# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this for

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00019811		2 Total pages filed: 16		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
OFFICEHOLDER NAME	The Honorable	Yvonne			Date Received		
					ELECTRONICA	ALLY FILED	
	NICKNAME	LAST		SUFFIX	07/17/2023		
	NICKVAWL	Davis		301117			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked	
MAILING ADDRESS	P.O. Box 763368				Receipt #	Amount	
Change of Address	Dallas, TX 75376-3368						
					Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER	Ms.	Mattie M.					
NAME							
	NICKNAME	LAST		SUFFIX			
		Youngblood					
		3					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP <sup>-</sup>	Γ / SUITE #; CITY;	STA	ATE; ZIP CODE	
TREASURER	718 N. Hampton Rd.	,		.,		,	
ADDRESS							
(Residence or Business)	DeSoto, TX 75115						
	Decoto, 17 Tollo						
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION				
TREASURER PHONE	(972) 274-1627						
8 REPORT TYPE							
ITPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	mpaign treasurer ceholder only)	
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta		
		_		reporting limit	_		
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/01/2023	TH	IROUGH	06/30/202	23		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	P	rimary	Runoff	Other		
		I⊓G	eneral	Special			
				<b>—</b> .			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
	State Representative Distri	ict 111			tative District 111		
	,			3,41230			
	1			l			
		GO T	O PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Davis, Yvonne (The I	lonorable)	<b>14</b> Filer ID 00019811	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 37,512.03				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 28,386.90				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Hor	norable Yvonne Davis	S				
		Signature of	Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL ABO	OVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
of	of, 20, to certify which, witness my hand and seal of office.							
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath							

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 16 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00019811 Davis, Yvonne (The Honorable) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 37,512.03 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

#### SCHEDULE F1

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

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

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

Reimbursement
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/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: 1/13 Rpt: 4/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	05/25/2023	Aramark - Methodist Charlton Medical Center
6	Amount (\$) \$531.37	7 Payee address; City; State; Zip Code 3500 West Wheatland Road  Dallas, TX 75237
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rental fee for facility & refreshment for community meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2023	Bernal, Jesse
	Amount (\$) \$4,400.00	Payee address; City; State; Zip Code P.O. Box 1252  Austin, TX 78711
	DUDDOCE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2023	Bernal, Jesse
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code P.O. Box 1252
		Austin, TX 78711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OUT IES (order to see the control of t

	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: 2/13 Rpt: 5/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	01/05/2023	Bernal, Jesse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,025.00	P.O. Box 1252
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Salary
		Sulary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	01/30/2023	Payee name Community Missionary Portict Church
L		Community Missionary Baptist Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	115 W. Beltline Rd.
		DeSoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Purchased Ad for church anniversary
		Talonassa / a for onal on all involoarly
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/24/2023	Constant Contact
	Amount (\$) \$314.47	Payee address; City; State; Zip Code 1601 Trapelo Road
	φ314.47	
		Suite 329
		Waltham, ME 02451
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising Expense
1		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 3/13 Rpt: 6/16		Davis, Yvor	ne (The Honoral	ble)					00019811	
4	Date	5	Payee name								
	02/24/2023		Constant Co	ontact							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$314.47		1601 Trape	lo Road							
			Suite 329								
			Waltham, M	IE 02451							
8	PURPOSE	(a)	Category (se	ee Categories listed at the	o top of this scho	adula)	(b)	Description			
	OF EXPENDITURE	<b> </b> `´	Advertising		e top or triis scrie	edule)	\	_ ·	outsio	de of Texas. Comp	plete Schedule T.
	EXPENDITURE			•				_		officeholder living	expense
								Advertising E	хрє	ense	
Ļ							<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	office sou	ıght			Office he	eld
	Date		Payee name					_			
	03/24/2023		Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$314.47		1601 Trape	lo Road							
			Suite 329								
			Waltham, M	IE 02451							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE	` '	Advertising		c top or this some	sudic)		`	outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITORE		_	·				<b>—</b>		officeholder living	expense
								Advertising E	хрє	ense	
_	Occupation Of the Community of the Commu	<u> </u>	Name and 1 1 1 1 2 2 2 2 2		=	vtc: -					1-1
	Complete ONLY if direct expenditure to benefit C/O		Janaidate/Offi	ceholder name	C	office sou	ignt			Office he	eiu
	Date		Payee name								
	04/24/2023		Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$314.47		1601 Trape	lo Road							
			Suite 329								
			Waltham, M	IE 02451							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising			,		<b></b>		de of Texas. Comp	
	ZAI ENDITORE									officeholder living	expense
								Advertising E	xhe	ense	
	Complete ONLY if alice -	Ļ	Condidate /Cff	anhalder		office as:	ıab+			Office I-	.id
	Complete ONLY if direct expenditure to benefit C/O		anuluale/Offi	ceholder name	C	office sou	ıynt			Office he	au

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 4/13 Rpt: 7/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	05/24/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$314.47	1601 Trapelo Road
		Suite 329
		Waltham, ME 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Advertising Expense
		Advertising Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/24/2023	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.47	1601 Trapelo Road
		Suite 329
		Waltham, ME 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising Expense
		Activition of Expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/09/2023	Country Club of Dallas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,058.92	2200 W. Red Bird Lane
		Dallas, TX 75232
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Refreshments and Rental of facility for community
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made E
Candidate/Officeholder/Politic

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal as a secondaria Edu	<u> </u>	_
1	Total pages Schedule F1: Sch: 5/13 Rpt: 8/16	2 FILER NAME Davis, Yvonne (The Honorable) 3 Filer ID (Ethics Commission Filers) 00019811	
4	Date	5 Payee name	
	05/09/2023	Duncanville Chamber of Commerce	
6	Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 300 East Wheatland Road	
		Duncanville, TX 75116	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Sponsorship - Chamber's annual golf tournament	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/02/2023	Epps, Oscar (Rev.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	115 West Belt Line Rd	
		DeSoto, TX 75115	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation - Pastor Anniversary	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	01/11/2023	Fajita Pete's - MoPac	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,427.95	5523A Balcones Dr.	
		Austin, TX 78731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Refreshments for constituents - Legislative Sessior	,
		Opening Day Event	•
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

#### SCHEDULE F1

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

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

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

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

	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: 6/13 Rpt: 9/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	03/08/2023	Harris, Mark (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1624 Post Road, Apt 6224
		San Marcos, TX 78666
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Internship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>"</del>
	Date	Pavee name
	04/07/2023	Harris, Mark (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1624 Post Road, Apt 6224
		, <b>,</b>
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Internship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	05/09/2023	Harris, Mark (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1624 Post Road, Apt 6224
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internship
	0 1: 0::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	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: 7/13 Rpt: 10/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	01/30/2023	La Calle Doce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.42	415 12th Street
		Dallas, TX 75208
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Refreshment for staff meeting
		Tellesiment of stall meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	03/06/2023	
		Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	Post Office Box 12943
		Austin, TX 78711
	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
		Membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	01/25/2023	Level Up Sweetgreen
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.45	200 West 2nd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Refreshment for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District 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 3 Filer ID (Ethics Commission Filers)
	Sch: 8/13 Rpt: 11/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	04/10/2023	McShan Florist
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.37	10311 Garland Road
		Dallas, TX 75218-0430
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	-	Check if Austin, TX, officeholder living expense  Memorial Flowers
		Wellonariowers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	05/08/2023	New Hope Baptist Church
_	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	5002 S. Central Expressway
l	Ψ130.00	5552 G. Gentral Expressivay
l		Dallas, TX 75215
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ad for church anniversary
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	03/06/2023	Price, Lemuel (Mr.)
l	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	3016 50th Street
L		Dallas, TX 75216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/13 Rpt: 12/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	05/01/2023	Price, Lemuel (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	3016 50th Street
		Dallas, TX 75216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary
		Calary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/OI	
	Date	Payee name
	06/14/2023	Price, Lemuel (Mr.)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	3016 50th Street
		Dallas, TX 75216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary
		Calary
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	01/13/2023	Sheraton Hotel Austin
l	Amount (\$)	Payee address; City; State; Zip Code
	\$209.27	701 East 11th Street
l		
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging rental for staff - Legislative Session Opening
		Day
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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
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

