CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Comm 00085754 | | 2 Total pages filed: 52 |
|--------------------------------------------|-------------------------------------------------|----------------------------------|----------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST | | MI | OFFICE USE ONLY |
| NAME | The Honorable | Caroline | | | Date Received ELECTRONICALLY FILED |
| | NICKNAME | LAST Harris Davila | | SUFFIX | 07/15/2025 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT P. O. Box 700 | / SUITE #; CIT | Y; | ZIP CODE | Date Hand-delivered or Date Postmarked Receipt # Amount |
| Change of Address | Round Rock, TX 78680 | | | | |
| | Tround rook, 12 7000 | | | | Date Processed |
| | | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Amberly | | MI | |
| | NICKNAME | LAST Ward | | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO 1201 Winding Way | BOX PLEASE); | AP | T / SUITE #; CIT | Y; STATE; ZIP CODE |
| (Residence or Business) | Georgetown, TX 78628 | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHON (979) 219-3729 | IE NUMBER E | XTENSION | | |
| 8 REPORT TYPE | January 15 X July 15 | 30th day before 8th day before 6 | | Runoff Exceeded modified reporting limit | 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) |
| 9 PERIOD COVERED | Month Day Year 01/01/2025 | ТН | ROUGH | Month Day 06/30/20 | |
| 10 ELECTION | ELECTION DATE Month Day Year | | rimary eneral | ELECTION TYPE Runoff Special | Other |
| 11 OFFICE | OFFICE HELD (if any) State Representative Distr | rict 52 | | 12 OFFICE SOUGH | IT (if known) |
| | | GO T | O PAGE 2 | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 52

| 13 C / OH NAME | Harris Davila, Carolin | e (The Honorable) | | 14 Filer ID 00085754 | (Ethics Con | nmission Filers) |
|------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------|--------------|------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted These expenditures may have I officeholders are required to | e been made without t | he candidate's or offic | eholder's kr | nowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN TF | REASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TF | REASURER ADDRES | SS | | |
| | | | | | • | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTES OF LOANS, OR CONTRIB | | | \$ | 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUAR | RANTEES OF LOANS |) | \$ | 15,117.94 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITU | JRES | | \$ | 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | | \$ | 55,350.41 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTA RIOD | AINED AS OF THE LA | AST DAY OF THE | \$ | 226,070.98 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTST TING PERIOD | ANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | | |
| | | true and c | | of perjury, that the ac I information required | | |
| | | | The Honorab | le Caroline Harris D | Davila | |
| | | | Signature of | Candidate or Officeho | older | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | | |
| Sworn to and subso | cribed before me, by the s | aid | | , this the | | day |
| | | ertify which, witness my hand a | | | | |
| | | | | | | |
| Signature of office | cer administering | Printed name of officer a | administering | Title of office | er administe | ring oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | 3 of 52 |
|-------------|--------------------------------------------------------------------------------|-------------|-----------|--------------------|
| 18 FILER I | IAME | 19 Filer ID | (Ethics | Commission Filers) |
| Harris | Davila, Caroline (The Honorable) | | | |
| | ULE SUBTOTALS DF SCHEDULE | | SL | JBTOTAL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 14,951.27 |
| 2. <u>X</u> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 166.67 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE E: LOANS | \$ | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 55,196.59 | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 8. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 153.82 |
| 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 | DNS | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | |
| | | | | |

| | MONET | ARY POLITICAL CO | | SCHEDULE A1 | | | |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------|------------------------------------|------------------------------------------------|--------------------------------------|------------|
| | The Instru | ction Guide explains how to | n. | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/52 | | |
| 2 | FILER NAME Harris Davila | ı, Caroline (The Honorable) | | | 3 | Filer ID (Ethics Commission 00085754 | on Filers) |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) American Pharmacies Texas PAC 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$1,000.00 | | |
| _ | Deinsinal | Corpus Christi, TX 78401 | la la | Farabasa (Ossabastas tisas | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Date 06/25/2025 | Full name of contributor J. Ancira Strategies Contributor address; City; State; | out-of-state PAC (ID#:; Zip Code |) | | Amount of Contribution (\$) | \$400.00 |
| | | Taylor, TX 76574 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 06/30/2025 | Full name of contributor Jones, Neal Thomas Contributor address; City; State; | out-of-state PAC (ID#:; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78735 | | | | | |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions HillCo |) | | |
| Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$1,041.02 | | |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions LLK LLC |) | | |
