FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081775 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Dedra NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Davis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Toi L. NAME NICKNAME LAST **SUFFIX** Anderson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 252-6119 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 270 Harris

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GO TO PAGE 2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Davis, Dedra (The H	onorable)	14 Filer ID 00081775	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d 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 ADDRE	SS					
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00				
EXPENDITURE TOTALS	· ·	IZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 6,858.71				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 83,134.63				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 penalt true and correct and includes a under Title 15, Election Code.						
		The Ho	norable Dedra Davis	3				
		Signature o	f Candidate or Officeho	lder				
AFFIX NO	ΓARY STAMP / SEAL AB	OVE						
Sworn to and subsc	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	er administering oath	Printed name of officer administering oath	Title of office	r administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 9								
18 FILER NAME19 Filer ID(Ethics CommissionDavis, Dedra (The Honorable)00081775								
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT							
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 5,386.83					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,471.88					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 1/3 Rpt: 4/9	Davis, Dedra (The Honorable) 00081775
4	Date	5 Payee name
	07/17/2023	AZA Law Firm
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,375.00	1221 McKinney Ste 2500
		Houston, TX 77010
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Return of Exceeded Contribution Limit Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Return of exceeded contribution limit
		Notall of exceeded contribution limit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Power name
	08/28/2023	Payee name
		Harris County Tejano Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3213 Houston Ave.
		Houston, TX 77009
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution to rejail Democrats
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	07/30/2023	Intuit Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.11	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 U
		Atlanta, GA 30308
	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
		Advertising Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
1							
	Sch: 2/3 Rpt: 5/9	Davis, Dedra (The Honorable) 00081775					
4	Date	5 Payee name					
	08/30/2023	Intuit Mailchimp					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$42.11	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 U					
		Atlanta CA 20200					
		Atlanta, GA 30308					
8	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					
		Advertising Expense					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experience to benefit 6/61	•					
	Date	Payee name					
	09/30/2023	Intuit Mailchimp					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$42.11	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 U					
	*						
		Atlanta CA 20200					
		Atlanta, GA 30308					
	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							
		Advertising Expense					
_	Complete ONLY if direct	Candidata/Officahaldar nama Offica causht Offica hald					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	11/30/2023	Intuit Mailchimp					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$42.11	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 U					
		Atlanta, GA 30308					
	DUDDOOF	I in a					
	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.					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Advertising Expense					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Comn

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
TTHER (order a cotocomy set listed above)

