl Tyler, TX 75703</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Database</i>		(b) Description <i>Mailing</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-28-2024</i>		Payee name <i>David Montalvo</i>			
Amount (\$) <i>250.00</i>		Payee address; City: State: Zip Code <i>8416 Crooked Trl Tyler, TX 75703</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Blocking Walking</i>		Description <i>Map Time</i>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-2-2024</i>		Payee name <i>David Montalvo</i>			
Amount (\$) <i>50.00</i>		Payee address; City: State: Zip Code <i>8416 Crooked Trl Tyler, TX 75703</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Phone Banking</i>		Description <i>Call Hub</i>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <u>Dexter Floyd</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-2-2024</u>		5 Payee name <u>David Montalvo</u>			
6 Amount (\$) <u>100.00</u>		7 Payee address: <u>8416 Crooked Trl Tyler TX 75703</u>		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Phone Banking</u>		(b) Description <u>Call Hub</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <u>4-2-2024</u>		Payee name <u>David Montalvo</u>			
Amount (\$) <u>100.00</u>		Payee address: <u>8416 Crooked Trl Tyler TX 75703</u>		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Phone Banking</u>		Description <u>Call Hub</u>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <u>4-2-2024</u>		Payee name <u>David Montalvo</u>			
Amount (\$) <u>25.82</u>		Payee address: <u>Crooked Trl Tyler TX 75703</u>		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Phone Banking</u>		Description <u>Google Voice</u>		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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