| | Date O6/25/2025 Full name of contributor out-of-state PAC (ID#:) Mike Toomey and Associates Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | ' | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDU | LE A1 |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------|-----------------------------|------------------------------------|------------|
| | The Instru | ction Guide explains how | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 5/52 | | | |
| 2 | FILER NAME Harris Davila | a, Caroline (The Honorable) | | | 3 | Filer ID (Ethics Commissi 00085754 | on Filers) |
| 4 | Date 06/23/2025 | 5 Full name of contributor out-of-state PAC (ID#:) Moak Casey PAC 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$250.00 |
| | | Austin, TX 78701 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | s) | 9 Employer (See Instru | ictions) | | |
| | Date 06/28/2025 | Full name of contributor Morford, Jerry Contributor address; City; St | | | _) | Amount of Contribution (\$) | \$52.05 |
| | Principal occu | Round Rock, TX 78665 pation / Job title (See Instructions | s) | Employer (See Instru | ıctions) | | |
| | Engineer | | , | Baer Engineering | , | | |
| | Date 06/30/2025 | Full name of contributor Schiff, Steven Contributor address; City; Si | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$52.05 |
| | | Liberty Hill, TX 78642 | | | | | |
| | Principal occu Sales and M | pation / Job title (See Instructions arketing | s) | Employer (See Instru Self Employed | ictions) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$156.15 | |
| | Principal occu Consultant | pation / Job title (See Instructions | s) | Employer (See Instru Bruce Scott Consu | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$5,000.00 | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instru | ıctions) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | LE A1 |
|---|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------|------------------------------------------------|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/3 Rpt: 6/52 | |
| 2 | FILER NAME Harris Davila | a, Caroline (The Honorable) | | 3 | Filer ID (Ethics Commiss 00085754 | ion Filers) |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) Weekley, Richard 6 Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$2,000.00 |
| 8 | Principal occu | Houston, TX 77027 upation / Job title (See Instructions) | Employer (See Instructions Texans for Lawsuit Refo | | 1 | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#:_ White, David Contributor address; City; State; Zip Code Austin, TX 78746 |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions Public Blueprint | 5) | | |
| | Date 06/25/2025 | Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78701 Ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | |
| | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/52 3 Filer ID (Ethics Commission Filers) FILER NAME Harris Davila, Caroline (The Honorable) 00085754 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/30/2025 Texans for Lawsuit Reform PAC \$83.33 I Campaign fundraiser. 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/25/2025 **Texas Realtors PAC** \$83.34 | Advertising for campaign Contributor address; City; State; Zip Code fundraiser. Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Legal Services | S | | ages | /Contract Labor | | OTHER (enter | a category not listed | above) |
|---|-----------------------------------------------------|----------|----------------------|---------------------------|------------------------|----------|------|---------------------------------|-------|--------------------|-----------------------|---------------|
| | | | | The Instruction G | uide explains hov | w to con | nple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commi | ssion Filers) |
| | Sch: 1/42 Rpt: 8/52 | | Harris Davil | a, Caroline (The | e Honorable) | | | | | 00085754 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 01/02/2025 | | Bank of Am | nerica | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Z | Zip Coc | de | | | | | |
| | \$16.00 | | 100 North T | ryon Street | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Charlotte, N | IC 28255 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at t | he top of this schedul | ıle) | (b) | Description | | | | |
| | OF EXPENDITURE | | Fees | Ü | • | | | Check if travel | outsi | de of Texas. Cor | mplete Schedule T. | |
| | EXPENDITORE | | | | | | | ш. | , TX, | officeholder livin | ig expense | |
| | | | | | | | | Account fee. | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | Offic | ce soug | jht | | | Office h | ield | |
| | experiditure to beriefit C/O | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/03/2025 | | Bank of Am | nerica | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Z | Zip Coc | le | | | | | |
| | \$16.00 | | 100 North T | ryon Street | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Charlotte, N | IC 28255 | | | | | | | | |
| | PURPOSE | (2) | | | | | (h) | Description | | | | |
| | OF | (a) | Fees | ee Categories listed at t | he top of this schedul | ile) | (D) | Description Check if travel of | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | rees | | | | | = | | officeholder livin | | |
| | | | | | | | | Account fee. | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | Offic | ce soug | jht | | | Office h | ield | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/03/2025 | | Bank of Am | nerica | | | | | | | | |
| | Amount (\$) | \vdash | Payee addres | ss; City; | State; Z | Zip Cod | de | | | | | |
| | \$16.00 | | 100 North T | • | | • | | | | | | |
| | | | | , | | | | | | | | |
| | | | Charlotte, N | IC 28255 | | | | | | | | |
| | PURPOSE | (0) | | | | 1, | (h) | Description | | | | |
| | OF | (a) | Category (Se Fees | ee Categories listed at t | he top of this schedul | ile) | (D) | Description Check if travel of | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | rees | | | | | 므 | | officeholder livin | | |
