CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commi 00019811 | | 2 Total pages filed: 28 | |
|-------------------------------|-------------------------------|-----------------|---|----------------------|---|---------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | • | MI | OFFICE USE ON | LY |
| OFFICEHOLDER NAME | The Honorable | Yvonne | | | Date Received | |
| | | | | | ELECTRONICALLY FILE | FD |
| | NICKNAME | | | CUEEIV | 01/16/2024 | |
| | NICKNAME | LAST Davis | | SUFFIX | 01/10/2024 | |
| | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Postma | arked |
| MAILING | P.O. Box 763368 | | | | Receipt # Amount | |
| ADDRESS | | | | | | |
| Change of Address | Dallas, TX 75376-3368 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | _! | |
| TREASURER NAME | Ms. | Mattie M. | | | | |
| | | | | | | |
| | NICKNAME | LAST | •••••• | SUFFIX | | |
| | | Youngblood | | | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO | BOX PLEASE); | AP | T / SUITE #; CITY | ; STATE; Z | IP CODE |
| ADDRESS | 718 N. Hampton Rd. | | | | | |
| (Residence or Business) | | | | | | |
| | DeSoto, TX 75115 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | NE NUMBER E | EXTENSION | | | |
| TREASURER PHONE | (972) 274-1627 | | | | | |
| FIONE | | | | | | |
| 8 REPORT TYPE | | _ | | | | |
| ITE | X January 15 | 30th day before | election | Runoff | 15th day after campaign treas appointment (officeholder onl | |
| | July 15 | 8th day before | election | Exceeded modified | Final Report (Attach C/OH-FF | R) |
| | | _ | | reporting limit | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2023 | TH | IROUGH | 12/31/20 | 23 | |
| | | <u> </u> | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | rimary | ELECTION TYPE Runoff | Other | |
| | Month Day Teal | | - | | LI Other | |
| | | ∐ ^G | eneral | Special | | |
| | | | | T | | |
| 11 OFFICE | OFFICE HELD (if any) | riot 111 | | 12 OFFICE SOUGH | | |
| | State Representative Distr | IICL III | | State Represen | tative District 111 | |
| | | | | | | |
| | | | | | | |
| | | 00- | -0 DA 0= 0 | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 28

| 13 C / OH NAME | Davis, Yvonne (The I | 14 Filer ID (I | Ethics Commission Filers) | |
|--|-----------------------------------|---|---------------------------|-----------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information | the candidate's or office | holder'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 | N PLEDGES, LOANS, CTRONICALLY) | \$ 0.00 | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 87,577.97 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 47,176.67 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 59,359.73 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | |
| | | The Hon | orable Yvonne Davis | |
| | | | Candidate or Officehold | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | · | |
| | | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of officer | administering oath |
| | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | 3 | of 28 |
|-------------------------------|--|-------------|-----------------------|----------|
| 18 FILER NAME | | 19 Filer ID | (Ethics Commission Fi | lers) |
| | ne (The Honorable) | 00019811 | | |
| 20 SCHEDULE SI NAME OF SCH | | | SUBTOTAL AMO | UNT |
| 1. X S | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 86 | 6,055.00 |
| 2. X S0 | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 1 | .,522.97 |
| 3. S | \$ | | | |
| 4. S | SCHEDULE E: LOANS | | \$ | |
| 5. X S0 | \$ 47 | 7,176.67 | | |
| 6. S | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. S | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 8. S | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. S | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. S | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (| OF C/OH | \$ | |
| 11. S | \$ | | | |
| | CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR THE PROPERTY OF THE PROPER | RETURNED | \$ | |
| | | | | |

| | MONET | ARY POLITICAL (| NS | | SCHEDUI | LE A1 | |
|---|-----------------------------|---|----------------------------|---|---------|---|------------|
| | The Instru | ction Guide explains hov | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 1/12 Rpt: 4/28 | |
| 2 | FILER NAME Davis, Yvoni | ne (The Honorable) | | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 12/05/2023 | 5 Full name of contributor American Airlines PAC6 Contributor address; City; S | x out-of-state PAC (ID#: C | 00107300) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Washington, DC 20036 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions | s) | | |
| | Date 12/25/2023 | Full name of contributor Ancira, Jesse (Mr.) Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions | 5) | Employer (See Instructions | ;) | | |
| | Attorney | | | Self Employed | | | |
| | Date 12/05/2023 | Full name of contributor Arnold, Greg (Mr.) Contributor address; City; S | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$2,500.00 |
| | | Texarkana, TX 75504 | | | | | |