	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: 3/3 Rpt: 6/9	Davis, Dedra (The Honorable) 00081775
4	Date	5 Payee name
	12/31/2023	Intuit Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 U
	l	
		Atlanta, GA 30308
8	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
	l	Advertising Expense
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/30/2023	Intuit Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.11	675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 U
	4 12.11	ore relies de 2001/ No rez edite 0000 ribarita, er co0000 e
		Atlanta, GA 30308
	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.
	l	Check if Austin, TX, officeholder living expense Advertising Expense
	l	Advertising Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_	Date	Payee name
	11/30/2023	Walmart
	Amount (\$)	Payee address; City; State; Zip Code 702 S.W. 8 th St.
	\$723.31	702 S.W. 8 III St.
		Bentonville , AR 72716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
	l	Turkeys Donated
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 Salaries/Mange/Control Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide expl		/ages/Contract Labor mplete this form.		OTHER (enter	r a category not listed above	e)
1	Total pages Schedule G:	2 FILER NA	ME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/3 Rpt: 7/9	Davis, D	edra (The Honorable)				00081775	5	ŕ
4	Date	5 Payee na	me						
	09/01/2023	Associat	ion of Women Attorneys						
6	Amount (\$)	7 Payee ad	dress; City; S	tate; Zip Co	de				
	\$35.00	2450 Loi	uisiana St						
	Reimbursement from	Ste 400,							
	X political contributions intended	Houston	, TX 77006						
8	PURPOSE	(a) Category	(See Categories listed at the top of th	is schedule)	(b) Description	=		tside of Texas. Complete S	
	OF EXPENDITURE		tions/Donations Made By	•	Į	_		X, officeholder living expen	
		Candida	te/Officeholder/Political Co	mmittee	Contribution to A	Asso	ciation of '	Women Attorneys	
9	Complete ONLY if direct	<u>I</u> Candidate/Off	iceholder name		Office sought			Office held	
	expenditure to benefit								
	C/OH								
	Date	Payee na	me						
	07/31/2023	Black En	tertainment Sports Lawye	rs Associatio	on				
	Amount (\$)	Payee ad	dress; City; S	tate; Zip Co	de				
	\$725.82	PO Box	351120						
	Reimbursement from political contributions								
	x political contributions intended	Los Ang	eles, CA 90035						
	PURPOSE	Category	(See Categories listed at the top of th	is schedule)	Description	Ch	neck if travel ou	tside of Texas. Complete S	Schedule T.
	OF EXPENDITURE	Event Ex	pense			Ch	neck if Austin, T	X, officeholder living expen	ise
					Conference Exp	ense	е		
	Complete ONLY if direct expenditure to benefit	Candidate/Off	iceholder name		Office sought			Office held	
	C/OH								
H	Date	Dayoo na	mo						
	08/26/2023	Payee na Harris Co	ounty Democratic Party						
_				toto: Zin Co	.do				
	Amount (\$) \$15.00	Payee ad 4619 Lyo		tate; Zip Co	ue				
		4019 Ly(JIIS AVE						
	Reimbursement from political contributions intended	Houston	, TX 77020						
	PURPOSE	Category	(See Categories listed at the top of th	is schedule)	Description	_		tside of Texas. Complete S	
	OF EXPENDITURE		tions/Donations Made By		[Ch	neck if Austin, T	X, officeholder living expen	ise
	_	Candida	te/Officeholder/Political Co	mmittee	Contribution to I	Harri	s County I	Democratic Party	
_	Complete ONLY if direct	Candidata/O#	iceholder name		Office sought			Office held	
	expenditure to benefit	Canuluale/OII	icendidei name		Onice Sought			Onice neiu	
	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By -		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
Стеин Саги Раутепт			The Instruction Guide explains h	now to co	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 8/9		Davis, Dedra (The Honorable)				00081775
4	Date	5	Payee name				
	10/11/2023		Hispanic Bar Association				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$50.00		PO Box 12692	•			
	Reimbursement from political contributions intended		Austin, TX 78711				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	idula)	(b) Description	1 Ch	eck if travel outside of Texas. Complete Schedule T.
ľ	OF	(4)	Contributions/Donations Made By	idule)	(b) Description	=	eck if Austin, TX, officeholder living expense
	EXPENDITURE		Candidate/Officeholder/Political Commi	ttee	Contribution mad	_ de to	the Hispanic Bar Association
9	Complete ONLY if direct	L Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH				Coo coug		
	Date		Payee name				
	07/20/2023		National Bar Association				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$120.00		1225 11th St NW				
	Reimbursement from						
	X political contributions intended		Washington, DC 20001		,		
	PURPOSE OF		Category (See Categories listed at the top of this sche	dule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Fees		<u> </u>	_	eck if Austin, TX, officeholder living expense
					Judicial Council a	and	fees
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held
	C/OH						
	Data						
	Date		Payee name				
	07/21/2023	L	National Bar Association				
	Amount (\$)			Zip Co	ode		
	\$500.00		1225 11th St NW				
	Reimbursement from						
	X political contributions intended		Washington, DC 20001				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense			Ch	eck if Austin, TX, officeholder living expense
	EXPENDITURE				Conference Expe	ense	e
		Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH				-		
L	ООП						
1							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 9/9 Davis, Dedra (The Honorable) 00081775 Date Payee name 09/05/2023 Texas Association of District Judges 6 Amount (\$) Payee address; State; Zip Code City; P. O. Box 1748 \$26.06 Reimbursement from political contributions intended Х Austin, TX 78767 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Contribution to Texas Association of District Judges Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH