CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00085754		2 Total pages	filed: 54
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Caroline			Date Received	
TV/ UVIC					ELECTRONIC	VIIVELLED
						ALLT FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Harris Davila				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P. O. Box 700					
ADDRESS					Receipt #	Amount
Change of Address	Round Rock, TX 78680					
enange er / taurees	Round Rock, 17 70000				Date Processed	
					Date Imaged	
- 0445464	140 / 440 / 440				<u> </u>	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mrs.	Amberly				
	NICKNAME	LAST		SUFFIX		
		Ward				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	; ST	ATE; ZIP CODE
TREASURER ADDRESS	1201 Winding Way					
(Residence or Business)	Georgetown, TX 78628					
	, , , , , , , , , , , , , , , , , , , ,					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(979) 219-3729					
8 REPORT				_		
TYPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (of	ampaign treasurer ficeholder only)
	July 15	8th day before 6	election \square	Exceeded modified	Final Report (At	
		J can day belove t		reporting limit		addir G/G/11110)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	IROUGH	12/31/202		
	10/21/2024			12/01/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Year		rimary	Runoff	Other	
			-	브		
		∐ ^G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distr	rict 52				
		GOT	O PAGE 2			
		00 1	O I AGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	14 Filer ID (I	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political of These expenditures may have been made officeholders are required to report this in	without the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Drive Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER	NAME	
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 109,346.73
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 176,966.16
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C RIOD	F THE LAST DAY OF THE	\$ 260,174.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			er penalty of perjury, that the acc cludes all information required to n Code.	
		The	Honorable Caroline Harris Da	avila
		Sig	nature of Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of o	ffice.	
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

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					3 01 34	
18 FIL	ER NAN	AE	19 Filer ID	(Ethi	ics Commission Filers)	
На	ırris Da	vila, Caroline (The Honorable)	00085754			
		E SUBTOTALS		SUBTOTAL AMOUNT		
N/	ME OF	SCHEDULE				
1.	X	\$	84,709.72			
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	24,637.01	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		\$				
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				176,502.62	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	463.54	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	_	\$		
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 TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/54	
2	FILER NAME Harris Davila	., Caroline (The Honorable)			3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 10/31/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$200.00
	Dringing Loon	Austin, TX 78733	ام	Employer (Coo Instruction	<u></u>		
8	INvestor	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 12/12/2024	Full name of contributor			•	Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	· ····o.pa. oooa	pado, cos das (cos mondono)			-,		
	Date 12/12/2024	Full name of contributor out-of-state PAC (IE Altria Group PAC Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$2,000.00
	Dringing! goog	Washington, DC 20001 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>''</u>		
	Fillicipal occu	pation / Job title (See Instructions)		Employer (See instructions	·)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (IE American Property Casualty Insurance Assoc Contributor address; City; State; Zip Code Chicago, IL 60633	. PA			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (IE Amgen Inc PAC Contributor address; City; State; Zip Code Thousand Oaks, CA 91320	D#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/54	
2	FILER NAME Harris Davila	a, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/10/2024	Full name of contributor		7	Amount of Contribution (\$)	\$750.00
_		Austin, TX 78721				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Barrett, Bernard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77019				
	Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Wood Partners)		
	Date 12/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Blackridge Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Brentwood Public Affiars Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/54	
2	FILER NAME Harris Davila	ı, Caroline (The Honorable)			3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/12/2024	5 Full name of contributor CLEAT PAC6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignigal	Austin, TX 78701	- Io	Franksian (Cas Instructions			
ð	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/12/2024	Full name of contributor Centene Corp. PAC Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		St Louis, MO 63105					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor Charter Communications Inc Contributor address; City; State;				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor Colyandro, John Contributor address; City; State; Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Colyandro Public Affairs			
	Date 12/13/2024	Full name of contributor Commit to Students PAC Contributor address; City; State; Dallas, TX 75247	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l .				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/54	
2	FILER NAME Harris Davila	ı, Caroline (The Honorable)			3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/05/2024	5 Full name of contributorCongress Ventures Capitol6 Contributor address; City; State	-		7	Amount of Contribution (\$)	\$750.00
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor Correa, Pedro Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	Hutto, TX 78634 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date 10/28/2024	Full name of contributor Dan Patrick Campaign Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77046					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/11/2024	Full name of contributor Delisi Communications PAC Contributor address; City; State Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor Deloitte PAC Contributor address; City; State Washington, DC 20044	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/54	
2	FILER NAME Harris Davila	ı, Caroline (The Honorable)			3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/05/2024	 Full name of contributor out-of-state PAC (ID Dobson, Sean Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78746	-		_		
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Amherst Group	5)		
	Date 12/14/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$104.10
	Principal occu Retired	Liberty Hill, TX 78642 pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> 5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (IE Enterprise Holdings PAC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	St Louis, MO 63105 pation / Job title (See Instructions)	$\overline{\top}$	Employer (See Instructions	<u> </u> s)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (IE Friends of TSTC PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (IE Friends of the University PAC Contributor address; City; State; Zip Code Austin, TX 78763	D#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> S)		