| | | | | | | | | Account fee. | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | Offic | ce soug | jht | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| l | | | | | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to co | ompl | ete this form. |
|---|-----------------------------------------------------|------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/42 Rpt: 9/52 | Harris Davila, Caroline (The Honorable) | | 00085754 |
| 4 | Date | 5 Payee name | | |
| | 04/01/2025 | Bank of America | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| | \$16.00 | 100 North Tryon Street | | |
| | | | | |
| | | Charlotte, NC 28255 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Account fee. |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office so | labt | Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | ugnt | Office field |
| | Data | | | |
| | Date | Payle of America | | |
| | 05/01/2025 | Bank of America | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$16.00 | 100 North Tryon Street | | |
| | | | | |
| | | Charlotte, NC 28255 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Account fee. |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ught | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 06/02/2025 | Bank of America | | |
| | Amount (\$) | Payee address; City; State; Zip Ci | ode | |
| | \$16.00 | 100 North Tryon Street | | |
| | | • | | |
| | | Charlotte, NC 28255 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF | Fees | (~) | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense |
| | | | | Account fee. |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ught | Office held |
| | experience to benefit 6/01 | , | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total names Schodule F1: | |
| _ | Total pages Schedule F1: Sch: 3/42 Rpt: 10/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 01/06/2025 | Bank of America |
| 6 | Amount (\$) \$1.71 | 7 Payee address; City; State; Zip Code 100 North Tryon Street Charlotte, NC 28255 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense Banking fee. |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/03/2025 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$29.00 | 100 North Tryon Street |
| | | |
| | | Charlotte, NC 28255 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Banking fee. |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/06/2025 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2.80 | 100 North Tryon Street |
| | | Charlotte, NC 28255 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Banking fee. |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Consuling 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: 4/42 Rpt: 11/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date 03/05/2025 | 5 Payee name Bank of America |
| 6 | Amount (\$) \$29.00 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking fee. |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/06/2025 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4.77 | 100 North Tryon Street |
| | • | Charlotte, NC 28255 |
| | PURPOSE | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. 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 |
| | Date | Payee name |
| | 04/02/2025 | Bank of America |
| | Amount (\$) \$29.00 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking fee. |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/42 Rpt: 12/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 04/04/2025 | Bank of America |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$6.11 | 100 North Tryon Street |
| | | |
| | | Charlotte, NC 28255 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Banking fee. |
| | | Danking icc. |
| | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| L | | |
| | Date | Payee name |
| | 05/05/2025 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$29.00 | 100 North Tryon Street |
| | | |
| | | Charlotte, NC 28255 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Banking fee. |
| | | Bulliang lee. |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| L | | |
| | Date | Payee name |
| | 05/06/2025 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$6.62 | 100 North Tryon Street |
| | | |
| | | Charlotte, NC 28255 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Banking fee. |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | experience to beliefit 6/01 | • |
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| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/42 Rpt: 13/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 06/02/2025 | Bank of America |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$29.00 | 100 North Tryon Street |
| | | |
| | | Charlotte, NC 28255 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Banking fee. |
| | | Burking rec. |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | |
| | Date | Payee name |
| | 06/06/2025 | Bank of America |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$7.72 | 100 North Tryon Street |
| | | |
| | | Charlotte, NC 28255 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Banking fee. |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 01/21/2025 | Adobe |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.46 | 345 Park Ave |
| | | |
| | | San Jose, CA 95110 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Software for campaign |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experialitate to beliefft C/OI | <u> </u> |
| | | |
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| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1 Total pages Schedule F1: | | | | | |
| 1 Total pages Schedule F1: Sch: 7/42 Rpt: 14/52 | 2 FILER NAME Harris Davila, Caroline (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085754 | | | | |
