## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Eth 00019811	ics Commission Filers)	<ol> <li>Total pages filed:</li> <li>32</li> </ol>			OFFICE US	SEONLY
			32			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICAL	LY FILED
	NAME	The Honorable	Yvonne			03/03/2025	
		NICKNAME	LAST		SUFFIX		
			Davis			Date Hand-delivered or D	ate Postmarked
4	ORIGINAL	X January 15	Runoff	Other (s	oecify)	Sate Fight-delivered of D	
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
			appointment (office	holder only)		Date Processed	1
		8th day before election	Final Report (Attach	n C/OH-FR)			
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
	COVERED	07/01/2024	THROUGH	12/31/2024			
6	EXPLANATION OF 0	CORRECTION					
	were left off due to an	In inadvertent error made in n oversight in the data entry Ides this correction. This en	process. Both contribu	utions were mailed, po	st stamped and	received prior to the	deadline. The
7	AFFIDAVIT		and	ear, or affirm, under pe correct.			eport is true
			Che	ck the box next to any	and all applicab	le statements:	
			X	Semiannual reports was made in good fa misrepresent the info	ith and without a prmation contain	an intent to mislead of ed in the report.	or to
			X	Other reports: Is report not later than that the report as orig swear, or affirm, that filed was made in go	he 14th busines ginally filed is ina any error or om	ss day after the date accurate or incomple	I learned ete. I
					Honorable Yv		
				Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subse	ribed before me, by the sai	h		thic th	P	day
		, 20, to cer				······································	uay
	01	, 23, 10 081	ary writer, with 635 HIY I				
	Signature of offic	er administering oath	Printed name of of	ficer administering oat	h T	itle of officer adminis	stering oath
			ded To Report A	nd Explain Corre		ort Form	
-0	mis provided by Tex	kas Ethics Commission	www.ethi	cs.state.tx.us			V4.1.0.5dd2ace2

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00019811		2 Total pages	s filed: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
OFFICEHOLDER	The Honorable	Yvonne				
NAME					Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	03/03/2025	
		Davis				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	r / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
MAILING	P.O. Box 763368					
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75376-3368					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Mattie M.				
	NICKNAME	LAST		SUFFIX		
	NICKNAWE			JUFFIX		
		Youngblood				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP	r / SUITE #; CITY;	S	STATE; ZIP CODE
TREASURER ADDRESS	718 N. Hampton Rd.					
ADDRE33						
(Residence or Business)	DeCate TV 75115					
	DeSoto, TX 75115					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(972) 274-1627					
8 REPORT TYPE		-			<b>-</b>	
	X January 15	30th day befor	re election	Runoff	15th day after appointment (	campaign treasurer officeholder only)
	July 15	8th day before		Exceeded modified	-	Attach C/OH-FR)
				reporting limit		
	Month Day Voor			Month Dov	Veer	
9 PERIOD COVERED	Month Day Year	т		Month Day	Year	
0012.125	07/01/2024	1	HROUGH	12/31/202	4	
		i				
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Dis	trict 111		State Representa	ative District 1	11
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Vei	sion V4.1.0.5dd2ace2

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 3 of 32

13 C / OH NAME	14 Filer ID         (E           00019811	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS	AN PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00		
	<b>\$</b> 83,336.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	<b>\$</b> 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 39,305.59
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 107,342.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT	-			
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Ho	norable Yvonne Davis	
		Signature of	of Candidate or Officehold	ler
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me, by the s	aid	this the	day
of	uay			
	, , , , , , , , , , , , , , , , ,			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
L Forms provided by Tex	as Ethics Commission	www.ethics.state.tx.us	V	/ersion V4.1.0.5dd2ace2

SU	BT	OTALS - C/OH	(	COVER	FORM C/OH SHEET PG 3 4 of 32
18 FILE Davi	R NAM	(Ethics (	Commission Filers)		
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	83,336.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	39,305.59
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	550.00