	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/54	
2	FILER NAME Harris Davila	, Caroline (The Honorable)			3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78746-1946 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
_	Author	,		Self	,		
	Date 12/09/2024	Full name of contributor out-of-state PA Gulf States Toyota State PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/09/2024	Full name of contributor out-of-state PA HCA Texas Good Government Fund Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75740					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor out-of-state PA HMWK LLC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 12/03/2024	Full name of contributor out-of-state PA HS Law PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/54	
2	FILER NAME Harris Davila	a, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 11/21/2024	 Full name of contributor out-of-state PAC (ID#: Holland and Knight TX PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75201		L		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions) 		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_HomePAC of Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	-, 		
		panon / Job and (Joe manuchons)	Employer (eee manacaste			
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Houston Pilots PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Deer Park, TX 77536				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	,)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Incline PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Jackson Walker LLP PAC Contributor address; City; State; Zip Code Dallas, TX 75201)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/54		
2	FILER NAME Harris Davila	a, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	on Filers)	
4	Date 12/11/2024	Full name of contributor	Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00	
_	<u> </u>	Austin, TX 78760					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Lloyd Gosselink Rochelle and Townsend PC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Marsteller, Jackson Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Cedar Park, TX 78613					
	Land Manag	pation / Job title (See Instructions) per	Employer (See Instructions Dream Finders Homes)			
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_McQueeney, John Contributor address; City; State; Zip Code Fort Worth, TX 76109			Amount of Contribution (\$)	\$1,000.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Vision TX Trans Inc.)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/54
2	FILER NAME Harris Davila	a, Caroline (The Honorable)			3 Filer ID (Ethics Commission Filers) 00085754
4	Date 12/14/2024	5 Full name of contributor Munoz, Joseph6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7 Amount of Contribution (\$) \$78.08
_		Hutto, TX 78634			
8	Principal occu NOnprofit Ac	pation / Job title (See Instructions Iministrator) 9	Employer (See Instructions Texas Music Education	
	Date 12/12/2024	Full name of contributor NAJFA Texsa IFAPAC Contributor address; City; Standard Contributor Address City; Standard Contributor Address City; Standard Contributor Address City; Standard Contributor Address City; Standard Contributor City Contributor City Contributor City City City City City City City City	out-of-state PAC (ID#:		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 10/29/2024	Full name of contributor Nathaniel Schatzline Cam Contributor address; City; St			Amount of Contribution (\$) \$250.00
	Principal occu	Fort Worth, TX 76161 pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 12/11/2024	Full name of contributor Novlan, Tom Contributor address; City; St. Jonestown, TX 78645	out-of-state PAC (ID#:		Amount of Contribution (\$)
	Principal occu Engineer	pation / Job title (See Instructions		Employer (See Instructions	ns)
	Date 12/09/2024	Full name of contributor Olander, David Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$) \$1,000.00
	Principal occu CEO	pation / Job title (See Instructions		Employer (See Instructions Allied Consultants	ns)
			1		

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instru	ction Guide explains how to cor	mplete this forn	n.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 13/54	
2	FILER NAME Harris Davila	, Caroline (The Honorable)			3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/09/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Houston, TX 77079 pation / Job title (See Instructions)	l g	Employer (See Instructions)		
Ü		ket President		First Tennessee	,		
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Penn Entertainment Texas PAC Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$2,000.00
		Wyonsissing, PA 19610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Pfizer PAC Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
		New York City, NY 10001					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 PharmPAC Contributor address; City; State; Zip Code Austin, TX 78757					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/25/2024 Populus Financial Group Texas PAC Contributor address; City; State; Zip Code Irving, TX 75062					Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/54		
2	FILER NAME Harris Davila	a, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Posey Law Firm PC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
•	Dringing occur	Austin, TX 78701	Employer /See Instructions			
8	Principal occu	rincipal occupation / Job title (See Instructions) 9 Employer (See Instructions))		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Prime Therapeutics LLC Employee State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ Sabine Pilot PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Port Arthur, TX 77640 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Safelite Group Inc PAC Contributor address; City; State; Zip Code Columbus, OH 43234)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Sanders, Mike Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Electrical En	pation / Job title (See Instructions) gineer	Employer (See Instructions Game7)		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/54	
2	FILER NAME Harris Davila	a, Caroline (The Honorable)				3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/10/2024						Amount of Contribution (\$)	\$1,000.00
8	Dringinal occu	Round Moutain, TX 7866 pation / Job title (See Instructions		<u> </u>	Employer (See Instructions	·/		
0	Retired	pation / 300 title (3ee instructions	5)	-	Retired	•)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/05/2024 Southern Glazer's PAC of Texas Contributor address; City; State; Zip Code						Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
			,		., ., .	,		
Date Full name of contributor out-of-state PAC (ID#: Stromberg, Larry Contributor address; City; State; Zip Code							Amount of Contribution (\$)	\$20.00
		Taylor, TX 76574						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 10/27/2024 Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,602.54
	Principal occu Representati	pation / Job title (See Instructions ive	s)		Employer (See Instructions State of Texas	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2024 TREPAC Contributor address; City; State; Zip Code Austin, TX 78768						Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/54		
2	FILER NAME Harris Davila	a, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 12/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ TX Academy of Audiology PAC 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$500.00	
_	B	College Station, TX 77845-9301				
8	Principal occu	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TX Bitcoin PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Reasonable Solutions PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas ALliance for Life PAC Contributor address; City; State; Zip Code Austin, TX 78754			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Assoc. of Fire Fighters PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/54		
2	FILER NAME Harris Davila	a, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 11/20/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Bail PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$750.00
_		Austin, TX 78731				
8	Principal occu	ncipal occupation / Job title (See Instructions) 9 Employer (See Instructions))		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 Texas Economic Development Council Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	- Tilloipai occa	pation 7 oob title (occ mondetions)	Employer (See Management			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas House Republican Caucus PAC Contributor address; City; State; Zip Code Austin, TX 78711)		Amount of Contribution (\$)	\$5,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Impact PAC Contributor address; City; State; Zip Code Austin, TX 78726)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/54		
2	FILER NAME Harris Davila	, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	on Filers)	
4	Date 10/29/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$2,500.00		
_	Deignaignal annu	Austin, TX 78705	O Frankriger (Con Instructions				
8	Principal occu	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction		S)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID# Texas Physical Therapy Assn PAC Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00	
	Dringing aggr	Austin, TX 78737 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/13/2024 Texas Radiology Society PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		San Antonio, TX 78257					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID# Texas State Farm Agents PAC Contributor address; City; State; Zip Code Lakeway, TX 78734	·:		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID# Texas Travel Alliance PAC Contributor address; City; State; Zip Code Austin, TX 78746		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
			1				