| 4 Date | 5 Payee name | | | | |
| 02/19/2025 | Adobe | | | | |
| 6 Amount (\$) \$32.46 | 7 Payee address; City; State; Zip Code 345 Park Ave | | | | |
| | San Jose, CA 95110 | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software for campaign | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 03/19/2025 | Adobe | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$32.46 | 345 Park Ave | | | | |
| DUDDOG - | San Jose, CA 95110 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Software for campaign | | | | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 05/19/2025 | Adobe | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$32.46 | 345 Park Ave | | | | |
| | San Jose, CA 95110 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | Software for campaign | | | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/42 Rpt: 15/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 04/22/2025 | Adobe |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.46 | 345 Park Ave |
| | | |
| | | San Jose, CA 95110 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Software for campaign |
| | | Software for earnpaign |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| | Data | |
| | Date | Payee name |
| | 02/25/2025 | Aloft Austin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$11.64 | 109 E 7th St |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Parking during campaign travel |
| | Commiste ONLY if divest | Condidate Office held |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 01/02/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$14.06 | 410 Terry Ave |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for political office |
| | | Supplies for political office |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/42 Rpt: 16/52 Harris Davila, Caroline (The Honorable) 00085754 4 Date Payee name 01/03/2025 Amazon.com 6 Amount (\$) Payee address; City; State; Zip Code \$29.87 410 Terry Ave Seattle, WA 98109 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/08/2025 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$31.38 410 Terry Ave Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2025 Amazon.com Amount (\$) Payee address; City: State; Zip Code \$36.78 410 Terry Ave Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 10/42 Rpt: 17/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 01/21/2025 | Amazon.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$28.78 | 410 Terry Ave |
| | | |
| | | Seattle, WA 98109 |
| 8 | PURPOSE | |
| ľ | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | experioritire to belief C/Or | |
| | Date | Payee name |
| | 01/23/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$57.25 | 410 Terry Ave |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | 0 1: 0 1: 0 | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 01/23/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$78.48 | 410 Terry Ave |
| | | |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | Seattle, WA 98109 (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office Candidate/Officeholder name Office sought Office held |
| | OF EXPENDITURE Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office Candidate/Officeholder name Office sought Office held |
| | OF EXPENDITURE Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for political office Candidate/Officeholder name Office sought Office held |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | |
|---|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 11/42 Rpt: 18/52 | Harris Davila, Caroline (The Honorable) 00085754 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| l | 01/24/2025 | Amazon.com | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$79.99 | 410 Terry Ave | | | | | | |
| l | | | | | | | | |
| l | | Seattle, WA 98109 | | | | | | |
| 8 | PURPOSE | | | | | | | |
| ľ | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | |
| l | | Supplies for political office | | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | |
| L | experientare to benefit Grot | | | | | | | |
| l | Date | Payee name | | | | | | |
| l | 01/31/2025 | Amazon.com | | | | | | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| l | \$16.23 | 410 Terry Ave | | | | | | |
| l | | | | | | | | |
| l | | Seattle, WA 98109 | | | | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| l | OF EXPENDITURE | Office Overhead/Rental Expense | | | | | | |
| l | LXI LINDITORE | Check if Austin, TX, officeholder living expense Supplies for political office | | | | | | |
| | | Supplies for political office | | | | | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | | | | | | |
| ⊨ | Date | Paragraphic Paragr | | | | | | |
| l | 02/03/2025 | Payee name Amazon.com | | | | | | |
| ┡ | | | | | | | | |
| l | Amount (\$) \$74.54 | Payee address; City; State; Zip Code | | | | | | |
| l | \$74.54 | 410 Terry Ave | | | | | | |
| l | | 0 | | | | | | |
| L | | Seattle, WA 98109 | | | | | | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| l | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| l | | Supplies for political office | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete | e this form. |
|---|-----------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 12/42 Rpt: 19/52 | Harris Davila, Caroline (The Honorable) | 00085754 |
| 4 | Date | 5 Payee name | ' |
| | 02/12/2025 | Amazon.com | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$22.25 | 410 Terry Ave | |
| | | | |
| | | Seattle, WA 98109 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) D | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | LAFLINDITORL | | Check if Austin, TX, officeholder living expense |