				4	Total a succe Oak a dula A4.	
	The Instru	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 5/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Davis, Yvon	ne (The Honorable)			00019811	
4	Date	5 Full name of contributor X out-of-state PAC (ID#: CO	00084475)	7	Amount of Contribution (\$)	
	12/10/2024	3M Company PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		1				
		St. Paul, MN 55144				
8	Principal occu	pation / Job title (See Instructions) 9	9 Employer (See Instructions)	)		
				_		
	Date	Full name of contributor X out-of-state PAC (ID#: C3	30002935)		Amount of Contribution (\$)	
	10/30/2024	ATU COPE Voluntary Account				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Silver Springs, MD 20903		Ļ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)		
_	<b>D</b> -+		<u></u>	—	1	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>4075 00</b>
	10/07/2024	Apartment Association of Greater Dallas PAC				\$875.00
		Contributor address; City; State; Zip Code				
		1				
		Irving, TX 75038				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	1 1o.p			,		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Aransas-Corpus Christi Pilots PAC				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Corpus Christi, TX 78403-2767				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	_
	10/30/2024	Associated General Contractors of Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Auctin TV 70760				
	Dringing occ	Austin, TX 78768 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Phillipai occu		Employer (See Instructions)	)		
⊢		L				

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	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 6/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Davis, Yvon	ne (The Honorable)			00019811	
4	Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7	Amount of Contribution (\$)	
	08/30/2024	Brotherhood of Locomotive Engineers & Tra	ainmen TXPAC			\$500.00
		6 Contributor address; City; State; Zip Code		1		
_	Drizsipal agai	Decatur, TX 76234	C Employer (Coo Instruction)			
ð	Principai occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (	(ID#: <u>C00002089</u> )	Γ	Amount of Contribution (\$)	
	10/08/2024	CWA-Cope PCC				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001				
	Drincinal occi	ipation / Job title (See Instructions)	Employer (See Instructions			
	Ρπιτιμαί στου	אנוטווז זטט נווופ (שפר וושנו מכנוטווש)		5)		
	Date	Full name of contributor X out-of-state PAC (	(ID#: <u>C-1716004</u> )	Γ	Amount of Contribution (\$)	
	12/13/2024	CWA-Cope PCC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Washington DC 20001				
	Drincinal occi	Washington, DC 20001 Ipation / Job title (See Instructions)	Employer (See Instructions	$\prod_{i=1}^{n}$		
	Finicipai occu			»J		
	Date	Full name of contributor out-of-state PAC (	(ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Cain, Randy (Mr.)				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78763				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	al Affairs	Self			
Γ	Date	Full name of contributor out-of-state PAC (	(ID#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Calpine PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77002				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
			I			
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/13 Rpt: 7/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Davis, Yvonne (The Honorable) 00019811 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/02/2024 Charter Communications, Inc Texas PAC \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/18/2024 \$500.00 Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00377952 Amount of Contribution (\$) Date 09/06/2024 **Cummins INC PAC** \$1,000.00 Contributor address; City; State; Zip Code Washington , DC 20000-4360 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/18/2024 \$250.00 Edwards, Dralves (Dr.) Contributor address; City; State; Zip Code Carrollton, TX 75006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$1,000.00 11/27/2024 Fairchild, David Contributor address; City; State; Zip Code Southlake, TX 76092 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director **Texas Entertainment**

