

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085754	2 Total pages filed: 54	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Caroline	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME	LAST Harris Davila	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 700 Round Rock, TX 78680		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Amberly	MI MI	
	NICKNAME	LAST Ward	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1201 Winding Way Georgetown, TX 78628			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(979)	219-3729		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year	THROUGH		Month Day Year
	10/27/2024			12/31/2024
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 52		12 OFFICE SOUGHT (if known)	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 54

13 C / OH NAME Harris Davila, Caroline (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00085754

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Texas Alliance for Life PAC
	COMMITTEE ADDRESS	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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 109,346.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 176,966.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 260,174.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Caroline Harris Davila

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 54

18 FILER NAME Harris Davila, Caroline (The Honorable)	19 Filer ID (Ethics Commission Filers) 00085754
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 84,709.72
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 24,637.01
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 176,502.62
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 463.54
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/17 Rpt: 4/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Betty <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78733	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) INvestor		9 Employer (See Instructions) Self
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altria Group PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Property Casualty Insurance Assoc. PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60633	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amgen Inc PAC <hr/> Contributor address; City; State; Zip Code Thousand Oaks, CA 91320	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Police Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78721	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Bernard <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Wood Partners
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer ALliance of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affiars <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 6/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEAT PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centene Corp. PAC <hr/> Contributor address; City; State; Zip Code St Louis, MO 63105	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Communications Inc Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colyandro, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Colyandro Public Affairs
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Commit to Students PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75247	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 7/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Ventures Capitol Partners Consulting <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Correa, Pedro <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Patrick Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delisi Communications PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deloitte PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20044	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/17 Rpt: 8/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobson, Sean	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Amherst Group
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doescher, Cathy	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code Liberty Hill, TX 78642		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enterprise Holdings PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code St Louis, MO 63105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of TSTC PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of the University PAC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78763		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grusendorf, Kent <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-1946	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota State PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75740	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HMWK LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS Law PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 10/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland and Knight TX PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HomePAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Incline PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker LLP PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/17 Rpt: 11/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78760	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle and Townsend PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsteller, Jackson <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Land Manager		Employer (See Instructions) Dream Finders Homes
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueeney, John <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Vision TX Trans Inc.
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Joseph	7 Amount of Contribution (\$) \$78.08
6 Contributor address; City; State; Zip Code Hutto, TX 78634		
8 Principal occupation / Job title (See Instructions) NONprofit Administrator		9 Employer (See Instructions) Texas Music Educations Association
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAJFA Texsa IFAPAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78748		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathaniel Schatzline Campaign	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Fort Worth, TX 76161		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novlan, Tom	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Jonestown, TX 78645		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Amazon
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olander, David	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Allied Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/17 Rpt: 13/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olander, Gary	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Houston, TX 77079		
8 Principal occupation / Job title (See Instructions) Houston Market President		9 Employer (See Instructions) First Tennessee
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn Entertainment Texas PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Wyonssissing, PA 19610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfizer PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code New York City, NY 10001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Populus Financial Group Texas PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Irving, TX 75062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/17 Rpt: 14/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posey Law Firm PC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prime Therapeutics LLC Employee State PAC <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabine Pilot PAC <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77640	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safelite Group Inc PAC <hr/> Contributor address; City; State; Zip Code Columbus, OH 43234	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Mike <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Electrical Engineer		Employer (See Instructions) Game7

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Clyde <hr/> 6 Contributor address; City; State; Zip Code Round Moutain, TX 78663	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Glazer's PAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromberg, Larry <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Valorie <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) Representative		Employer (See Instructions) State of Texas
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 16/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX Academy of Audiology PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code College Station, TX 77845-9301		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX Bitcoin PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Reasonable Solutions PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78741		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance for Life PAC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78754		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Assoc. of Fire Fighters PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 17/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Bail PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas College of Emergency Physicians PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Economic Development Council <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas House Republican Caucus PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$5,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Impact PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78726	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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 Filers) 00085754
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Physical Therapy Assn PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Radiology Society PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Farm Agents PAC <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Travel Alliance PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/17 Rpt: 19/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas-Pipe PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toyota Motor North America PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TxANA PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vavro, Rick <hr/> Contributor address; City; State; Zip Code Jonestown, TX 78645	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Austin Underground
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/17 Rpt: 20/54
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALPAC <hr/> 6 Contributor address; City; State; Zip Code Bentonville, AR 72716	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wine and Spirits Wholesalers of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeneca Inc PAC <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19850	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 21/54	
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/31/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Schools Now PAC	8 Amount of contribution (\$) \$3,530.49	9 In-kind contribution description Direct Mail Design, Printing, Mailing & Postage
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> 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) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$2,540.00	In-kind contribution description Digital advertising
	Contributor address; City; State; Zip Code Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$18,250.05	In-kind contribution description Canvassing
	Contributor address; City; State; Zip Code Austin, TX 78767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 22/54	
2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085754	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/12/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign <hr/> 7 Contributor address; City; State; Zip Code Austin, TX 78767	8 Amount of contribution (\$) \$233.14	9 In-kind contribution description travel <input type="checkbox"/> 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) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$) \$83.33	In-kind contribution description Advertising for fundraising event in support of Representative Caroline Harris Davila for HD 52 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/24 Rpt: 23/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/04/2024	5 Payee name Abels, Kelly	
6 Amount (\$) \$113.24	7 Payee address; City; State; Zip Code 2317 Haig Point Cove Pflugerville, TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Abels, Kelly	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2317 Haig Point Cove Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Academy Sports	
Amount (\$) \$87.66	Payee address; City; State; Zip Code 1351 I 35 N Frontage Rd Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/24 Rpt: 24/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/30/2024	5 Payee name Academy Sports	
6 Amount (\$) \$20.32	7 Payee address; City; State; Zip Code 1351 I 35 N Frontage Rd Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name Adobe	
Amount (\$) \$32.46	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Adobe	
Amount (\$) \$29.99	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/24 Rpt: 25/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/01/2024	5 Payee name Advantage Direct	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1421 Prince Street Suite 220 Alexandria, VA 22314	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone banking software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Amazon.com	
Amount (\$) \$233.02	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Amazon.com	
Amount (\$) \$66.83	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/24 Rpt: 26/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/04/2024	5 Payee name Amazon.com	
6 Amount (\$) \$322.65	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Amazon.com	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2024	Payee name Amazon.com	
Amount (\$) \$136.27	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/24 Rpt: 27/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
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4 Date 12/09/2024	5 Payee name Amazon.com
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6 Amount (\$) \$87.53	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2024	Payee name Apple.com
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Amount (\$) \$14.06	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense App for campaign video editing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2024	Payee name Apple.com
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Amount (\$) \$6.48	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense App for campaign video editing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/24 Rpt: 28/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/29/2024	5 Payee name Apple.com	
6 Amount (\$) \$12.44	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense App for campaign video editing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2024	Payee name Apple.com	
Amount (\$) \$61.67	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apps for campaign video editing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2024	Payee name Apple.com	
Amount (\$) \$3.24	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense App for campaign video editing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/24 Rpt: 29/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/27/2024	5 Payee name Apple.com	
6 Amount (\$) \$14.06	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense App for campaign video editing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2024	Payee name Austin Article	
Amount (\$) \$10.80	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name Bank of America	
Amount (\$) \$527.31	Payee address; City; State; Zip Code 100 North Tryon Street Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign credit card payment.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/24 Rpt: 30/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/02/2024	5 Payee name Bank of America	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 100 North Tryon Street Charlotte, NC 28255	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Bank of America	
Amount (\$) \$16.00	Payee address; City; State; Zip Code 100 North Tryon Street Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Berry Communications	
Amount (\$) \$43,900.00	Payee address; City; State; Zip Code 1014 Milton Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/24 Rpt: 31/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/29/2024	5 Payee name Camp Political	
6 Amount (\$) \$25,145.19	7 Payee address; City; State; Zip Code 401 NE 46t Oklahoma City, OK 73105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Camp Political	
Amount (\$) \$19,251.54	Payee address; City; State; Zip Code 401 NE 46t Oklahoma City, OK 73105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Camp Political	
Amount (\$) \$25,145.19	Payee address; City; State; Zip Code 401 NE 46t Oklahoma City, OK 73105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/24 Rpt: 32/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
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4 Date 12/20/2024	5 Payee name Capitol Gift Shop
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6 Amount (\$) \$243.56	7 Payee address; City; State; Zip Code 1400 N Congress Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/12/2024	Payee name Caroline Restaurant
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Amount (\$) \$265.48	Payee address; City; State; Zip Code 621 Congress Ave Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Chick-fil-A Hutto
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Amount (\$) \$2.91	Payee address; City; State; Zip Code 200 Ed Schmit Blvd Hutto, TX 78634
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshment during campaign travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/24 Rpt: 33/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/20/2024	5 Payee name Cornish Pasty Co.	
6 Amount (\$) \$70.88	7 Payee address; City; State; Zip Code 7 W Monroe St Phoenix, AZ 85003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name EZ Texting	
Amount (\$) \$26.65	Payee address; City; State; Zip Code 548 Market St San Fransisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	Payee name EZ Texting	
Amount (\$) \$26.65	Payee address; City; State; Zip Code 548 Market St San Fransisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/24 Rpt: 34/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/11/2024	5 Payee name Etsy.com	
6 Amount (\$) \$400.53	7 Payee address; City; State; Zip Code 117 Adams St Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/17/2024	Payee name First Watch	
Amount (\$) \$52.01	Payee address; City; State; Zip Code 1320 E Whitestone Blvd Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/28/2024	Payee name Frost Bank	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 401 Congress Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/24 Rpt: 36/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/18/2024	5 Payee name HEB	
6 Amount (\$) \$103.92	7 Payee address; City; State; Zip Code 5000 Gattis School Rd Hutto, TX 78634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name HEB	
Amount (\$) \$175.95	Payee address; City; State; Zip Code 5000 Gattis School Rd Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Leander Educational Excellence Foundation	
Amount (\$) \$52.00	Payee address; City; State; Zip Code 204 W South St Leander, TX 78646	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/24 Rpt: 37/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/18/2024	5 Payee name Papis Pies	
6 Amount (\$) \$54.84	7 Payee address; City; State; Zip Code 10 Chilsholm Trail Rd Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with campaign staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2024	Payee name Pomo Pizzeria	
Amount (\$) \$21.70	Payee address; City; State; Zip Code 705 N 1st St Phoenix, AZ 85004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Round Rock Donuts	
Amount (\$) \$71.88	Payee address; City; State; Zip Code 106 W Liberty Ave Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during political meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/24 Rpt: 38/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/23/2024	5 Payee name Southwest Airlines	
6 Amount (\$) \$8.00	7 Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	Payee name Starbucks Tempe	
Amount (\$) \$17.97	Payee address; City; State; Zip Code 1717 S Rural Rd Tempe, AZ 85281	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 10/28/2024	Payee name Strategic Media Placement, Inc	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 7669 Stagers Loop Delaware, OH 43015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/24 Rpt: 39/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/08/2024	5 Payee name Target	
6 Amount (\$) \$73.63	7 Payee address; City; State; Zip Code 5621 I35 Austin, TX 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for campaign use
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Taylor Chamber of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1519 N Main St Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Towne Park	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 611 S Congress Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/24 Rpt: 40/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/23/2024	5 Payee name Turning Point Action	
6 Amount (\$) \$75.16	7 Payee address; City; State; Zip Code 4930 E Beverly Rd Phoenix, AZ 85044	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event expenses
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Turquoise Courtney Reed	
Amount (\$) \$974.25	Payee address; City; State; Zip Code 9666 Scyene Rd Dallas, TX 75227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography for campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name USPS	
Amount (\$) \$14.60	Payee address; City; State; Zip Code 797 Sam Bass Rd Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for campaign mail
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/24 Rpt: 41/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
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4 Date 12/13/2024	5 Payee name Uber
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6 Amount (\$) \$15.02	7 Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride during campaign travel
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2024	Payee name Uber
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Amount (\$) \$26.47	Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride during campaign travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/20/2024	Payee name Uber
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Amount (\$) \$49.87	Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride during campaign travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/24 Rpt: 42/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/23/2024	5 Payee name Uber	
6 Amount (\$) \$49.36	7 Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	Payee name Uptown Phoenix	
Amount (\$) \$4.08	Payee address; City; State; Zip Code 100 E Camelback Rd Phoenix, AZ 85012	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Verraton Media LLC	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 1801 Red Bud Ln, Ste B #237 Round Rock, TX 78644	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/24 Rpt: 43/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/04/2024	5 Payee name White, Summer	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 18201 Winnow Way Pflugerville, TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for campaign expenditure
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name White, Summer	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 18201 Winnow Way Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2024	Payee name Winred	
Amount (\$) \$274.22	Payee address; City; State; Zip Code 4250 Fairax Dr Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation processing fees for reporting period
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/24 Rpt: 44/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
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4 Date 11/22/2024	5 Payee name Zoom.us
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6 Amount (\$) \$17.05	7 Payee address; City; State; Zip Code 55 Almaden Boulevard San Jose, CA 95113
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online meeting software
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/23/2024	Payee name Zoom.us
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Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Boulevard San Jose, CA 95113
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online meeting software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/16/2024	Payee name IPhone Citizen
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Amount (\$) \$75.07	Payee address; City; State; Zip Code One Citizens Plaza Providence, RI 02903
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone monthly user.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/24 Rpt: 45/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/18/2024	5 Payee name IPhone Citizen	
6 Amount (\$) \$74.91	7 Payee address; City; State; Zip Code One Citizens Plaza Providence, RI 02903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone monthly user.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Napp, Parker	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Napp, Parker	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.**

1 Total pages Schedule F1: Sch: 24/24 Rpt: 46/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
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4 Date 12/30/2024	5 Payee name Napp, Parker
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Woods, Brooklyn
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Amount (\$) \$38.00	Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for campaign travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

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

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 2/6 Rpt: 48/54	2	FILER NAME Harris Davila, Caroline (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$21.64	(b) Date of Charge 12/02/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Adobe		(b) Payee address; City, State, Zip Code 345 Park Ave San Jose, CA 95110	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software for campaign.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$89.46	(b) Date of Charge 11/04/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Rd Austin, TX 78747	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Water for political office.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$9.99	(b) Date of Charge 11/18/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Door Dash		(b) Payee address; City, State, Zip Code 303 2nd Street San Fransisco, CA 94103	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal during political meeting.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 3/6 Rpt: 49/54	2	FILER NAME Harris Davila, Caroline (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$102.70	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Amazon.com		(b) Payee address; City, State, Zip Code 410 Terry Ave Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Gifts for House members.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$18.82	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S I-35 Frontage Rd Austin, TX 78747	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Water for political office.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1515 3rd St San Francisco, CA 94158	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel to a political meeting.	
(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 4/6 Rpt: 50/54	2	FILER NAME Harris Davila, Caroline (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$52.04	(b) Date of Charge 12/09/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street Suite 400 San Francisco, TX 94107	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Travel to a political meeting.	
(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$21.00	(b) Date of Charge 12/19/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software for campaign.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024	
7	PAYEE	(a) Payee name Bank of America		(b) Payee address; City, State, Zip Code 100 North Tryon Street Charlotte, NC 28255	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Banking fee.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/6 Rpt: 51/54	2 FILER NAME Harris Davila, Caroline (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 Paid 12/17/2024
7 PAYEE	(a) Payee name Mailchimp	(b) Payee address; City, State, Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software for campaign.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$11.97	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024
PAYEE	(a) Payee name Uber	(b) Payee address; City, State, Zip Code 1515 3rd St San Francisco, CA 94158	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel to a political meeting.
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card Issuer Paid 12/17/2024
PAYEE	(a) Payee name Dropbox	(b) Payee address; City, State, Zip Code 1800 Owens St San Francisco, CA 94158	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software for campaign.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/6 Rpt: 52/54	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 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 \$21.64	(b) Date of Charge 12/31/2024
7 PAYEE	(a) Payee name Adobe	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Software for campaign.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
PAYMENT	(a) Amount Charged \$8.00	(b) Date of Charge 12/09/2024
PAYEE	(a) Payee name Southwest Airlines	(c) Date(s) Credit Card Issuer Paid 12/17/2024
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Payee address; City, State, Zip Code 2702 Love Field Dallas, TX 75235
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name Office sought Office held	

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 / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 12/03/2024 12/06/2024	7 Name of person(s) traveling Harris Davila, Caroline	
	8 Departure city or name of departure location Austin	
	9 Destination city or name of destination location Washington	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Meetings to discuss state policy.	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/03/2024 01/06/2025	Name of person(s) traveling Harris Davila, Caroline	
	Departure city or name of departure location Austin	
	Destination city or name of destination location Washington	
Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) Meetings to discuss state policy.	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/03/2024 01/06/2025	Name of person(s) traveling Harris Davila, Caroline	
	Departure city or name of departure location Austin	
	Destination city or name of destination location Washington	
Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) Meetings to discuss state policy.	

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Lyft

5 Contribution / Expenditure reported 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

6 Dates of Travel

12/03/2024

12/06/2024

7 Name of person(s) traveling

Harris Davila, Caroline

8 Departure city or name of departure location

Austin

9 Destination city or name of destination location

Washington

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

Meetings to discuss state policy.