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/54	
2	FILER NAME Harris Davila	ı, Caroline (The Honorable)			3	Filer ID (Ethics Commission 00085754	on Filers)
4	Date 11/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
_	Deinsinal	Austin, TX 78701	T _o	Faralassa (Osas Isatassatisas			
8	Principal occu	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)			
	Date 12/05/2024	Full name of contributor on Toyota Motor North America PA Contributor address; City; State; Z)		Amount of Contribution (\$)	\$500.00
	Deinsinal	Washington, DC 20004		Farabasa (Osabasa tarati			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#: 12/09/2024 TxANA 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)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Vavro, Rick Contributor address; City; State; Zip Code Jonestown, TX 78645					Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Austin Underground)		
	Date 10/29/2024 Full name of contributor out-of-state PAC (ID#:) Vistra Employee PAC Contributor address; City; State; Zip Code Irving, TX 75039					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/54		
2	FILER NAME	a, Caroline (The Honorable)		3	Filer ID (Ethics Commission 00085754	on Filers)	
4 Date 12/02/2024 5 Full name of contributor out-of-state PAC (ID#: WALPAC 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$)	\$1,000.00	
		Bentonville, AR 72716					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	·, 			
	Fillicipal occi	pation 7 300 title (See instructions)	Employer (See Instructions	•)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Wine and Spirits Wholesalers of Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Zeneca Inc PAC Contributor address; City; State; Zip Code Wilmington, DE 19850)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 21/54					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	a, Caroline (The Honorable)	00085754					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
10/31/2024	Charter Schools Now PAC		contribution (\$) description \$3,530.491 Direct Mail Design,				
	7 Contributor address; City; State; Zip Code		Printing, Mailing & Postage				
	Austin, TX 78701		i Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	, , , , , , , , , , , , , , , , , , , ,						
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution				
11/01/2024	Greg Abbott Campaign		contribution (\$) description				
Contributor address; City; State; Zip Code			\$2,540.00 Digital advertising				
	Austin, TX 78767		_				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.				
Fillicipal occi	aparion / 30b title (FOR NON-30bleTAL)	Limployer (1 OK NON	(SSS IIISINGSIS)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
11/13/2024	Greg Abbott Campaign		contribution (\$) description \$18,250.05 Canvassing				
	Contributor address; City; State; Zip Code		J I				
			i i				
	Austin, TX 78767						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.				
1 molpai occi	apadon, dob dide (i en nei debien, E) (ere measuren,	Employer (For Nor					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
l							

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 22/54 3 Filer ID (Ethics Commission Filers) FILER NAME Harris Davila, Caroline (The Honorable) 00085754 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 11/12/2024 Greg Abbott Campaign \$233.14 I travel 7 Contributor address; City; State; Zip Code Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 12/12/2024 **TREPAC** \$83.33 | Advertising for fundraising Contributor address; City; State; Zip Code event in support of Representative Caroline Harris Davila for HD 52 Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

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

Law firm of contributor's spouse (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 Committee

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: 1/24 Rpt: 23/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	11/04/2024	Abels, Kelly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$113.24	2317 Haig Point Cove
		Pflugerville, TX 78660
8	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 Campaign work
		Campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	11/04/2024	Abels, Kelly
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2317 Haig Point Cove
	Ψ2,000.00	2017 Traig Form Cove
		Pflugerville, TX 78660
	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 Campaign work
		Campaign work
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/29/2024	Academy Sports
H	Amount (\$)	Payee address; City; State; Zip Code
	\$87.66	1351 I 35 N Frontage Rd
		· · · · · · · · · · · · · · · · · · ·
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for campaign use
		Supplies for campaign use
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 2/24 Rpt: 24/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	10/30/2024	Academy Sports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.32	1351 I 35 N Frontage Rd
		Round Rock, TX 78664
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
		Supplies for campaign use
		2.1h. 22.2 12.2 12.3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	11/19/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.46	345 Park Ave
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software for campaign
		Contract of campaign
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/19/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.99	345 Park Ave
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Software for campaign
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not lister	d above)
				The Instruction G	uide explains	now to co	mpie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 3/24 Rpt: 25/54		Harris Davil	a, Caroline (Th	e Honorable	e)				00085754		
4	Date	5	Payee name									
	11/01/2024		Advantage	Direct								
╠	Amount (\$)	7	Payee addres		Stato:	Zip Co	do					
ľ	\$300.00	ı	1421 Prince	•	State,	Zip Co	uc					
l	φ300.00	1		: Sileet								
l		1	Suite 220									
l		'	Alexandria,	VA 22314								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Ex		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	LAPENDITORE							_		officeholder livir	ng expense	
								Phone bankir	ng s	software		
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	П										
	Date		Payee name									
	10/28/2024		Amazon.co	m								
H	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$233.02	ı	410 Terry A	-	,							
	Ψ200.02		410 TOTTY 7	••								
			0	00400								
Seattle, WA 98109												
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description				
l	OF EXPENDITURE		Office Over	head/Rental Ex	pense			=			mplete Schedule T.	
								Supplies for o		officeholder livir	ng expense	
								Supplies for C	Jan	ipaigii use		
┡	0 1: 0 1: 0	L								0,11	1.1	
l	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sou	gnt			Office h	iela	
L												
	Date		Payee name									
	12/03/2024		Amazon.co	m								
H	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$66.83	Ι.	410 Terry A	ve		·						
l			,									
l			Coattle MA	00100								
		-	Seattle, WA									
	PURPOSE OF			ee Categories listed at		edule)	(b)	Description				
	EXPENDITURE	'	Office Over	head/Rental Ex	pense			ш		de of Texas. Co , officeholder livir	mplete Schedule T.	
								Supplies for o			ig experise	
1								Cappiles IOI (Juil	ipaigii use		
\vdash	Complete ONII V if allows i	<u> </u>	andidate Off	oobolder e		Office	ab.			04: 1	and a	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sou	gnt			Office h	ieia	
L	p =	•										

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

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

	Contributions/ Donations Made By 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: 4/24 Rpt: 26/54	Harris Davila, Caroline (The Honorable) 00085754	
4	Date	5 Payee name	_
	12/04/2024	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$322.65	410 Terry Ave	
		Seattle, WA 98109	
8	PURPOSE		_
Ū	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies for campaign use	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experioritire to beriefft C/O		
	Date	Payee name	
	12/04/2024	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	410 Terry Ave	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Supplies for campaign use	
		Supplies for earripaight use	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	-
	12/05/2024	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$136.27	410 Terry Ave	
	*		
		Seattle, WA 98109	
	PURPOSE	To.	_
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies for campaign use	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefft C/OI	1	

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/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: 5/24 Rpt: 27/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	12/09/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.53	410 Terry Ave
		Seattle, WA 98109
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
		Supplies for campaign use
		2. P. C.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/18/2024	Apple.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	1 Apple Park Way
	4200	
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		App for campaign video editing
		p pp for campaign trace calling
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/29/2024	Apple.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.48	1 Apple Park Way
	40.10	
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LABITORE	Check if Austin, TX, officeholder living expense App for campaign video editing
		App for campaign video editing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office
Food/Beverage Expense Pollin
Gift/Awards/Memorials Expense Printi
Legal Services Salar

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 comple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID	(Ethics Commission Filers)
	Sch: 6/24 Rpt: 28/54	Harris Davila, Caroline (The Honorable)		00085754	
4	Date	5 Payee name			
	11/29/2024	Apple.com			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$12.44	1 Apple Park Way			
		Cupertino, CA 95014			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF	Office Overhead/Rental Expense		ıtside of Texas. Com	plete Schedule T.
	EXPENDITURE	'	_	ΓX, officeholder living	
			App for campa	nign video edit	ing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	- CAPCHARATO TO DOMONE GAO				
	Date	Payee name			
	12/12/2024	Apple.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$61.67	1 Apple Park Way			
		Cupertino, CA 95014			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	—	ıtside of Texas. Com	
	EXI ENDITORE			TX, officeholder living	
			Apps for camp	algii video ed	iting
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	nld
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Office fie	au
	D :				
	Date	Payee name			
	12/16/2024	Apple.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.24	1 Apple Park Way			
		Cupertino, CA 95014			
	PURPOSE OF	, ,	Description		
	EXPENDITURE	Office Overhead/Rental Expense	ш	itside of Texas. Com FX, officeholder living	
			App for campa		
			, pp ior campo	agii video cuit	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
	expenditure to benefit C/OI			Onice He	JIQ.
_					

SCHEDULE F1

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	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: 7/24 Rpt: 29/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	12/27/2024	Apple.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense App for campaign video editing
		7 pp for campaign video calling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/20/2024	Austin Article
_	Amount (\$)	Payee address; City; State; Zip Code
	\$10.80	3600 Presidential Blvd
	Ψ10.00	Social residential biva
		Austin, TX 78719
	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 during campaign travel
		3 7 7
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/17/2024	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$527.31	100 North Tryon Street
		Charlotte, NC 28255
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign credit card payment.
		Campaigh cleuit card payment.
_	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 -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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/24 Rpt: 30/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	12/02/2024	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.00	100 North Tryon Street
		Charlotte, NC 28255
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Banking fee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/01/2024	Bank of America
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 100 North Tryon Street
	Φ10.00	100 North Tryon Sileet
		Charlotte, NC 28255
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Banking fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/28/2024	Berry Communications
	Amount (\$)	Payee address; City; State; Zip Code 1014 Milton
	\$43,900.00	1014 Million
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting
	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
Conditions (Applied of Applied of Applied

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: 9/24 Rpt: 31/54	Harris Davila, Caroline (The Honorable) 00085754	
4	Date	5 Payee name	_
	10/29/2024	Camp Political	
L		<u> </u>	_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25,145.19	401 NE 46t	
		Oklahoma City, OK 73105	
L		ONAHOHIA GILY, OK 75105	_
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign mailer	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
⊨	Dete		=
	Date	Payee name	
L	10/31/2024	Camp Political	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19,251.54	401 NE 46t	
		Oklahama City, OK 72105	
		Oklahoma City, OK 73105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		Campaign mailer	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Davisa nama	=
		Payee name	
	10/28/2024	Camp Political	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25,145.19	401 NE 46t	
		Oklahoma City, OK 73105	
			_
	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	
1		Campaign mailer	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
H			_
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Transportation Equipment & Related Expense Travel in District Travel in District Travel Out of District Travel Out of District Ownmittee Committee The Instruction Guide explains how to complete this form. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 10/24 Rpt: 32/54	Harris Davila, Caroline (The Honorable)	
4	Date	5 Payee name	_
	12/20/2024	Capitol Gift Shop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$243.56	1400 N Congress	
		Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gifts for constituents	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	11/12/2024	Caroline Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$265.48	621 Congress Ave	
		Austin, TX 78701	_
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal with campaign staff	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
	11/01/2024	Chick-fil-A Hutto	
	Amount (\$) \$2.91	Payee address; City; State; Zip Code 200 Ed Schmit Blvd	
		Hutto, TX 78634	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refreshment during campaign travel	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	_
_			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		ittee I	Jiπ/Awards/Memoriai ∟egal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed	above)
	oroun oura'r aymone			The Instruction G	iuide explains h	now to cor	mple	ete this form.				
1	Total pages Schedule F1:	2 FI	LER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 11/24 Rpt: 33/54	H	arris Davila	ı, Caroline (Th	e Honorable)				00085754		
4	Date	5 Pa	ayee name									
	12/20/2024	I	Cornish Pas	sty Co.								
6	Amount (\$)	7 Pa	ayee addres	s; City;	State;	Zip Co	de					
	\$70.88	7	W Monroe	St								
		l _{Pl}	hoenix, AZ	85003								
8	PURPOSE						(h)	Docorintion				
١	OF			e Categories listed at age Expense	the top of this sche	edule)	(D)	Description Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE	'`	Jourdeverd	ige Expense				=		officeholder livin		
								Meal during o	can	npaign trave	el	
9	Complete ONLY if direct		ndidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date	Pa	ayee name									
	11/22/2024	E	Z Texting									
	Amount (\$)	Pa	ayee addres	s; City;	State;	Zip Co	de					
	\$26.65	54	48 Market S	St								
		Sa	an Fransiso	co, CA 94104								
	PURPOSE	(a) Ca	ategory (See	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Ad	dvertising E	Expense				=			nplete Schedule T.	
								_		officeholder livin	g expense	
								Campaign tex	XUII	y service		
	Complete ONLY if direct		adidata/Offia	oholder neme		office cour	abt			Office b	ald	
	Complete ONLY if direct expenditure to benefit C/OI		iuiuate/Onic	eholder name	U	office sou	ynı			Office h	eiu	
_		_										
	Date	l	ayee name									
	12/23/2024		Z Texting									
	Amount (\$)	l	ayee addres	-	State;	Zip Co	de					
	\$26.65	54	48 Market S	St .								
		Sa	an Fransiso	co, CA 94104								
	PURPOSE OF			e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE	A	dvertising E	Expense						de of Texas. Cor officeholder livin	nplete Schedule T.	
								Campaign tex			y expense	
								Jampaign		9 001 VIOC		
-	Complete ONLY if direct	L Car	ndidate/Offic	eholder name	Ω	office sough	aht			Office h	eld	
	expenditure to benefit C/OI				O	5000	ar			000 11		
l												

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 12/24 Rpt: 34/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	12/11/2024	Etsy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.53	117 Adams St
		Brooklyn, NY 11201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
•	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gifts for constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/17/2024	First Watch
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.01	1320 E Whitestone Blvd
		Cedar Park, TX 78613
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meal with campaign staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Para a series
	Date	Payee name Frost Bank
	10/28/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	401 Congress Ave
		Austin, TX 78701
	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
		Banking Fee
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/24 Rpt: 35/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	10/29/2024	Frost Bank
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 401 Congress Ave
	400.00	101 Congress 7 to
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Banking Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/17/2024	Gomez, Melva
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1616 west 6th street
		Austin, TX 78701
	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
		Campaign work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	Gomez, Melva
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1616 west 6th street
		Austin, TX 78701
	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
		Campaign work
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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	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: 14/24 Rpt: 36/54	Harris Davila, Caroline (The Honorable) 00085754					
4 Date	5 Payee name					
11/18/2024	HEB					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$103.92	5000 Gattis School Rd					
	Hutto, TX 78634					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Supplies for campaign use					
	Supplies for campaign use					
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/18/2024	HEB					
Amount (\$)	Payee address; City; State; Zip Code					
\$175.95	5000 Gattis School Rd					
,=						
	Hutto, TX 78634					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	Supplies for campaign use					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
·						
Date	Payee name					
10/29/2024	Leander Educational Excellence Foundation					
Amount (\$)	Payee address; City; State; Zip Code					
\$52.00	204 W South St					
	Leander, TX 78646					
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.					
EXI ENDITORE	Check if Austin, TX, officeholder living expense					
	Event registration					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	experiulture to benefit C/On					