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/13 Rpt: 8/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Davis, Yvonne (The Honorable) 00019811 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/29/2024 Foley & Lardner LLP Texas Campaign Fund \$1,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 \$1,000.00 Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date 11/25/2024 HCA Texas Good Government Fund \$500.00 Contributor address; City; State; Zip Code Dallas, TX 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/13/2024 \$1,000.00 HILLCO PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 \$1,000.00 HomePAC of Texas (Texas Association of Builders) Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 9/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Davis, Yvonr	ne (The Honorable)			00019811	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/22/2024	Houston Pilots PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77536		Ļ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/12/2024	INDEPAC				\$1,000.00
	Contributor address; City; State; Zip Code					
	Austin TX 707E0					
	<u> </u>	Austin, TX 78750		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╘	_			_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#</b> 4 000 00
	12/13/2024	Linebarger Goggan Blair & Sampson L.L.P.				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78760				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/12/2024	Longbow Partners				\$350.00
		Contributor address; City; State; Zip Code				
	Deine in all a servi	Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/22/2024	McGuire, Michael				\$1,500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75205		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President		Andrews Distributing			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 10/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		ne (The Honorable)			00019811	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/02/2024	McKinney, Pitria				\$111.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75227				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Airline Stewa	ardess	American Airlines			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/21/2024	Medrano, Pauline (The Honorable)				\$150.00
	••••			ł		
		Contributor address, City, State, Zip Code				
	Dallas, TX 75219					
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
				5)		
	County Trea	sulei	Dallas County	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/26/2024	Mehmeti, Nick				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Entertainme	nt Industry	Self Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/15/2024	NCHA's Texas Events PAC				\$2,500.00
		Contributor address; City; State; Zip Code		ł		
		Fort Worth, TX 76107				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	i inopai occa			.,		
╞				<del></del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#F00</b> 00
	11/25/2024	NRG Energy PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Princeton, NJ 08540-6213				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/13 Rpt: 11/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Davis, Yvonne (The Honorable) 00019811 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/30/2024 North Texas Automobile Dealers PAC \$2,500.00 6 Contributor address; City; State; Zip Code Irving, TX 75062 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 **Oncor Texas State PAC** \$1,500.00 Contributor address; City; State; Zip Code Dallas, TX 75202-1234 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 11/01/2024 Political Action Committee of Winstead PC \$2,500.00 Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/26/2024 \$1,000.00 Quesada, George Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Sommerman, McCaffity & Quesada Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/12/2024 \$1,000.00 **Red Rock Texas PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 12/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Davis, Yvonr	ne (The Honorable)			00019811	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/11/2024	Sampson, Demetris				\$250.00
	I	6 Contributor address; City; State; Zip Code		1		
	l	1				
		Dallas, TX 75376				
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/15/2024	Sewell, III, J. Carl				\$2,500.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	1				
		Dallas, TX 75220				
		pation / Job title (See Instructions)	Employer (See Instructions)	s)		
L	Car Dealersh	ip Owner	Owner			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/13/2024	Sledge Law Group PLLC				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	Austin TV 7070E				
	Dringing oog	Austin, TX 78705	Employer (See Instructions			
	Рппсіраї осси	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	10/07/2024	Smith, Robert (Mr.)				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	l				
L		Dallas, TX 75230				
	-	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	President/CE		Accident & Injury Pain	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/16/2024	TX Chiropractic Association PAC				\$2,000.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Austin, TX 78701				
	Dringing occu		Employor (Soo Instructions			
	Phillipai occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 13/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		ne (The Honorable)			00019811	, , ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/27/2024	Texas AFL-CIO State Cope Fund				\$500.00
	I	6 Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78711				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/03/2024	Texas Apartment Association PAC				\$750.00
	I	Contributor address; City; State; Zip Code				
		1				
	I	Austin, TX 78701-1951				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/30/2024	Texas Automobile Dealers Association (PAC)				\$2,000.00
	I	Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/09/2024	Texas Building Branch AGC PAC Account				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/12/2024	Texas Dairymen PAC				\$500.00
	1	Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78711				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
			l			