| | | 5 | Supplies for political office |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office cought | Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 02/12/2025 | Amazon.com | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$39.50 | 410 Terry Ave | |
| | | | |
| | | Seattle, WA 98109 | |
| | PURPOSE OF | | Description |
| | EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | L S | Supplies for political office |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 4 | |
| | Date | Payee name | |
| | 02/13/2025 | Amazon.com | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$51.45 | 410 Terry Ave | |
| | | | |
| | | Seattle, WA 98109 | |
| | PURPOSE | | Description |
| | OF | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | S | Supplies for political office |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 13/42 Rpt: 20/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 03/14/2025 | Amazon.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$120.99 | 410 Terry Ave |
| | | |
| | | Seattle, WA 98109 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for political office |
| | | Supplies for political office |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 03/14/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$47.60 | |
| | φ41.00 | 410 Terry Ave |
| | | Coordo MA 00100 |
| | | Seattle, WA 98109 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/17/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$131.01 | 410 Terry Ave |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | Commission ONU Wife allows | Condidate/Officeholder name |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 14/42 Rpt: 21/52 | Harris Davila, Caroline (The Honorable) 00085754 | | | | |
| 4 | Date | 5 Payee name | | | | |
| L | 05/19/2025 | Amazon.com | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$410.27 | 410 Terry Ave | | | | |
| | | | | | | |
| | | Seattle, WA 98109 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Supplies for political office | | | | |
| | | Supplies for political office | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | | | | | |
| F | Date | Payee name | | | | |
| | 03/26/2025 | American Legislative Exchange Council | | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$200.00 | 2733 Crystal Dr #1000 | | | | |
| | | | | | | |
| | | Arlington, VA 22202 | | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule 1 | | | | | | |
| | | Check if Austin, TX, officeholder living expense Membership dues | | | | |
| | | Welliselsing ddes | | | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | | | | | |
| F | Date | Payee name | | | | |
| | 01/08/2025 | At Home #32 | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$250.07 | 5151 US 290 | | | | |
| | | | | | | |
| | | Austin, TX 78735 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | |
| | | Supplies for political office | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | | | | |
| \vdash | | | | | | |
| | | | | | | |
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | | |
|----------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 15/42 Rpt: 22/52 | Harris Davila, Caroline (The Honorable) 00085754 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 03/24/2025 | Capitol Gift Shop | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$48.00 | 1400 Congress | | | | | | |
| | | | | | | | | |
| | | Austin, TX 78701 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Supplies for political office | | | | | | |
| | | Cappines for pointed office | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| F | Date | Payee name | | | | | | |
| | 06/11/2025 | Capitol Gift Shop | | | | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$844.05 | 1400 Congress | | | | | | |
| | | | | | | | | |
| | | Austin, TX 78701 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | gifts for constituents and staff | | | | | | |
| | | g | | | | | | |
| ┝ | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
| F | Date | Payee name | | | | | | |
| | 01/16/2025 | Capitol Grill | | | | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$6.41 | 1400 Congress | | | | | | |
| | | | | | | | | |
| | | Austin, TX 78701 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | | | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | | | | | | |
| | | Meal with staff | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | | | | | | |
| \vdash | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 16/42 Rpt: 23/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 01/17/2025 | Capitol Grill |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$46.39 | 1400 Congress |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Meal with staff |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 01/28/2025 | Capitol Grill |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$21.16 | 1400 Congress |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Meal with staff |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 01/29/2025 | Capitol Grill |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.45 | 1400 Congress |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Meal with staff |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 17/42 Rpt: 24/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 02/11/2025 | Capitol Grill |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$14.53 | 1400 Congress |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Meal with staff |
| | | Wedi With Stall |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 05/09/2025 | Chadwick, Caroline |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,500.00 | PO Box 712 |
| | Ψ1,000.00 | 10 200712 |
| | | Center, TX 75935 |
| Н | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Ethics reporting |
| L | 0 1: 01:14 7 7 7 | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| ┡ | | |
| | Date | Payee name |