| | Principal occu Executive | pation / Job title (See Instruction: | 5) | Employer (See Instructions Truman Arnold Compar | | | |
| | Date 12/12/2023 | Full name of contributor Associa PAC Contributor address; City; S Dallas, TX 75205 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | Date 12/05/2023 | Full name of contributor Autry Public Affairs LLC Contributor address; City; S Austin, TX 78701 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUI | LE A1 |
|---|------------------------------|---|---|---|---|--------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/12 Rpt: 5/28 | |
| 2 | FILER NAME Davis, Yvonr | ne (The Honorable) | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 10/06/2023 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$2,500.00 |
| _ | | Fort Worth, TX 76161-0039 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 12/12/2023 | Full name of contributor out-of-state PAC (ID#:_ Barr, Kenneth (Mr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Fort Worth, TX 76109 pation / Job title (See Instructions) | Employer (See Instructions | <u>, </u> | | |
| | Consultant | pation / Job title (See Instructions) | Self-Employed | ') | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Austin, TX 78701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 12/12/2023 | Full name of contributor out-of-state PAC (ID#:_ Ben E. Keith Company Texas PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102 |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_Blocker, Sano (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76107 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Government | pation / Job title (See Instructions) Affairs | Employer (See Instructions Vistra Corp. | () | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIB | UTION | IS | SCHEDULE A1 | | |
|---|------------------------------|---|--------------------------|---|-------------|---|------------|
| | The Instruc | ction Guide explains how to complete | e this for | m. | 1 | Total pages Schedule A1: Sch: 3/12 Rpt: 6/28 | |
| 2 | FILER NAME Davis, Yvonr | ne (The Honorable) | | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 12/05/2023 | Full name of contributor out-of-state P Brentwood Public Affairs Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| • | Dringing aggu | Austin, TX 78701 | lo. | Employer (See Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | •) | | |
| | Date 12/07/2023 | Full name of contributor out-of-state P Brooks, V. G. Contributor address; City; State; Zip Code Irving, TX 75014 | |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Self employed | 5) | | |
| | Date 12/12/2023 | Full name of contributor out-of-state P Burrell, Martin (Mr.) Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Dallas, TX 75233 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Small Busine | ess Owner | | Burrell Group | | | |
| | Date 12/12/2023 | Full name of contributor out-of-state P Byrd, Andre (The Honorable) Contributor address; City; State; Zip Code DeSoto, TX 75115 | | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Controller | pation / Job title (See Instructions) | | Employer (See Instructions Medco Construction | <u>(</u> | | |
| | Date 12/05/2023 | Full name of contributor X out-of-state P Clear Channel Outdoor, LLC PAC Contributor address; City; State; Zip Code Phoenix, AZ 85016 | I AC (ID#: <u>C00</u> |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUI | E A1 |
|---|-----------------------------|---|--------------------------------------|---|---|---|------------|
| | The Instru | ction Guide explains how to | o complete this forn | n. | 1 | Total pages Schedule A1: Sch: 4/12 Rpt: 7/28 | |
| 2 | FILER NAME Davis, Yvoni | ne (The Honorable) | | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 10/09/2023 | 5 Full name of contributor Coleman, George (Mr.)6 Contributor address; City; State | out-of-state PAC (ID#: ; Zip Code |) | 7 | Amount of Contribution (\$) | \$222.00 |
| _ | | Dallas, TX 75232 | | <u> </u> | | | |
| 8 | Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired |) | | |
| | Date 12/05/2023 | Full name of contributor Costa, Michelle (Ms.) Contributor address; City; State | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Katy, TX 77494 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | • | ce President | | Clear Channel Outdoor | , | | |
| | Date 12/12/2023 | Full name of contributor Dallas Black Firefighters Ret Contributor address; City; State | |) | | Amount of Contribution (\$) | \$1,500.00 |
| | | Dallas, TX 75222 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 12/12/2023 | Full name of contributor Edwards, Dralves (Dr.) Contributor address; City; State Carrollton, TX 75006 | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Physician | pation / Job title (See Instructions) | | Employer (See Instructions Self-Employed |) | | |
| | Date 12/12/2023 | Full name of contributor Edwards, Renee Contributor address; City; State DeSoto, TX 75115 | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired |) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL C | NS | SCHEDULE A1 | | | |