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	The Instru	ction Guide explains how to	complete this fo	erm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 14/32	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		ne (The Honorable)				00019811	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/09/2024	Texas Democratic Women					\$100.00
		6 Contributor address; City; State; 2	Zip Code				
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions)	)		
	-	· · ·					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/18/2024	Texas Dental Association Poli					\$500.00
		Contributor address; City; State; 2	Zip Code				
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/10/2024	Texas Land Title Association F					\$2,500.00
		Contributor address; City; State; Z	Zip Code				
		-	r				
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/12/2024	Texas Optometric PAC					\$1,000.00
		Contributor address; City; State; Z	Zip Code				
		Austin, TX 78705					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/12/2024	Texas Sands PAC		,			\$5,000.00
	<b>*=</b> , <b>=</b> _, <u>-</u> _	Contributor address: City: State: 2	7in Code				+•,
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u>ا</u>		
	1 1110.000				,		
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	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 15/32	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ne (The Honorable)				00019811	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/13/2024	Texas Society of Architect					\$1,500.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
		Austin, TX 78702					
8	Principal occu	upation / Job title (See Instructions)	)	9 Employer (See Instructions	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/24/2024	Texas Society of CPA PAC					\$500.00
		Contributor address; City; Sta			1		
	<u></u>	Addison, TX 75001			Ĺ		
	Principal occu	upation / Job title (See Instructions)	)	Employer (See Instructions	5)		
<u> </u>					<del>—</del>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀር ባለ በባ
	11/25/2024	Texas State Teachers Ass					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78759					
	Principal occu	I upation / Job title (See Instructions)	)	Employer (See Instructions	⊥ s)		
				I Contraction of the second			
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/10/2024	Texas Trial Lawyers Assoc	ciation PAC				\$5,000.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions)	)	Employer (See Instructions	5)		
					<del>—</del>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	·
	11/25/2024	Texas Trial Lawyers Assoc					\$5,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78701					
	Principal occl	upation / Job title (See Instructions)	)	Employer (See Instructions	L s)		
		, , , , , , , , , , , , , , , , , , ,	, 		-,		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 16/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Davis, Yvon	ne (The Honorable)			00019811	
4	Date	5 Full name of contributor X out-of-state PAC (ID#:0	(0935996)	7	Amount of Contribution (\$)	
	09/19/2024	Texas UAW CAP				\$2,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		Lebanon, TN 37090				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor X out-of-state PAC (ID#: C	)	Γ	Amount of Contribution (\$)	
	11/08/2024	The Chickasaw Nation				\$2,500.00
		Contributor address; City; State; Zip Code				
		1				
		Ada, OK 74820				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
				—		
	Date	Full name of contributor X out-of-state PAC (ID#: C	.00284885)		Amount of Contribution (\$)	
	12/12/2024	The Home Depot Inc., PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Washington, DC 20004				
	Drincinal occi	upation / Job title (See Instructions)	Employer (See Instructions)			
	Philopai occu			ワ		
_	Data	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#: The Real Estate Council PAC	/			\$1,000.00
	1012112024	Contributor address; City; State; Zip Code				φ1,000.00
		Contributor address, City, State, Zip Code				
		1				
		Dallas, TX 75201				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ;)		
	Date	Full name of contributor	)	Γ	Amount of Contribution (\$)	
	11/25/2024	Toyota Motor North America, Inc PAC				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Washington, DC 20004				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/13 Rpt: 17/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Davis, Yvonne (The Honorable) 00019811 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2024 Trepac/Texas Association of Realtors PAC \$2,500.00 6 Contributor address; City; State; Zip Code Austin, TX 78768-2246 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/13/2024 **TXANA PAC** \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor X out-of-state PAC (ID#: C00010470 Amount of Contribution (\$) Date 10/09/2024 Union Pacific Corp Fund for Effective Government \$2,000.00 Contributor address; City; State; Zip Code Washington DC, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Vistra Employee PAC \$2,500.00 Contributor address; City; State; Zip Code Irving, TX 75039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 11/14/2024 \$500.00 Zachry Corporation PAC Contributor address; City; State; Zip Code San Antonio, TX 78265 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# SCHEDULE F1 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Offic           Food/Beverage Expense         Pollin           / -         Gift/Awards/Memorials Expense         Print           al Committee         Legal Services         Sala	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Anno to complete this form.						
		· · · · · · · · · · · · · · · · · · ·	o compi	ete this form.	_				
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)		
	Sch: 1/13 Rpt: 18/32	Davis, Yvonne (The Honorable)				00019811			
4	Date	5 Payee name							
	10/02/2024	Alpha Phi Alpha Fraternity Inc - Alpha Sigm	a Lam	oda Chapter					
6	Amount (\$) \$100.00	<ul> <li>Payee address; City; State; Zip 3126 Al Lipscomb Way</li> <li>Dallas, TX 75215</li> </ul>	Code						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH       Complete Sought       Office held							
	Date	Payee name							
12/30/2024 Beasley, Charles									
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 3023 Bridal Wreath Lane Dallas, TX 75233							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)			ide of Texas. Com , officeholder living	nplete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought			Office h	eld		
L		-							
	Date 12/17/2024	Payee name Borner, Phil							
	Amount (\$) \$1,500.00	Payee address; City; State; Zip 1723 Richland Way	Code						
1		DeSoto, TX 75115							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)		, TX	, officeholder living	nplete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought			Office h	eld		

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

			EXPENDITURE CATEG	ORIES FO	R BOX	( 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explair	Office Ov Polling Ex Printing E Salaries/V	erhead/F kpense xpense Wages/C	Reimbursement Rental Expense contract Labor e this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 2/13 Rpt: 19/32		Davis, Yvonne (The Honorable)					00019811	
4	Date 12/30/2024	5	Payee name Borner, Phil						
6	6 Amount (\$) \$2,100.00 Payee address; City; State; Zip Code 1723 Richland Way DeSoto, TX 75115								
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Event Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Catering for event								officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held	
	Date		Payee name						
12/19/2024 Brookshires									
	Amount (\$) \$225.00		Payee address; City; Sta 105 E. Ovilla Road Red Oak, TX 75145	te; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Office Overhead/Rental Expense	chedule)			ΤX,	de of Texas. Complete Schedule T. officeholder living expense C <b>C</b>	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held	
	Date		Payee name						
	12/19/2024		Brookshires						
	Amount (\$) \$315.85		Payee address; City; Sta 105 E. Ovilla Road	te; Zip Co	ode				
			Red Oak, TX 75145		1				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Office Overhead/Rental Expense	schedule)			ΤX,	de of Texas. Complete Schedule T. officeholder living expense CEC	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held	