| | 06/11/2025 | Chambers, Katherine |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,500.00 | 317 Family Circle |
| | | |
| | | Hutto, TX 78634 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Campaign work |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

| | Credit Card F dyment | The Instruction Guide explains how to complete | e this form. |
|---|-----------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 18/42 Rpt: 25/52 | Harris Davila, Caroline (The Honorable) | 00085754 |
| 4 | Date | 5 Payee name | • |
| | 01/09/2025 | Chick-Fil-A | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$58.57 | 503 Martin Luther King Blvd | |
| | | | |
| | | Austin, TX 78701 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) D | Description |
| | OF | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | N | Meal with staff |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | · | |
| | Date | Payee name | |
| | 01/15/2025 | Chick-Fil-A | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$227.33 | 503 Martin Luther King Blvd | |
| | | | |
| | | Austin, TX 78701 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) D | Description |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | IV. | Meal for political meeting |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | • | Office field |
| | | | |
| | Date | Payee name | |
| | 05/27/2025 | Dish Society | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$198.10 | 1900 Aldrich | |
| | | | |
| | | Austin, TX 78723 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) D | Description |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | | ☐ Check if Austin, TX, officeholder living expense Meal with staff |
| | | | vicai witii stali |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office hold |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | • | | |
| | | | |
| | | | |

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee L | Gift/Awards/Memorials egal Services The Instruction G | · | | /ages | /Contract Labor | | Travel Out of Di OTHER (enter a | strict a category not liste | d above) |
|---|--------------------------------------------------------------------------------------------|-----|-----------------|-------------------------------------------------------------|---------------------|------------------|-------|------------------|-----|----------------------------------------|--------------------------------|-----------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Comn | nission Filers) |
| | Sch: 19/42 Rpt: 26/52 | | | , Caroline (Th | e Honorable | e) | | | | 00085754 | , | , |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/27/2025 | | Doordash | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address | s; City; | State | ; Zip Co | de | | | | | |
| | \$282.68 | | 303 N 2nd | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Francisc | co, CA 94107 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See | Categories listed at | the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bevera | | | | | = | | | nplete Schedule T. | |
| | EXI ENDITORE | | | | | | | ш. | | officeholder livin | g expense | |
| | | | | | | | | Meal with sta | n. | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Offic | eholder name | C | Office sou | ght | | | Office h | eld | |
| L | CAPCHURATE TO DEFICIT C/OF | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 06/17/2025 | | Doordash | | | | | | | | | |
| | Amount (\$) | | Payee address | s; City; | State: | ; Zip Co | de | | | | | |
| | \$9.99 | | 303 N 2nd | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Francisc | co, CA 94107 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See | Categories listed at | the top of this sch | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | Food/Bevera | ge Expense | | | | ш | | de of Texas. Con officeholder livin | nplete Schedule T. | |
| | | | | | | | | Meal during p | | | | |
| | | | | | | | | oa. aaiiig p | | | , | |
| - | Complete ONLY if direct | | Candidate/Offic | eholder name | (| Office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | | | | | oo oou | J. 10 | | | 200 11 | | |
| H | Date | | Payee name | | | | | | | | | |
| | 06/03/2025 | | Doordash | | | | | | | | | |
| - | Amount (\$) | - | Payee address | s; City; | Stato | ; Zip Co | de | | | | | |
| | \$92.18 | | 303 N 2nd | o, City, | Siale, | , <u>z</u> ip C0 | uC | | | | | |
| | Φ32.10 | | JUJ IN ZIIU | | | | | | | | | |
| | | | San Franciso | co, CA 94107 | | | | | | | | |
| | PURPOSE | (a) | Category (See | Categories listed at | the top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bevera | ge Expense | | | | | | | nplete Schedule T. | |
| | | | | | | | | Meal with sta | | officeholder livin | g expense | |
| | | | | | | | | ivicai Willi Slā | .11 | | | |
| | Complete ONLY if direct | Ļ | Candidata/Offic | oholder neme | | Office com | abt | | | Office b | ald | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | enoluer name | (| Office sou | ynt | | | Office h | eiū | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|-----------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 20/42 Rpt: 27/52 | Harris Davila, Caroline (The Honorable) | 00085754 |
| 4 | Date | 5 Payee name | |
| | 01/22/2025 | EZ Texting | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$26.65 | 548 Market St | |
| | | | |
| | | San Francisco, CA 94104 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Onice Overnead/Nertial Expense | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense |
| | | I — I — | exting service |
| | | | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | Н | |
| Г | Date | Payee name | |
| | 02/24/2025 | EZ Texting | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$26.65 | 548 Market St | |
| | | | |