|---|-------------------------------|---|--|---|--------|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 5/12 Rpt: 8/28 | |
| 2 | FILER NAME Davis, Yvoni | ne (The Honorable) | | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 12/05/2023 | 5 Full name of contributorEmployees of Raytheon T6 Contributor address; City; Sta | | on PAC | 7 | Amount of Contribution (\$) | \$750.00 |
| | | Arlington, VA 22209 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions | s) | | |
| | Date 12/05/2023 | Full name of contributor Focused Advocacy PAC Contributor address; City; Sta | out-of-state PAC (ID#:_ ate; Zip Code | | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | · | Employer (See Instructions | s) | | |
| | | | | | | | |
| | Date 12/21/2023 | Full name of contributor | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | DeSoto, TX 75115 pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Business Ov | | | IAC | , | | |
| | Date 12/13/2023 | Full name of contributor Goodell Polan, Deborah Contributor address; City; Sta | out-of-state PAC (ID#:_ ate; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Lobbyist | pation / Job title (See Instructions) | | Employer (See Instructions Self-Employed | 5) | | |
| | Date Full name of contributor | | | | • | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | l | | | | |

| | MONEI | ARY POLITICAL CONTRIB | BUTION | 15 | | SCHEDUI | LE A1 |
|---|--------------------|--|------------|----------------------------|----------|---|--------------|
| | The Instru | ction Guide explains how to complet | e this for | m. | 1 | Total pages Schedule A1: Sch: 6/12 Rpt: 9/28 | |
| 2 | FILER NAME | — | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Davis, Yvoni | ne (The Honorable) | | | L | 00019811 | |
| 4 | Date 12/12/2023 | | PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$2,500.00 |
| | | 6 Contributor address; City; State; Zip Code Dallas, TX 75214 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | :) [| | |
| | Owner | pation / cos tillo (coo molidotono) | | Don Herring Mitsubishi | ', | | |
| | Date | Full name of contributor out-of-state I | PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/14/2023 | Houston , Matt | | | | | \$350.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Allen, TX 75002 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>L</u> | | |
| | Consultant | , | | Self Employed | , | | |
| | Date | Full name of contributor out-of-state I | PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/01/2023 | Hurtt, Michael B. (The Honorable) | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | DoSata TV 75115 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | :) | | |
| | Funeral Hom | , | | Hurtt Funeral Home | '' | | |
| _ | | | DAG (ID#) | `` | Г | Amount of Contribution (\$) | |
| | Date 12/05/2023 | Full name of contributor out-of-state Jones, Neal T. "Buddy" | PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | 12/03/2023 | | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Austin, TX 78746 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Lobbyist | | | Self Employed | | | |
| | Date | Full name of contributor ut-of-state I | PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/17/2023 | | | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Dallas, TX 75232 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Self employe | ed | | Attorney | | | |
| | | | I | | | | |
| | | | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL (| S | | SCHEDU | LE A1 | | |
|---|-------------------------------|---|-------------------------|-----|---|-----------------------------|--|-------------|
| | The Instru | ction Guide explains how | v to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 7/12 Rpt: 10/28 | |
| 2 | FILER NAME Davis, Yvoni | ne (The Honorable) | | | | 3 | Filer ID (Ethics Commissi 00019811 | on Filers) |
| 4 | Date 12/15/2023 | 5 Full name of contributor Kelley, Rusty (Mr.)6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$15,000.00 |
| 8 | Principal occu | Austin, TX 78701 pation / Job title (See Instruction | 3) | 9 | Employer (See Instructions | ;) | | |
| _ | Consultant | pation / oob title (See instruction | , | _ | Owner | ·) | | |
| | Date 10/05/2023 | Full name of contributor Kelso, Jocelyn Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$150.00 |
| | | Dallas, TX 75249 | | | | <u></u> | | |
| | Principal occu | pation / Job title (See Instruction | 5) | | Employer (See Instructions | 5) | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:) Luna, Vilma Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$500.00 | |
| | | Austin, TX 78746 | | | | | | |
| | Principal occu Lobbyist | pation / Job title (See Instruction | 5) | | Employer (See Instructions Self Employed | s) | | |
| | Date 12/07/2023 | Full name of contributor Manning, Ray Contributor address; City; S New Orleans, LA 70130 | | |) | • | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu Business Ov | pation / Job title (See Instruction vner | s) | | Employer (See Instructions Self Employed | 5) | | |
| | Date 12/12/2023 | Full name of contributor Matthews, John Contributor address; City; S Lewisville, TX 75057 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu Business Ov | pation / Job title (See Instruction vner | 5) | | Employer (See Instructions Self Employed | 5) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | IS | SCHEDULE A1 | | | |
|---|------------------------------|---|----|---|---|--|------------|
| | The Instruc | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 8/12 Rpt: 11/28 | |
| 2 | FILER NAME Davis, Yvonr | ne (The Honorable) | | | 3 | Filer ID (Ethics Commission 00019811 | n Filers) |
| 4 | Date 12/05/2023 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 0 | Dringing occur | Austin, TX 78701 | ٦ | Employer (See Instructions | ,, | | |
| 8 | Lobbyist | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self-Employed | 5) | | |
| | Date 12/12/2023 | Full name of contributor out-of-state PAC (ID#:_ McGuire, Michael Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$1,500.00 |
| | Deinsinal assu | Dallas, TX 75205 | _ | | | | |
| | Principal occul President | pation / Job title (See Instructions) | | Employer (See Instructions Andrews Distributing | 5) | | |
| | Date 12/05/2023 | Full name of contributor X out-of-state PAC (ID#: C00366559 NRG Energy PAC Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | Princeton, NJ 08540-6213 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_ North Texas Automobile Dealers PAC Contributor address; City; State; Zip Code Irving, TX 75062 | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_ Oney, Jessica (Ms.) Contributor address; City; State; Zip Code Austin, TX 78756 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Lobbyist | pation / Job title (See Instructions) | | Employer (See Instructions NRG Energy, Inc. | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUI | E A1 |
|---|-------------------------------|---|---|----|--|----------------|--|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rr | n. | 1 | Total pages Schedule A1: Sch: 9/12 Rpt: 12/28 | |
| 2 | FILER NAME Davis, Yvonr | ne (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 12/27/2023 | 5 Full name of contributor Parrish, Roland (Mr.)6 Contributor address; City; S | out-of-state PAC (ID#: ate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$2,000.00 |
| 8 | Principal occu Businessmar | Desoto, TX 75115 pation / Job title (See Instructions | s) ! | 9 | Employer (See Instructions McDonald Corp | <u> </u> 5) | | |
| | Date 12/12/2023 | Full name of contributor Political Action Committee Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | Dallas, TX 75201 pation / Job title (See Instructions | s) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 12/12/2023 | Full name of contributor Proctor, John (Mr.) Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Dallas, TX 75232 pation / Job title (See Instructions | s) | | Employer (See Instructions | | | |
| | Date 12/12/2023 | Full name of contributor Redmond and Eiland, PL Contributor address; City; S Dallas, TX 75201 | | | Coverall Management a | ind | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | | Employer (See Instructions | 5) | | |
| | Date 10/08/2023 | Full name of contributor Ridley, Zelma Contributor address; City; S Duncanville, TX 75137 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$333.00 |
| | Principal occu Retired | pation / Job title (See Instructions | s) | | Employer (See Instructions Retired | s) | | |
| | | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|--|---|-----------------|---|-----------------------------|---|------------|
| | The Instruc | ction Guide explains how to com | plete this form | n. | 1 | Total pages Schedule A1: Sch: 10/12 Rpt: 13/28 | |
| 2 | FILER NAME Davis, Yvonr | ne (The Honorable) | | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 12/05/2023 | | | 7 | Amount of Contribution (\$) | \$500.00 | |
| _ | Dringing Lagor | San Antonio, TX 78231 | lo- | Franks von (Cook kantuurtings | | | |
| 8 | Principal occupation / Job title (See Instructions) Chief Executive Officer 9 Employer (See Instructions) Rrh - Austin LLC | | ·) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Rucker, Patrick (Rev.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | Dallas, TX 75201 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Pastor Self Employed | | , | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Seidlits, Curt (The Honorable) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | Dringing aggr | Horseshoe Bay, TX 78657 pation / Job title (See Instructions) | <u> </u> | Employer (See Instructions | _ | | |
| | Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Self Employed | ') | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Sewell, Carl Contributor address; City; State; Zip Code Dallas, TX 75220 | | | | Amount of Contribution (\$) | \$2,500.00 | |
| | Principal occu Car Dealersh | pation / Job title (See Instructions) nip Owner | | Employer (See Instructions Owner | <u>;</u>) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Smith, Robert (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75230 | | | Amount of Contribution (\$) | \$500.00 | | |