			EXPENDITURE CATEGOR	RIES FOF	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Distric	pment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (I	Ethics Commission Filers)
	Sch: 3/13 Rpt: 20/32		Davis, Yvonne (The Honorable)				00019811	
4	Date	5	Payee name					
	09/23/2024		Charlton Methodist Catering					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
-	\$810.90		3500 W. Wheatland Rd.					
			Dallas, TX 75237					
8	PURPOSE	(2)			(b) Description			
°	OF	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	(b) Description	outsid	de of Texas. Complet	te Schedule T.
	EXPENDITURE		Event Expense				officeholder living ex	
					Catering exp	ens	e for town hal	l meeting.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date	Γ	Payee name					
	08/23/2024		Chicago Marriott Downtown Magnificer	nt Mile				
	Amount (\$)	-			de			
Amount (\$) Payee address; City; State; Zip Code \$1,200.00 540 N. Michigan Ave								
	φ1,200.00							
			Chicago, IL 60611					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Lodging				de of Texas. Complet	
							officeholder living ex	024 Democratic
					National Con			24 Democratic
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name C	Office sou	ght		Office held	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	07/24/2024		Constant Contact					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$365.63		1601 Trapelo Road	•				
			Suite 329					
			Waltham, ME 02451					
-	PURPOSE	(n)			(b) Description			
	OF	( <sup>(a)</sup>	Category (See Categories listed at the top of this sche Advertising Expense	edule)		outsid	de of Texas. Complet	te Schedule T.
	EXPENDITURE		Adventising Expense				officeholder living ex	
					Email Market	ing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEC Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Offic Pollir Print Sala	n Repay e Overh ng Expe ing Exp ries/Wa	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense	
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)	
1	Sch: 4/13 Rpt: 21/32		Davis, Yvonne (The Honorable)				ľ	00019811		
4	Date	5	Payee name				•			
	08/24/2024		Constant Contact							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip	Cod	9				
	\$365.63		1601 Trapelo Road							
	4000100									
			Suite 329							
			Waltham, ME 02451							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	cohodulo)	(	b) Description				
	OF		Advertising Expense	schedule)	)	· _ ·	outs	ide of Texas. Comple	ete Schedule T.	
	EXPENDITURE							, officeholder living e		
						Email Marke	ting	1		
							-			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office	sougl	nt		Office held	d	
	Date		Payee name							
	09/24/2024		Constant Contact							
	\$395.49		1601 Trapelo Road							
			Suite 329							
			Waltham, ME 02451							
_	PURPOSE	(a)	Category (See Categories listed at the top of this		(	b) Description				
	OF		Advertising Expense	schedule)	, in the second s		outs	ide of Texas. Comple	ete Schedule T.	
	EXPENDITURE							, officeholder living e		
						Email Marke	tino	1		
	Complete ONLY if direct		candidate/Officeholder name	Office	50110	at		Office held	4	
	expenditure to benefit C/Oł			Once	sougi	IL .		Office field	u	
	Date		Payee name							
	10/24/2024		Constant Contact							
	Amount (\$)		Payee address; City; Sta	ate; Zip	Cod	۹				
	\$395.49		1601 Trapelo Road	, <u></u> .p	000	-				
	4090.49									
			Suite 329							
			Waltham, ME 02451							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedulo)	(	b) Description				
	OF		Advertising Expense	schedule)	ľ	•	outs	ide of Texas. Comple	ete Schedule T.	
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living e	expense	
						Email Marke				
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office		at		Office held	Ч	
	expenditure to benefit C/Oł			Unice	Sougi	11		Unice nel	u	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
-	Sch: 5/13 Rpt: 22/32	Davis, Yvonne (The Honorable) 00019811							
	Date								
4	11/24/2024	5 Payee name Constant Contact							
6	Amount (\$) \$395.49	7 Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, ME 02451							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Email Marketing</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	12/24/2024	Constant Contact							
	Amount (\$) \$395.49	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, ME 02451							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Email Marketing</li> </ul>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	09/02/2024	Dallas AFL-CIO							
	Amount (\$) \$280.00	Payee address; City; State; Zip Code 1408 N. Washington Ave #240							
		Dallas, TX 75204							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Tickets and ad for Annual Labor Day Breakfast</li> </ul> </li> </ul>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, <u>-</u> I Comn	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 ⊨	·		•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 6/13 Rpt: 23/32		Davis, Yvonne (The Honorable)				00019811			
4	Date 10/28/2024		ayee name Dallas Alumnae Chapter of Delta Sigm	a Theta :	Sorority					
6	Amount (\$)	<b>7</b> F	ayee address; City; State	; Zip Coo	le					
	\$350.00		2.O. Box 222051							
		C	Dallas, TX 75222							
8	PURPOSE	(a) (	ategory (See Categories listed at the top of this sch	edule)	(b) Description					
OF       Check if travel outside of Texas. Complete Schedule T.         Advertising Expense       Check if Austin, TX, officeholder living expense         Add       Advertising Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	Office sou	ht		Office held			
	Date	F	ayee name							
	10/31/2024	F	riendship West Church							
	Amount (\$)	ayee address; City; State	; Zip Coo	le						
	\$5,000.00	2	020 W. Wheatland Road							
		C	Dallas, TX 75232							
	PURPOSE OF	<b>(a)</b> (	ategory (See Categories listed at the top of this sch	iedule)	(b) Description					
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	vittoo			de of Texas. Complete Schedule T. officeholder living expense			
			andidate/Onicenoider/Political Comm	iiitee	Community (					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name (	Office soug	ht		Office held			
	Date	F	ayee name							
	12/11/2024	6	Girls Friends PAC & Ministries							
	Amount (\$)	F	ayee address; City; State	; Zip Coo	le					
	\$800.00	2	021 N. Hampton Road							
		0	DeSoto, TX 75115							
	PURPOSE OF		ategory (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Contributions/Donations Made By	ittee			de of Texas. Complete Schedule T. officeholder living expense			
			Candidate/Officeholder/Political Comm	lillee	Tickets for Lu					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/13 Rpt: 24/32		nne (The Honoral	ole)				00019811		
4	Date 12/19/2024	Payee name Goff, Josep								
6	Amount (\$)	Payee addre		Stato:	Zip Co					
0	\$650.00 954 Foxboro Dallas, TX 75241									
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description										
OF       Event Expense         EXPENDITURE       Event Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	ffice souç	ht		Office he	eld	
	Date	Payee name								
	07/29/2024	Harris for P	resident							
	Amount (\$)	Payee addre	ss; City;	State;	Zip Co	le				
	\$1,000.00	P.O. Box 58 Philadelphi	3174 a , PA 19102							
	PURPOSE OF EXPENDITURE	Contributio	ee Categories listed at the ns/Donations Mac Officeholder/Politi	de By				ide of Texas. Com <sub>l</sub> , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	ffice souç	ht		Office he	ld	
	Date	Payee name								
	10/30/2024	Junior Blac								
	Amount (\$) \$1,000.00	Payee addre 650 S. Griff		State;	Zip Coo	le				
		Dallas, TX	75202							
	PURPOSE OF EXPENDITURE	Contributio	ee Categories listed at the ns/Donations Mac Officeholder/Politi	de By	,			ide of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	ffice souç	ht		Office he	ld	