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: 15/24 Rpt: 37/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	12/18/2024	Papis Pies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.84	10 Chilsholm Trail Rd
		Round Rock, TX 78681
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 Meal with campaign staff
		Wied With Gampaigh Stail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Dougo nama
	12/20/2024	Payee name Pomo Pizzeria
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.70	705 N 1st St
		Phoenix, AZ 85004
	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 Meal during campaign travel
		wied dding earipaigh travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	11/06/2024	Round Rock Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.88	106 W Liberty Ave
		Round Rock, TX 78664
	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
		Meal during political meeting
		meal dailing political meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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/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: 16/24 Rpt: 38/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	12/23/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	2702 Love Field
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee during campaign travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/23/2024	Starbucks Tempe
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.97	1717 S Rural Rd
		Tempe, AZ 85281
	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
		Refreshment during campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/28/2024	Strategic Media Placement, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$25,000.00	7669 Stagers Loop
		Delaware, OH 43015
	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 Campaign advertising
		Campaign advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Pol Credit Card Payment	tical 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 F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/24 Rpt: 39/5	4 Harris Davila, Caroline (The Honorable) 00085754
4 Date	5 Payee name
11/08/2024	Target
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$73.6	3 5621 135
	Austin, TX 78723
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
	Supplies for campaign use
Complete ONLY if direct expenditure to benefit C	
Date	Davies nome
11/07/2024	Payee name Taylor Chamber of Commerce
	Taylor Chamber of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$25.0	0 1519 N Main St
	Taylor, TX 76574
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Event registration fees
Complete ONLY if direc expenditure to benefit C	
experientare to benefit e	
Date	Payee name
10/28/2024	Towne Park
Amount (\$)	Payee address; City; State; Zip Code
\$30.0	0 611 S Congress
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
2/11/2/11/2/12	Check if Austin, TX, officeholder living expense
	Parking during campaign travel
Operation Objects in	Our list to 10ff and a list and a second sec
Complete ONLY if direc expenditure to benefit C	
ī	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	T					
1	Total pages Schedule F1: Sch: 18/24 Rpt: 40/54	2 FILER NAME Harris Davila, Caroline (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085754				
4	Data	F. Davidson				
4	Date	5 Payee name				
	12/23/2024	Turning Point Action				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$75.16	4930 E Beverly Rd				
		, and the second				
		PL : 47.07044				
		Phoenix, AZ 85044				
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.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Event expenses				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Data					
	Date	Payee name				
	10/31/2024	Turqouise Courtney Reed				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$974.25	9666 Scyene Rd				
		D. II TV 75007				
		Dallas, TX 75227				
	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.				
	LXI LINDITORL	Check if Austin, TX, officeholder living expense				
	Photography for campaign					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
H	Date	Payee name				
	10/28/2024	USPS				
	10/20/2024					
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.60	797 Sam Bass Rd				
		Round Rock, TX 78681				
	PURPOSE	In.				
	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				
		Postage for campaign mail				
		1 ostage for earripaign mair				
_						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L		1				

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	s/Contract Labor		OTHER (enter	a category not listed	above)
				The Instruction (Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 19/24 Rpt: 41/54		Harris Davila	a, Caroline (Th	ne Honorabl	le)				00085754		
4	Date	5	Payee name									
	12/13/2024		Uber									
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$15.02		1515 3rd St									
			San Francis	co, CA 94158								
8	PURPOSE	(a)		e Categories listed at		ale e alcales	(b)	Description				
ľ	OF	(")	Travel Out o		tne top of this so	cnedule)	(5)	_ :	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		maver out e	n Biotriot				Check if Austin,	, TX,	officeholder livir	ng expense	
								Ride during c	am	ıpaign trave	el	
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/19/2024		Uber									
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$26.47		1515 3rd St									
			San Francis	co, CA 94158								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	of District							mplete Schedule T.	
								ш		officeholder livir		
								Ride during c	all	ipaigii iiave	;1	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholder name		Office sou	abt			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	Lenoidei Haine		Office Sou	gni			Office i	ieiu	
_		1										
	Date		Payee name									
	12/20/2024		Uber									
	Amount (\$)		Payee addres	-	State	e; Zip Co	de					
	\$49.87		1515 3rd St									
			San Francis	co, CA 94158								
	PURPOSE OF	(a)		e Categories listed at	the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Travel Out o	of District						de of Texas. Co , officeholder livir	mplete Schedule T.	
								Ride during c				
								. acc during 0	.a.i	.paigii iiuv	••	
-	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/OI		aaa/ Oill			J00 000	9,11			0.1100 1		
\vdash												
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

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 File
Sch: 20/24 Rpt: 42/	54 Harris Davila, Caroline (The Honorable)	00085754
4 Date	5 Payee name	
12/23/2024	Uber	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$49.		
	San Francisco, CA 94158	
8 PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Traver out of District	Check if Austin, TX, officeholder living expense
		Ride during campaign travel
9 Complete ONLY if dire		sought Office held
expenditure to benefit	C/OH	
Date	Payee name	
12/23/2024	Uptown Phoenix	
Amount (\$)	Payee address; City; State; Zip	Code
\$4.	1 '	
	Phoenix, AZ 85012	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Refreshments during campaign travel
Complete ONLY if dire		sought Office held
expenditure to benefit	C/OH	
Date	Payee name	
10/29/2024	Verraton Media LLC	
Amount (\$)	Payee address; City; State; Zip	Code
\$25,000.		
7-2,200		
	Round Rock, TX 78644	
		Tax
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Campaign advertising
Complete ONLY if dire	ct Candidate/Officeholder name Office s	sought Office held
expenditure to benefit		

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	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: 21/24 Rpt: 43/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	11/04/2024	White, Summer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	18201 Winnow Way
		Pflugerville, TX 78660
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for campaign expenditure
		Reimbursement for eampaign expenditure
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Date	Dougo nama
		Payee name
	11/04/2024	White, Summer
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,600.00	18201 Winnow Way
		Pflugerville, TX 78660
	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 Campaign work
		Campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davies same
	10/27/2024	Payee name Winred
	Amount (\$)	Payee address; City; State; Zip Code
	\$274.22	4250 Fairax Dr
		Arlington, VA 22203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online donation processing fees for reporting period
		Offiline domation processing rees for reporting period
	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

	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: 22/24 Rpt: 44/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	11/22/2024	Zoom.us
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Boulevard
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online meeting software
		Chine meeting software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	12/23/2024	Zoom.us
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Boulevard
	Ψ17.03	33 Almaden bodievald
		Can Jaca CA 0F112
	DUDD005	San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online meeting software
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/16/2024	IPhone Citizen
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.07	One Citizens Plaza
		Providence, RI 02903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Phone monthly user.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		
1		
1		

SCHEDULE F1

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

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: 23/24 Rpt: 45/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	11/18/2024	IPhone Citizen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.91	One Citizens Plaza
		Providence, RI 02903
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
		Phone monthly user.
		The mental of the second
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/30/2024	Napp, Parker
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 700
		Round Rock, TX 78680
	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
		Campaign work
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	12/30/2024	Napp, Parker
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 700
		Round Rock, TX 78680
	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 Campaign salary.
l		Campaign salary.
\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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/24 Rpt: 46/54	Harris Davila, Caroline (The Honorable) 00085754
4	Date	5 Payee name
	12/30/2024	Napp, Parker
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 700
		Round Rock, TX 78680
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
		Campaign salary.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davis name
	11/18/2024	Payee name Woods, Brooklyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	PO Box 2910
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for campaign travel
		Training a service of the service of
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/6 Rpt: 47/54	Harris Davila, Caro	line (The Honorable)	00085754				
4 CREDIT CARD ISSUER		ncial institution America	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 11/04/2024	(c) Date(s) Credit Card Issue 12/17/2024	er Paid			
7 PAYEE	(a) Payee name Dropbox		(b) Payee address; 1800 Owens St	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		San Francisco, CA 94158 (b) Description Software for campaign.	3			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$6.08	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issue 12/17/2024	er Paid			
PAYEE (a) Payee name Bank of America			(b) Payee address; 100 North Tryon Street Charlotte, NC 28255	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Banking fee.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 10/31/2024	(c) Date(s) Credit Card Issue 12/17/2024	er Paid			
PAYEE	(a) Payee name Adobe		(b) Payee address; 345 Park Ave San Jose, CA 95110	City, State, Zip Code			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software for campaign.					
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	<u>L</u>	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
	Sch: 2/6 Rpt: 48/54	Harris Davila, Caro	line (The Honorable)		00085754				
	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$21.64	12/02/2024	12/17/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Adobe		345 Park Ave					
				San Jose, CA 95110					
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software for campaign.					
	X Political		iai Exponed						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
ех	penditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
		\$89.46	11/04/2024	12/17/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Hill Country Spring	S	10019 S I-35 Frontage R	d				
				Austin, TX 78747					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
	X Political	Office Overhead/Rent		Water for political office.					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
ех	penditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$9.99	(b) Date of Charge 11/18/2024	(c) Date(s) Credit Card Issue 12/17/2024	er Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				303 2nd Street					
		Door Dash							
				San Fransisco, CA 94103	3				
	PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meal during political mee	ting.				
	X Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
ı	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
ех	penditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 3/6 Rpt: 49/54	Harris Davila, Caroline (The Honorable)				00085754		
4	CREDIT CARD ISSUER	Name of financial institution 5 see previous		EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$102.70	(b) Date of Charge 12/06/2024	(c) Date(s) C 12/17/2024	redit Card Issuer 1	Paid		
7	PAYEE	(a) Payee name Amazon.com		(b) Payee ac	Ave	City,	State,	Zip Code
Ļ		() 0 :		Seattle, W				
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) X Political Gift/Awards/Memorials Expense		(b) Description	on ouse members.				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$18.82	(b) Date of Charge 12/03/2024	(c) Date(s) C 12/17/2024	redit Card Issuer 1	Paid		
PAYEE ((a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Hill Country Springs				35 Frontage Rd			
L				Austin, TX				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Water for p	on political office.			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX.	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder		Check if Austin, TX, officeholder living expense Coe sought Office held				
6	expenditure to benefit C/OH			3				
	PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 12/06/2024	(c) Date(s) C 12/17/2024	redit Card Issuer 1	Paid		
	PAYEE	(a) Payee name Uber		(b) Payee ac 1515 3rd S	t	City,	State,	Zip Code
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		(b) Description	sco, CA 94158 on political meetin	ıg.			
	Non-Political (c) X Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 4/6 Rpt: 50/54	Harris Davila, Caro	line (The Honorable)		00085754			
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$52.04	12/09/2024	12/17/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de		
	Lyft		185 Berry Street Suite 400 San Fransisco, TX 94107				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Transportation Equipment And Related Expense Travel to a political		Travel to a political meetir	ng.			
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$21.00	(b) Date of Charge 12/19/2024	(c) Date(s) Credit Card Issue 12/17/2024	r Paid			
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Co	de		
	Mailchimp		405 N Angier Ave. NE				
			Atlanta, GA 30308				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Software for campaign.				
X Political Non-Political							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Ce sought Office held				
Complete ONLY if direct expenditure to benefit C/OH			·				
PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issue 12/17/2024	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de		
Bank of America		100 North Tryon Street					
		Charlotte, NC 28255					
PURPOSE OF	EXPENDITURE (See Categories listed at the top of this schedule) Fees						
X Political							
Non-Political	(c) Check if travel outside		officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME				Commiss	sion Filers)	
Sch: 5/6 Rpt: 51/54	Harris Davila, Carol		00085754				
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$21.00	(b) Date of Charge 11/18/2024	(c) Date(s) Credit Card Issuer 12/17/2024	r Paid			
7 PAYEE	(a) Payee name Mailchimp		(b) Payee address; 405 N Angier Ave. NE	City,	State,	Zip Code	
0. DUDDOOF OF	(a) Catagony		Atlanta, GA 30308				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Software for campaign.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
		(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuel 12/17/2024	r Paid			
PAYEE (a) Payee name Uber			(b) Payee address;	City,	State,	Zip Code	
		1515 3rd St					
			San Francisco, CA 94158				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Travel to a political meetir	ng.			
Non-Political	(c) X Check if travel outside	of Texas, Complete Schedule T	Check if Austin TX	officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	te sought Office held				
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card Issuel 12/17/2024	r Paid			
PAYEE	(a) Payee name Dropbox		(b) Payee address; 1800 Owens St San Francisco, CA 94158	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software for campaign.					
Non-Political	(c) Check if travel outside	Check if Austin, TX,	officeholder living expe	nse			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Officeholder/Politica	-			THER (enter a category not liste	d above)	
		ruction Guide explains how	to complete this form.	I	=	
1 Total pages Schedule F4:		3 Filer ID (Ethics Comm	nission Filers)			
Sch: 6/6 Rpt: 52/54		ine (The Honorable)		00085754		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	 		
ISSUER	see pr	revious	CHARGED TO A CREDIT			
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$21.64	12/31/2024				
	·					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code	
			345 Park Ave			
	Adobe					
			San Jose, CA 95110			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Software for campaign.			
X Political	Office Overhead/Rent	.aı Expense				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held		
expenditure to benefit C/OH			o ooug			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
			12/17/2024			
	\$8.00	12/09/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code	
I TAILE	(a) Fayee name		2702 Love Field	City, State	e, Zip Code	
	Southwest Airlines		2702 Love Field			
			Dallas, TX 75235			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Fees for travel.			
X Political	Travel Out of District		1 000 101 11 00011			
Non-Political	() [<u> </u>			
	(c) X Check if travel outside of Candidate/Officeholder	<u> </u>	_	officeholder living expense		
Complete ONLY if direct	Candidate/Officeriolder	name Onic	e sought	Office held		
expenditure to benefit C/OH						
l						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/2 Rpt: 53/54				
2 FILER NAME Harris Davila, Caroline (The Honorable)					3 Filer ID (Ethics Commission Filers)				
				00085754					
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines									
5 Contribution / Expe	5 Contribution / Expenditure reported on:								
Schedule A2									
Schedule F2 X Schedule F4 Schedule G Schedule H Schedule COH-UC									
7 Name of person(s) traveling Harris Davila, Caroline									
	8 Depart	ure city or name of	departure location						
12/03/2024	Austin								
		-	of destination location						
12/06/2024	Washi								
10 Means of transport Commercial Airp		· ·	vel (including name of codiscuss state policy.	onference, seminar, or	other event)				
Name of Contribut Uber	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye	ee					
Contribution / Expe	enditure rer	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Scriedule F2				Scriedule FI	Scriedule CON-OC				
Dates of Travel	1	of person(s) traveli							
	Harris	Davila, Caroline							
	Depart	ure city or name of	departure location						
12/03/2024	Austin								
	Destina	ation city or name o	of destination location						
01/06/2025	Washi	ngton							
Means of transpor	tation	Purpose of tra	vel (including name of c	onference, seminar, or	other event)				
Commercial Auto	omobile	Meetings to	discuss state policy.						
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye						
Uber	·	· ·	,						
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel			<u> </u>						
Dates of Travel Name of person(s) traveling Harris Davila, Caroline									
Departure city or name of departure location 12/03/2024 Austin									
12/03/2024									
01/00/2025	l		of destination location						
01/06/2025 Washington									
Means of transport		-	vel (including name of c	onference, seminar, or	other event)				
Commercial Aut	omobile	ivieetings to (discuss state policy.						

				OF TEXAS	CAL EXPENDI	TURES	SCHEDULE T				
	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Lyft										
5	Contribution / Expe		oorted on: Schedule B Schedule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule COH-UC	Schedule F1				
6		Harris	of person(s) trave	ne							
	12/03/2024	Austin	1	of departure location e of destination location							
	12/06/2024 Means of transport	Washi	ngton		conference, seminar, or o	ther event)					
	Commercial Auto			o discuss state policy.							