ravei in L Travel Out Ontract Labor OTHER (e

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	Sch: 10/13 Rpt: 13/16	Davis, Yvonne (The Honorable)		00019811	
4	Date	5 Payee name		-	
	01/13/2023	Sheraton Hotel Austin			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de		
	\$210.66	701 East 11th Street			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Lodging		Check if travel outside of Texas. Complete Schel	dule T.
				Check if Austin, TX, officeholder living expense Lodging rental for staff - Legislative	Session Opening
				Day	Session Opening
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held	
	expenditure to benefit C/O		,		
	Date	Payee name			
	01/13/2023	Sheraton Hotel Austin			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$218.23	701 East 11th Street			
		Austin, TX 78701			
	PURPOSE		(b)	Description	
	OF	Lodging	` '	Check if travel outside of Texas. Complete Scher	dule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Lodging rental for constituent - Legi Opening Day	islative Session
	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office held	
	expenditure to benefit C/O	<u> </u>	JIIL	Office field	
	Date	Davies warms			
	02/02/2023	Payee name Sheraton Hotel Austin			
			10		
	Amount (\$) \$210.66	Payee address; City; State; Zip Coo 701 East 11th Street	Je		
	Ψ210.00	701 Last 11th Sheet			
		Austin, TX 78701			
	DUDDOCE		(I=)		
	PURPOSE OF	, ,	(a)	Description  Check if travel outside of Texas. Complete Scher	dule T.
	EXPENDITURE	Lodging		Check if Austin, TX, officeholder living expense	
				Lodging rental for constituent - Legi	islative Session
				Opening Day	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held	
	expenditure to benefit C/Ol	1			

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/13 Rpt: 14/16	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	01/11/2023	Tiff's Treats Cookie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.98	1806 Nueces Street
L		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Refreshments for Capitol office - Legislative Session
		Opening Day Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2023	Turner, Matt (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1801 Lavaca
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		☐ X Check if Austin, TX, officeholder living expense  Austin Apt. Rent
		Addit Apt. None
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	02/02/2023	Turner, Matt (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1801 Lavaca
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		☐ ☐ Check if Austin, TX, officeholder living expense  Austin Apt. Rent
		Αυσιπ Αμτ. Νέπτ
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 12/13 Rpt: 15/16	Davis, Yvonne (The Honorable)  00019811
4	Date	5 Payee name
	03/01/2023	Turner, Matt (Mr.)
6	Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 1801 Lavaca  Austin, TX 78701
8	DUDDOCE	1
o	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Lodging  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Apt Rent
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Turner, Matt (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1801 Lavaca
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Lx Check if Austin, TX, officeholder living expense  Austin Apt. Rent
		Addit Apt. None
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2023	Turner, Matt (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1801 Lavaca
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin Apt Rent.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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 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)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/13 Rpt: 16/16	Davis, Yvonne (The Honorable)		00019811
4	Date	5 Payee name		•
	06/01/2023	Turner, Matt (Mr.)		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$1,200.00	1801 Lavaca		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Lodging		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			\( \times \) Check if Austin, TX, officeholder living expense  Austin Apt. Rent
				Austin Apt. Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/Ol		JIIL	Office field
	Data	David warms		
	Date 02/16/2023	Payee name Vimeo Plus		
			-l -	
	Amount (\$) \$90.93	Payee address; City; State; Zip Coo	зе	
	Ф90.93	330 West 34th Street, Ste 5		
		Now York NV 10001		
		New York , NY 10001		
	PURPOSE OF	, -	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Annual subscription
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	06/22/2023	Woods, Chelse		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$770.00	429 Timberlake Dr.		
		DeSoto, TX 75115		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Videography services for an event.
	Complete ONLY if direct	Candidate/Officeholder name Office sour	nh+	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	,	JIIL	Office held