			EXPENDITURE C	ATEGORIES	FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ee Legal Services The Instruction Guide	Offi Poll ense Prin Sala	ce Overh ing Expe nting Expe aries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/13 Rpt: 25/32	Da	vis, Yvonne (The Honorable	e)				00019811	
4	Date	<b>5</b> Pa	yee name						
	12/05/2024		adership Southwest						
6	Amount (\$)	<b>7</b> Pa	yee address; City;	State; Zij	o Cod	9			
	\$1,095.00		st Office Box 2421	· ·					
		Ce	dar Hill, TX 75106						
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Fe			, -	-	outsic	le of Texas. Com	nplete Schedule T.
	EXPENDITORE							officeholder living	
						Registration 1 Southwest	tee	for staff to a	attend Leadership
		Car	didata/Office helder no rec	0#:				Office la	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Οπις	e sougl	11		Office h	eia
	Date	Pa	yee name						
	10/16/2024	Mo	Shan Florist						
	Amount (\$)	Pa	yee address; City;	State; Zij	o Cod	9			
	\$78.16	10	311 Garland Road						
		Da	llas, TX 75218-0430						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the to t/Awards/Memorials Expens		) (1		, TX,	officeholder living	nplete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Office	e sougi	nt		Office h	eld
	Date	Pa	yee name						
	10/03/2024	Oa	k Cliff Chamber of Commer	се					
	Amount (\$)	Pa	yee address; City;	State; Zij	p Cod	9			
	\$25.00	40	0 South Zang Blvd						
		_							
		Da	llas, TX 75208						
	PURPOSE OF		egory (See Categories listed at the to	. ,	) (I	Description	out-!	la of Tours O	
	EXPENDITURE		ntributions/Donations Made ndidate/Officeholder/Politica		e		I, TX,	officeholder living	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	Office	e sougł	nt		Office h	eld