| | Principal occu President/CE | pation / Job title (See Instructions) | | Employer (See Instructions Accident & Injury Pain | 5) | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | |
|---|---|---|--|-----------------------------|---|------------|
| | The Instru | ction Guide explains how to complete thi | s form. | 1 | Total pages Schedule A1: Sch: 11/12 Rpt: 14/28 | |
| 2 | FILER NAME Davis, Yvoni | ne (The Honorable) | | 3 | Filer ID (Ethics Commission 00019811 | on Filers) |
| 4 | Date 10/06/2023 | | | 7 | Amount of Contribution (\$) | \$5,000.00 |
| _ | <u> </u> | Austin, TX 78701 | | Ţ | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | is) | | |
| | Date Full name of contributor X out-of-state PAC (ID#: C90007923) 12/05/2023 The Chickasaw Nation Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$2,500.00 | |
| | | Ada, OK 74820 | | Ţ | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | is) | | |
| | Date Full name of contributor X out-of-state PAC (ID#: C00010470) 10/05/2023 Union Pacific Corp Fund for Effective Government Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,500.00 | |
| | Principal occu | Washington DC, DC 20005 pation / Job title (See Instructions) | Employer (See Instructions |)e) | | |
| | i illicipal occu | pation / oob title (occ mondellons) | Employer (See mondono | 15) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/05/2023 Vela, William (Mr.) Contributor address; City; State; Zip Code Sugar Land, TX 77479 | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu Vice Preside | pation / Job title (See Instructions) nt | Employer (See Instructions Clear Channel Outdoor | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Vistra Employee PAC Contributor address; City; State; Zip Code Irving, TX 75039 | | | Amount of Contribution (\$) | \$2,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ns) | | |
| | | | <u>'</u> | | | |

| | MONETA | ARY POLITICAL CONTRIBUTION | So | CHEDULE A1 | |
|---|--|---|---|--|------------------------|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Scher Sch: 12/12 Rpt: | |
| 2 | FILER NAME Davis, Yvonne | e (The Honorable) | | 3 Filer ID (Ethics (| Commission Filers) |
| 4 | Date 12/13/2023 5 Full name of contributor out-of-state PAC (ID#:) Waddle, Bobby 6 Contributor address; City; State; Zip Code | | 7 Amount of Contrib | stion (\$) \$500.00 | |
| | | DeSoto, TX 75115 | , | | |
| 8 | Principal occupa retired | ation / Job title (See Instructions) | 9 Employer (See Instruction: retired | ns) | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/05/2023 Yarbrough, Brian (Mr.) Contributor address; City; State; Zip Code | | | Amount of Contrib | ution (\$) \$500.00 |
| | Principal occupa | Austin, TX 78701 ation / Job title (See Instructions) | Employer (See Instruction: Self Employed | ns) | |
| | | | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Davis, Yvonne (The Honorable) 00019811 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 8 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/05/2023 Kelley, Rusty (Mr.) \$1,522.97 Expense for hosting a 7 Contributor address; City; State; Zip Code reception. Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Consultant Owner 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cd 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 | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed at | oove) |
|---|--|--|--------------|
| | · | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commiss | sion Filers) |
| | Sch: 1/12 Rpt: 17/28 | Davis, Yvonne (The Honorable) 00019811 | |
| 4 | Date | 5 Payee name | |
| | 11/30/2023 | Academy Awards Trophies | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$142.00 | 830 Majestic St. | |
| | | | |
| | | Houston, TX 77020 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense | |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense | |
| | | Awards - District 111 Black Caucus Award | ees |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| | experientare to benefit 6/01 | // I | |
| | Date | Payee name | |
| | 10/19/2023 | Alpha Phi Alpha Fraternity Inc - Alpha Sigma Lambda Chapter | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$150.00 | 3126 Al Lipscomb Way | |
| | | | |
| | | Dallas, TX 75215 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Ad | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | OH Control of the Con | |
| | Date | Payee name | |
| | 10/10/2023 | Aramark - Methodist Charlton Medical Center | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$471.28 | 3500 West Wheatland Road | |
| | | | |
| | | Dallas, TX 75237 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Refreshments & facility rental fee - Townha | all Meeting |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | N 1 | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

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

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: 2/12 Rpt: 18/28 | Davis, Yvonne (The Honorable) 00019811 | | | |
| 4 | Date | 5 Payee name | | | |
