

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 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	7 Amount of contribution (\$) \$1,000
6 Contributor address; City; State; Zip Code 2126 Langport Ave Dallas TX 75203		
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	Amount of contribution (\$) \$1,100
Contributor address; City; State; Zip Code 2126 Langport Ave Dallas TX 75203		
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	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 13467 White Tail Dr. Tyler TX 75707		
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	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)
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 Lanark 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	7 Amount of contribution (\$) \$ 20	
6 Contributor address; City; State; Zip Code 1007 Britton Ave. Tyler TX 75701			
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	Amount of contribution (\$) \$ 25	
Contributor address; City; State; Zip Code 3251 Matlock Rd #22202 Mansfield TX 76063			
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	Amount of contribution (\$) \$ 25	
Contributor address; City; State; Zip Code 12380 FM 850 Tyler TX 75707			
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	Amount of contribution (\$) \$ 20	
Contributor address; City; State; Zip Code 6027 Pietvo Dr. Grand Prairie TX 75052			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 Bullard 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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
12/15/2023	Dexter Floyd 6 Contributor address; City; State; Zip Code 804 Vine Heights Tyler TX 75701	\$40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12/15/2023	James Gooding Contributor address; City; State; Zip Code 2630 Pioneer Days Tampa FL 33610	\$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12/15/2023	Rueia Davis Contributor address; City; State; Zip Code 463 Jacobsen Dr. Newark, DE 19702	\$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12/16/2023	Jared Sidney Contributor address; City; State; Zip Code 422 Paldao Dr. Mesquite TX 75149	\$100
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

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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 12-16-23		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carl Brown Jr.		7 Amount of contribution (\$) \$ 40.00	
		6 Contributor address; City; State; Zip Code 11623 Lanes End Dr. Flint TX 75762			
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		Amount of contribution (\$) \$ 20.00	
		Contributor address; City; State; Zip Code 910 Vance St. Tyler TX 75702			
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		Amount of contribution (\$) \$ 40.00	
		Contributor address; City; State; Zip Code 202 Willow Rd. Boullard TX 75757			
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		Amount of contribution (\$) \$ 25.00	
		Contributor address; City; State; Zip Code 2312 E. Devine St. Tyler TX 75701			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
12/21/2023	DeWan Perry			\$100	
	6 Contributor address; City; State; Zip Code				
	616 Green Castle Dr. Dallas TX 75232				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
1/3/2024	Guillermina Naranjo			\$300	
	Contributor address; City; State; Zip Code				
	223 E. 4th St. Tyler TX 75708				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
1/11/2024	Lillian Brooks			\$250	
	Contributor address; City; State; Zip Code				
	14421 CR 393 Tyler TX 75708				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
12/7/2023	Dextee Floyd			\$200	
	Contributor address; City; State; Zip Code				
	804 Vine Heights Tyler TX 75701				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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 3-9-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Brown 6 Contributor address; City; State; Zip Code 1897 Stonecrest Blvd. Unit 1604 Tyler, TX 75703	7 Amount of contribution (\$) \$ 90.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-6-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyronn Kvern Contributor address; City; State; Zip Code 3302 Elizabeth Springs Court Katy, TX 77494	Amount of contribution (\$) \$ 90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Thorn Darius Thorn Contributor address; City; State; Zip Code Indian Wood Blvd. Park Forest, IL 60466	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Clark Contributor address; City; State; Zip Code 1600 W. 29th St. Tyler, TX 75702	Amount of contribution (\$) \$ 50.00
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

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 <i>7-8-2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nexter Floyd</i> 6 Contributor address; City; State; Zip Code <i>804 Vine Heights Tyler TX 75701</i>		7 Amount of contribution (\$) <i>\$200.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>4-2-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Quincy Beavers</i> Contributor address; City; State; Zip Code <i>3351 Cascades Ct. Unit 315 Tyler TX 75709</i>		Amount of contribution (\$) <i>\$100.00</i>
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

6 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 12-20-23 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
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 Dexter Floyd	3 Filer ID (Ethics Commission Filers)
4 Date 1-8-2024	5 Payee name Facebook	
6 Amount (\$) 75.00	7 Payee address: City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Advertising	(b) Description Facebook Ad
	(c) Check if travel outside of Texas. Complete Schedule T. 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 1-11-24	Payee name Facebook
Amount (\$) 75.00	Payee address: City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Advertising
	Description Facebook Ad
Check if travel outside of Texas. Complete Schedule T. 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 1-12-24	Payee name FedEx
Amount (\$) 151.54	Payee address: City: State: Zip Code 4522 S Broadway Ave. Tyler, TX 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense
	Description Banner
Check if travel outside of Texas. Complete Schedule T. 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
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 <i>Dexter Floyd</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-23-24</i>	5 Payee name <i>Designer Graphics</i>	
6 Amount (\$) <i>1428.90</i>	7 Payee address: <i>12404 Hwy 155 South Tyler, TX 75703</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Yard Signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <i>2-9-24</i>	Payee name <i>CallHub</i>	
Amount (\$) <i>25.00</i>	Payee address: <i>2093 Philadelphia Pike #7468 Claymont, DE 19703</i>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Phone Banking</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-4-24</i>	Payee name <i>Google</i>	
Amount (\$) <i>25.82</i>	Payee address: <i>1600 Amphitheatre Parkway Mountain View, CA 94043</i>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Google Voice - Phone Banking</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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
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 <i>Dexter Floyd</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-8-24</i>		5 Payee name <i>Designer Graphics</i>			
6 Amount (\$) <i>756.34</i>		7 Payee address: <i>12404 Hwy 155 South Tyler, TX 75703</i> City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Sinage</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-12-24</i>		Payee name <i>L2, Inc.</i>			
Amount (\$) <i>600.00</i>		Payee address: <i>5 Schancks Crossing Rd., Ste. 220 Plainsboro, NJ 08536</i> City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other - Database</i>		Description <i>Mailing</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-28-24</i>		Payee name <i>MapTive</i>			
Amount (\$) <i>250.00</i>		Payee address: <i>548 Market St. Suite 46873 San Francisco, CA 94104</i> City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other - Database</i>		Description <i>Block Walking</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Dexter Floyd		3 Filer ID (Ethics Commission Filers)
4 Date 4-2-24	5 Payee name CallHub		
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 2093 Philadelphia Pike #7468 Claymont, DE 19703		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Phone Banking
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4-2-24	Payee name CallHub		
Amount (\$) 100.00	Payee address; City; State; Zip Code 2093 Philadelphia Pike #7468 Claymont, DE 19703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Phone Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4-2-24	Payee name CallHub		
Amount (\$) 100.00	Payee address; City; State; Zip Code 2093 Philadelphia Pike #7468 Claymont, DE 19703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Phone Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
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 Dexter Floyd	3 Filer ID (Ethics Commission Filers)
4 Date 4-2-24	5 Payee name Google	
6 Amount (\$) 25.82	7 Payee address; City; State; Zip Code 1600 Amphiteatre Parkway Mountain View CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Google Voice - Phone Banking
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Amount (\$)	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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