			EXPEN	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	e Expense emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)				
	Sch: 9/13 Rpt: 26/32		Davis, Yvonne (The H	lonorable)				00019811					
4	Date	5	Payee name										
	07/02/2024		Price, Lemuel (Mr.)										
6	Amount (\$)	7	Payee address; City	; State;	; Zip Coo	le							
	\$2,000.00		3016 50th Street										
			Dallas, TX 75216										
8	PURPOSE OF	(a)	Category (See Categories I		edule)	<b>b)</b> Description							
	EXPENDITURE		Salaries/Wages/Contr	act Labor				ide of Texas. Comp , officeholder living					
						Salary	.,,	,					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ime C	Office soug	ht		Office he	łd				
	Date		Payee name										
	09/03/2024		Price, Lemuel (Mr.)										
	Amount (\$)		Payee address; City	; State;	; Zip Coo	le							
	\$4,000.00		3016 50th Street										
			Dallas, TX 75216										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories I Salaries/Wages/Contr		edule)			ide of Texas. Com , officeholder living					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ime C	Dffice soug	ht		Office he	łd				
	Date		Payee name										
	10/30/2024		Price, Lemuel (Mr.)										
	Amount (\$)		Payee address; City	; State;	; Zip Coo	le							
	\$3,500.00		3016 50th Street										
	DUDDOSE		Dallas, TX 75216										
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categories I</sub> Salaries/Wages/Conti		edule)			ide of Texas. Comp , officeholder living					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ıme C	Office soug	ht		Office he	eld				

			EXPENDITURE CA	TEGORIE	ES FOR	BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expen mittee Legal Services The Instruction Guide e	Se F	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)							
	Sch: 10/13 Rpt: 27/32		Davis, Yvonne (The Honorable)					00019811								
4	Date	5	Payee name				<u> </u>									
	12/02/2024	I	Price, Lemuel (Mr.)													
6	Amount (\$)	7	Payee address; City;	State:	Zip Cod	e										
-	\$3,000.00		3016 50th Street	,												
	,															
			Dallas, TX 75216													
8	PURPOSE	<u> </u>														
0	OF		Category (See Categories listed at the top Salaries/Wages/Contract Labor	of this schedu	ule)	b) Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.							
	EXPENDITURE		Salaries Wages Contract Labor			Check if Austin	, TX	, officeholder living	, expense							
						Salary										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	nt		Office he	eld							
	Date		<sup>D</sup> ayee name													
	10/02/2024		Price, Lemuel (Mr.)													
	Amount (\$)		Payee address; City;	State;	Zip Cod	е										
	\$2,000.00	:	3016 50th Street													
			Dallas, TX 75216													
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedu	ule) (	b) Description										
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Com								
						Salary	I, TX,	, officeholder living	expense							
						Salary										
	Complete ONLY if direct		andidate/Officeholder name	Off	fice soug	at		Office he	ald							
	expenditure to benefit C/OF			- Chi	nee soug			Onice he								
	Data															
	Date 12/30/2024	I	Payee name Price, Lemuel (Mr.)													
				Ctata	Zin Cod											
	Amount (\$) \$1,000.00	I	Payee address; City; 3016 50th Street	State;	Zip Cod	е										
	Φ1,000.00	·	SOTO SOUL SUBEL													
			Dallas, TX 75216													
	PURPOSE OF		Category (See Categories listed at the top	of this schedu	ule) (	b) Description										
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Com , officeholder living								
						Salary	, IA,	, onicendiaer invirig	I expense							
						<b>,</b>										
-	Complete ONLY if direct	L C	andidate/Officeholder name	Off	fice soug	nt		Office he	eld							
	expenditure to benefit C/OF					-		2								
-																