| | 12/21/2023 | Bables, Don (Mr.) | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$750.00 | 2330 Appleton | | | |
| | | | | | |
| | | Dallas, TX 75216 | | | |
| 8 | 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 | | | |
| | | Entertainment - Annual Christmas Event | | | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/Ol | 1 | | | |
| | Date | Payee name | | | |
| | 12/21/2023 | Bables, Don (Mr.) | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$750.00 | 2330 Appleton | | | |
| | | | | | |
| | | Dallas, TX 75216 | | | |
| | 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. Check if Austin, TX, officeholder living expense | | | |
| | | Entertainment - Annual Christmas Event | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | 1 | | | |
| | Date | Payee name | | | |
| | 12/11/2023 | Canvas Hotel Dallas | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$1,531.20 | 1325 Botham Jean Blvd | | | |
| | | | | | |
| | | Dallas, TX 75215 | | | |
| | 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. | | | |
| | | Check if Austin, TX, officeholder living expense Refreshment and Facility fee - Campaign Reception | | | |
| | | Neiresiment and Facility fee - Campaign Neception | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| \vdash | | | | | |
| 1 | | | | | |
| ı | | | | | |

SCHEDULE F1

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

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/12 Rpt: 19/28 | Davis, Yvonne (The Honorable) 00019811 |
| 4 | Date | 5 Payee name |
| | 07/24/2023 | Constant Contact |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$365.63 | 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 Email Marketing |
| | | Linai wa keting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Ľ | expenditure to benefit C/O | |
| | Date | Payee name |
| | 08/24/2023 | Constant Contact |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$365.63 | 1601 Trapelo Road |
| | | Suite 329 |
| | | Waltham, ME 02451 |
| Г | 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. |
| | EX. ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Email Marketing |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | y |
| | Date | Payee name |
| | 09/24/2023 | Constant Contact |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$365.63 | 1601 Trapelo Road |
| | | Suite 329 |
| | | Waltham, ME 02451 |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Email Marketing |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense 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

| | 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: 4/12 Rpt: 20/28 | Davis, Yvonne (The Honorable) 00019811 |
| 4 | Date | 5 Payee name |
| | 10/24/2023 | Constant Contact |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$365.63 | 1601 Trapelo Road |
| | | Suite 329 |
| | | Waltham, ME 02451 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Email Marketing |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 11/24/2023 | Constant Contact |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$365.63 | 1601 Trapelo Road |
| | | Suite 329 |
| | | Waltham, ME 02451 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Advertising Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Email Marketing |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiantare to benefit Great | |
| | Date | Payee name |
| | 12/24/2023 | Constant Contact |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$365.63 | 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 |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Email Marketing |
| | 0 1. 0 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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
OUTSE (orthogonal part listed chara)

| | 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: 5/12 Rpt: 21/28 | Davis, Yvonne (The Honorable) 00019811 | | | |
| 4 | Date | 5 Payee name | | | |
| | 12/08/2023 | Cynthia's Manhattan Limousine Service | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$500.00 | 2101 Vanderbilt Lane | | | |
| | | | | | |
| | | Austin, TX 78723 | | | |
| 8 | 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. | | | |
| | | Check if Austin, TX, officeholder living expense Transportation services | | | |
| | | Transportation services | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| F | Date | Payee name | | | |
| | 11/15/2023 | Dallas County Democratic Party | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$750.00 | 1414 N. Washington Ave | | | |
| | | | | | |
| | | Dallas, TX 75204 | | | |
| | 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 Filing Fee - Texas Democratic Primary | | | |
| | | Timing Foo Fondo Domosidado Filinda, | | | |
| H | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | | | | |
| H | Date | Payee name | | | |
| | 11/08/2023 | Dallas NAACP | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$500.00 | P.O. Box 765307 | | | |
| | | | | | |
| | | Dallas, TX 75376 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | | |
| | LXI LINDITORE | Candidate/Officeholder/Political Committee | | | |
| | | Banquet tickets | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| \vdash | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 6/12 Rpt: 22/28 | Davis, Yvonne (The Honorable) 00019811 | | | |
| 4 | Date | 5 Payee name | | | |
| | 12/14/2023 | Fed Ex Office | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$58.54 | 425 E. Pleasant Run Road | | | |
| | | | | | |
| | | Cedar Hill, TX 75104 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | Overnight postage expense | | | |
| | | Gvernight postage expense | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| H | Date | Payee name | | | |
| | 11/17/2023 | Fed Ex Office | | | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$35.55 | 425 E. Pleasant Run Road | | | |
| | 400.00 | 120 2.1 Todadir Nati Noda | | | |
| | | Cedar Hill, TX 75104 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Overnight postage expense | | | |
| | | Gvernight postage expense | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | | | | |
| H | Date | Payee name | | | |
| | 12/07/2023 | Hobby Lobby | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$56.28 | 316 N. Highway 67 | | | |
| | Ψ30.20 | STO N. Flighway of | | | |
| | | Cedar Hill, TX 75104 | | | |
| | 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 | | | |
| | | Framing Expense | | | |
| | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/12 Rpt: 23/28 | Davis, Yvonne (The Honorable) 00019811 |
| 4 | Date | 5 Payee name |
| | 10/20/2023 | National Council of Negro Women Inc - Suburban Dallas DeSoto Chapter |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$154.99 | P.O. Box 226023 |
| | | |
| | | Dallas, TX 75222 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Ad |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 11/03/2023 | New Covenant Missionary Baptist Church |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 411 N. Hampton Road |
| | , | |
| | | 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 |
| | | Ad for event |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | H . |
| F | Date | Payee name |
| | 07/24/2023 | Price, Lemuel (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3,000.00 | 3016 50th Street |
| | | |
| | | Dallas, TX 75216 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Salary |
| | | Salary |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 co | omplete this form. |
|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 8/12 Rpt: 24/28 | Davis, Yvonne (The Honorable) | 00019811 |
| 4 Date | 5 Payee name | <u> </u> |
| 09/07/2023 | Price, Lemuel (Mr.) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$3,500.00 | 3016 50th Street | |
| | | |
| | Dallas, TX 75216 | |
| 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. |
| LAFENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Salary |
| O Commission ONLL V if divers | Condidate/Officeholder name | Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou H | ught Office held |
| | | |
| Date | Payee name | |
| 10/12/2023 | Price, Lemuel (Mr.) | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$3,500.00 | 3016 50th Street | |
| | | |
| | Dallas, TX 75216 | |
| 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 |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | Lught Office held |
| expenditure to benefit C/O | Н | |
| Date | Payee name | |
| 11/07/2023 | Price, Lemuel (Mr.) | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$3,500.00 | 3016 50th Street | |
| , ,,,,,,,,,, | | |
| | Dallas, TX 75216 | |
| PURPOSE | | (h) Description |
| OF | (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. |
| EXPENDITURE | Salaties/Wages/Contract Labor | Check if Austin, TX, officeholder living expense |
| | | Salary |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ught Office held |
| expenditure to benefit C/O | п | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 9/12 Rpt: 25/28 | Davis, Yvonne (The Honorable) 00019811 | |
| 4 | Date | 5 Payee name | _ |
| l | 12/20/2023 | Price, Lemuel (Mr.) | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$3,500.00 | 3016 50th Street | |
| l | | | |
| l | | Dallas, TX 75216 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | |
| l | LAFLINDITORL | Check if Austin, TX, officeholder living expense | |
| l | | Salary | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| ⊨ | Data | | _ |
| l | Date 11/13/2023 | Payee name | |
| ┡ | | Rizo, Frances | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$250.00 | 603 Woodhaven Blvd | |
| l | | | |
| L | | Duncanville, TX 75116 | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | |
| l | 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 | |
| l | | Donation for Silver Hair Legislature Meeting | |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| l | expenditure to benefit C/OI | H | |
| F | Date | Payee name | _ |
| l | 12/08/2023 | Rodger Redding and Associates, Inc | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$5,000.00 | P.O. Box 4603 | |
| l | | | |
| l | | Macon, GA 31208 | |
| ┢ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Entertainment expense | |