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense tegal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/13 Rpt: 28/32		Davis, Yvonne (The Honorable)					00019811		
4	Date	5	Payee name							
	08/08/2024		Southwest Airlines							
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	ode					
-	\$175.00		Dallas Love Field							
			Dallas, TX 75220							
8	PURPOSE				(h)	Description				
0	OF	(a)	Category (See Categories listed at the top of this s Travel Out of District	chedule)	(0)	Description	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							officeholder living		
						Airline tickets	to	the CSG Sc	outh Conference	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office he	eld	
	Date		Payee name							
	12/19/2024		Spencer, Joyce (Ms.)							
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode					
	\$600.00		P.O. Box 1694							
			Rowlett, TX 75030							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Event Expense					de of Texas. Com officeholder living		
						Entertainmen		-	rexpense	
						Lintertainmen	11 07	лрепзе		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	laht			Office he	ald	
	expenditure to benefit C/OI			Office 300	igin			Office In		
_	Date	Г	Device nome							
	12/26/2024		Payee name Spivey, Claude (Mr.)							
			· · · · · ·		, al a					
	Amount (\$)			te; Zip Co	bae					
	\$1,500.00		5787 S. Hampton Rd.							
			Dallas, TX 75232							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Com		
						Salary	, IX,	officeholder living	expense	
						Culury				
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office sou	l Iapt			Office he	ald	
	expenditure to benefit C/OI				iyiit					
-										

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimbu Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense           Expense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           Travel Out of District         OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 12/13 Rpt: 29/32		Davis, Yvonne (The Honorable)				00019811	
4	Date	5	Payee name					
	12/19/2024		Spring Creek Barbeque					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$552.00		2827 West Wheatland Rd.	·				
			Dallas, TX 75237					
8	PURPOSE	(a)			(b) Description			
ľ	OF	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expense				, officeholder living expense	
					Refreshment	for	revent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	12/03/2024		Texas House Democratic Caucus					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$1,500.00 Post Office Box 12453							
			Austin, TX 78711					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense CUS DUES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	)ffice sou	ht		Office held	
	Date Payee name							
	12/19/2024 Wingstop							
	Amount (\$) Payee address; City; State; Zip Code							
	\$265.00		209 E Pleasant Run Rd					
			DeSoto, TX 75115	i				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expense			n, TX	, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	
⊢								

			EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Coi	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	nt e		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			3	Filer ID (Ethics Commission Filers)
	Sch: 13/13 Rpt: 30/32		Davis, Yvonne (The Honorable)			00019811
4	Date	5	Payee name			
	12/09/2024		Zoom US			
6	Amount (\$)	7	Payee address; City; State; Zip Code			
	\$170.46		55 Almaden Blvd, 6th Floor			
			San Jose, CA 95113			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description			
Ŭ	OF	(u)		velo	nutsi	de of Texas. Complete Schedule T.
	EXPENDITURE					officeholder living expense
			Annual me			
			, undarne			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought			Office held
	expenditure to benefit C/Or	1				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instrue	pages Schedule K: 1/1 Rpt: 31/32							
2	FILER NAME			3	Filer II	D (Ethics Commission Filers)			
	Davis, Yvonr	ne (	(The Honorable)	00019	0019811				
4	Date	5	Name of person from whom amount is received			8 Amount (\$)			
	08/01/2024		CSG South			\$550.00			
			Address of person from whom amount is received; City; State; Zip Code						
			Decatur, GA 30033						
		7				tribution returned to filer			
			Refund registration for the CSG South Conference. Reservation was cance	elleo	1.				

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

SCHEDULE T

The Inst	ruction C	Guide explains how to complet	e this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 32/32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Davis, Yvonne (	The Hono	able)		00019811
4 Name of Contribut	or / Corpor	ation or Labor Organization / Pledgor /Pa	iyee	•
Southwest Airlin	es			
5 Contribution / Expe	enditure rep	ported on:		
Schedule A2		Schedule B Schedule B(J)	Schedule C2	Schedule D X Schedule F1
Schedule F2		Schedule F4	Schedule H	Schedule COH-UC
6 Dates of Travel		of person(s) traveling		
		Yvonne (The Honorable)		
		ure city or name of departure location		
07/20/2024	Dallas	, Texas		
	9 Destina	ation city or name of destination location		
07/20/2024	Green	brier, West Virginia		
10 Means of transpor	tation	11 Purpose of travel (including name of	f conference, seminar, or	other event)
Commercial Airp	olane	To attend the CSG South Confe	rence	
1				