| dash | Complete ONII V if direct | Condidate/Officeholder name Office county Office | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | | |
|-------------------|--|---|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ | | | | | | | |
| | Sch: 10/12 Rpt: 26/28 | Davis, Yvonne (The Honorable) 00019811 | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 08/25/2023 | Southwest Print and Copy | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$184.19 | 4545 S. Westmoreland Road | | | | | | | | |
| | 1 | | | | | | | | | |
| | | Dallas, TX 75237 | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| | ! | Campaign stationary | | | | | | | | |
| | 1 | Gampaigh stationary | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | 4 | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | | |
| _ | Data | T - | = | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 12/13/2023 | Texas Entertainment Services, LLC | _ | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$10,000.00 | 1135 Botham Jean Blvd | | | | | | | | |
| | ! | | | | | | | | | |
| | l | Dallas, TX 75215 | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| OF EXPENDITURE | | Event Expense | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | ! | Rental deposit for event. | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | · | | _ | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 11/10/2023 | The Capital Grille | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$2,639.56 | 500 Crescent Ct. | | | | | | | | |
| | | | | | | | | | | |
| | ! | Dallas, TX 75201 | | | | | | | | |
| | 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 | | | | | | | | |
| | 1 | Minister's Breakfast | | | | | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | experialitate to benefit 6/01 | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| | 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: 11/12 Rpt: 27/28 | Davis, Yvonne (The Honorable) 00019811 | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 07/03/2023 | Turner, Matt (Mr.) | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$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. | | | | | | | | |
| | | | | | | | | | | |
| | | AdditAptivent | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| 9 | expenditure to benefit C/O | | | | | | | | | |
| _ | Data | | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 08/01/2023 | Turner, Matt (Mr.) | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$1,200.00 | 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 | | | | | | | | |
| | | Austin Apt Nent | | | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| _ | Data | Davies same | | | | | | | | |
| | Date 09/01/2023 | Payee name Turner, Matt (Mr.) | | | | | | | | |
| | | ` ' | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$1,200.00 | 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. | | | | | | | | |
| | | | | | | | | | | |
| | | Λασιπ Αρτινοπι | | | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee I | Gift/Awards/Memori Legal Services The Instruction | | | /ages | /Contract Labor | | Travel Out of Di OTHER (enter a | strict a category not listed above) | |
|-------------------|--|---------------------------------|--|---|----------------------|--|--|--------------------|----------|------------------------------------|--|-----|
| 1 | Total pages Cabadula F1: | 12 | | | | | | | _ | Filer ID | (Ethics Commission File | rc) |
| _ | Total pages Schedule F1: Sch: 12/12 Rpt: 28/28 | Davis, Yvonne (The Honorable) | | | | | | | 00019811 | (Ethics Commission File | :15) | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 11/24/2023 | | Williams, Vera | | | | | | | | | |
| 6 | Amount (\$) \$200.00 | ı | 7 Payee address; City; State; Zip Code 1255 Pleasant Run Road | | | | | | | | | |
| | | | Lancaster, T | X 75134 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | t the top of this so | hedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Contributions/Donations Made Ry | | | | | | Check if travel of | outsi | de of Texas. Con | plete Schedule T. | |
| | EXPENDITORE | | Candidate/C | fficeholder/P | olitical Comr | nittee | | Check if Austin, | , TX, | officeholder livin | g expense | |
| | | | | | | | | Donation | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | | Office sou | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 12/08/2023 | ı | Zoom US | | | | | | | | | |
| _ | | ┝ | Daysa addrag | City: | Ctot | a. Zin Co | do | | | | | |
| | Amount (\$) | ı | Payee addres | | | e; Zip Co | ue | | | | | |
| | \$159.30 | | 55 Almaden | Blvd, 6th Flo | or | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Jose, C | A 95113 | | | | | | | | |
| | PURPOSE | (a) | Category (See | e Categories listed a | t the top of this so | hedule) | (b) | Description | | | | |
| OF EXPENDITURE | | | Fees | | | Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| EXI ENDITORE | | | | | | | Check if Austin, TX, officeholder living expense | | | | | |
| | | | | | | | | Annual Subso | crip | tion | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | | Office sou | ght | | | Office h | eld | |
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