| | | San Francisco, CA 94104 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Onice Overnead/Nertial Expense | el outside of Texas. Complete Schedule T. |
| | | l | tin, TX, officeholder living expense exting service |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | Н | |
| | Date | Payee name | |
| | 03/24/2025 | EZ Texting | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$31.98 | 548 Market St | |
| | | | |
| | | San Francisco, CA 94104 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Nerital Expense L | el outside of Texas. Complete Schedule T. |
| | | | tin, TX, officeholder living expense exting service |
| | | Janipaigh C | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| | | | |
| | | | |
| ı | | | |

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services Salaries/Wa | ages/Contract Labor OTHER (enter a category not listed above) |
|-------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------|
| | The Instruction Guide explains how to con | iplete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 21/42 Rpt: 28/52 | Harris Davila, Caroline (The Honorable) | 00085754 |
| 4 Date | 5 Payee name | <u>'</u> |
| 05/22/2025 | EZ Texting | |
| 6 Amount (\$) | 3 | lo. |
| 6 Amount (\$) | | le e |
| \$31.98 | 548 Market St | |
| | | |
| | San Francisco, CA 94104 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | Campaign texting service |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office soug | ht Office held |
| expenditure to benefit C/O | | |
| Date | | |
| | Payee name | |
| 04/22/2025 | EZ Texting | |
| Amount (\$) | Payee address; City; State; Zip Coo | le |
| \$31.98 | 548 Market St | |
| | | |
| | San Francisco, CA 94104 | |
| PURPOSE | | (b) Description |
| OF | , , , | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Office Overhead/Rental Expense | Check if Austin, TX, officeholder living expense |
| | | Campaign texting service |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sour | ht Office held |
| expenditure to benefit C/O | • | |
| | 1 | |
| Date | Payee name | |
| 06/23/2025 | EZ Texting | |
| Amount (\$) | Payee address; City; State; Zip Coo | le |
| \$31.98 | 548 Market St | |
| | | |
| | San Francisco, CA 94104 | |
| DUDDOCE | | (h) Description |
| PURPOSE OF | | (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Office Overhead/Rental Expense | Check if Austin, TX, officeholder living expense |
| | | Campaign texting service |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office soug | ht Office held |
| Complete ONLY if direct expenditure to benefit C/O | | Office field |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 22/42 Rpt: 29/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 01/13/2025 | Gomez, Melva |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,000.00 | 1616 west 6th street |
| | | |
| | | Austin, TX 78703 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign work |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| _ | Data | |
| | Date 05/05/2025 | Payee name HEB #108 |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$197.26 | 20935 US 281 |
| | | |
| | | San Antonio, TX 78258 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 05/14/2025 | HEB #108 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$183.81 | 20935 US 281 |
| | | |
| | | San Antonio, TX 78258 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 23/42 Rpt: 30/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 01/13/2025 | HEB #781 |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.48 | 1010 W University Ave |
| | | |
| | | Georgetown, TX 78628 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for political office |
| | | Supplies for political office |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 03/27/2025 | HEB Online |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$119.96 | 646 S. Flores St |
| | | |
| | | San Antonio, TX 78204 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for political office |
| | | Supplies for political office |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 04/08/2025 | Payee name HEB Online |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$122.67 | 646 S. Flores St |
| | | |
| | | San Antonio, TX 78204 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | | Сарриос 10. ролиос. С. |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

/Reimbursement Solicitation/Fundraising Expense
Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 24/42 Rpt: 31/52 | Harris Davila, Caroline (The Honorable) 00085754 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 04/22/2025 | HEB Online | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$61.12 | 646 S. Flores St | | | | |
| | | | | | | |
| | | San Antonio, TX 78204 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | | |
| | EX. ENDITORE | Check if Austin, TX, officeholder living expense | | | | |
| | | Supplies for political office | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| 9 | expenditure to benefit C/Ol | | | | | |
| | Date | David and the second se | | | | |
| | 06/02/2025 | Payee name Hill Country Springs | | | | |
| | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$248.27 | 10019 S I-35 Frontage Rd | | | | |
| | | A (1) TV 70747 | | | | |
| | | Austin, TX 78747 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel published at Taylor Camplete Schedule T | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Supplies for political office | | | | |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | 1 | | | | |
| | Date | Payee name | | | | |
| | 01/08/2025 | Homegoods #503 | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$203.42 | 5400 Brodie Ln | | | | |
| | | | | | | |
| | | Austin, TX 78745 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | |
| | | Supplies for political office | | | | |
| | Complete ONLY if direct | Condidate/Officeholder name Office country | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | |
| | | | | | | |
| | | | | | | |
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | OTHER (enter a | category not listed above) | | | |
|----------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|------|----------------|----------------------------|--------------------------------------------|--------------------------------|---------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | ΙΕ | | | | 3 | Filer ID | (Ethics Commission F | Filers) |
| | Sch: 25/42 Rpt: 32/52 | Harris Dav | rila, Caroline (The H | onorable) | | | | 00085754 | | |
| 4 | Date | 5 Payee nam | e | | | | | | | |
| | 01/03/2025 | JC & KTG | Consulting | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zip C | ode | | | | | |
| | \$2,000.00 | 10601 Cla | rence Dr | | | | | | | |
| | | | | | | | | | | |
| | | Frisco, TX | 75033 | | | | | | | |
| 8 | PURPOSE OF | | See Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Consulting | Expense | | | | | ide of Texas. Com , officeholder living | plete Schedule T. a expense | |
| | | | | | | Consulting fe | | | , . , | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office so | ught | | | Office he | eld | |
| F | Date | Payee nam | e | | | | | | | |
| | 01/03/2025 | JC & KTG | Consulting | | | | | | | |
| H | Amount (\$) | Payee addr | ess; City; | State; Zip C | ode | | | | | |
| | \$1,000.00 | 10601 Cla | rence Dr | | | | | | | |
| | | | | | | | | | | |
| | | Frisco, TX | 75033 | | • | | | | | |
| | PURPOSE OF | | See Categories listed at the to | op of this schedule) | (b) | Description | | :d4 T O | olete Celesdole T | |
| | EXPENDITURE | Consulting | Expense | | | | | de of Texas. Com , officeholder living | plete Schedule T. g expense | |
| | | | | | | Consulting fe | es | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office so | ught | | | Office he | eld | |
| F | Date | Payee nam | e | | | | | | | |
| | 01/21/2025 | l [*] | Consulting | | | | | | | |
| H | Amount (\$) | Payee addr | ess; City; | State; Zip C | ode | | | | | |
| | \$5,318.49 | 10601 Cla | | , , | | | | | | |
| | | | | | | | | | | |
| | | Frisco, TX | 75033 | | | | | | | |
| | PURPOSE OF | | See Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Consulting | Expense | | | | | ide of Texas. Com , officeholder living | plete Schedule T. | |
| | | | | | | Consulting fe | | , omeendaer nving | у схрензе | |
| | | | | | | 5 - | | | | |
| Н | Complete ONLY if direct | Candidate/O | ficeholder name | Office so | ught | | | Office he | eld | |
| 1 | expenditure to benefit C/OI | | | | | | | | | |
| H | | | | | | | | | | |
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| | | | | | | | | | | |

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services | | | | category not listed above) | | | |
|-------------|----------------------------------------------------------------|---------------------|------------------------------|-------------------------|------------------|----------------|----------------------------|-----------------------------------------|----------------------------|--------|
| | | | The Instruction Gui | de explains how to co | mpl | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAM | IE | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 26/42 Rpt: 33/52 | Harris Dav | rila, Caroline (The | Honorable) | | | | 00085754 | | |
| 4 | Date | 5 Payee nam | e | | | | | | | |
| | 02/18/2025 | | Consulting | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zip Co | ode | | | | | \neg |
| | \$4,000.00 | 317 Famil | | | | | | | | |
| | , , | | , | | | | | | | |
| | | Hutto, TX | 70624 | | | | | | | |
| Ļ | | | | | | | | | | |
| 8 | PURPOSE OF | | See Categories listed at the | e top of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Consulting | j Expense | | | | | de of Texas. Com officeholder living | | |
| | | | | | | Consulting fe | | onicendidei nving | у схрепас | |
| | | | | | | Concaring to | 00 | | | |
| 9 | Complete ONLY if direct | Candidata/O | fficeholder name | Office sou | ıabt | | | Office he | 7ld | _ |
| 9 | expenditure to benefit C/O | | inceriolaer name | Office sou | ıgııı | | | Office In | eiu | |
| _ | | | | | | | | | | _ |
| | Date | Payee nam | | | | | | | | |
| | 03/24/2025 | JC & KTG | Consulting | | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip Co | ode | | | | | |
| | \$4,000.00 | 317 Family | y Circle | | | | | | | |
| | | | | | | | | | | |
| | | Hutto, TX | 78634 | | | | | | | |
| | PURPOSE | | | | (h) | Description | | | | _ |
| | OF | | See Categories listed at the | e top of this schedule) | (6) | _ · | outsi | de of Texas. Com | plete Schedule T. | |
| EXPENDITURE | | Consulting | i Expense | | | = | | officeholder living | | |
| | | | | | | Consulting fe | es | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/O | fficeholder name | Office sou | <u>ı</u> ıght | | | Office he | eld | \neg |
| | expenditure to benefit C/O | 4 | | | | | | | | |
| H | Date | Payee nam | | | | | | | | _ |
| | 06/11/2025 | 1 | Consulting | | | | | | | |
| | | | | 0: : 7: 0 | | | | | | |
| | Amount (\$) | Payee addr | | State; Zip Co | ode | | | | | |
| | \$4,000.00 | 10601 Cla | rence Dr | | | | | | | |
| | | | | | | | | | | |
| | | Frisco, TX | 75033 | | | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the | e top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Consulting | j Expense | | | ш | | de of Texas. Com | • | |
| | 2/11/2/10/12 | | | | | ш | | officeholder living | g expense | |
| | | | | | | Consulting fe | es | | | |
| | | | | | L | | | | | _ |
| | Complete ONLY if direct expenditure to benefit C/OI | | fficeholder name | Office sou | ıght | | | Office he | eld | |
| L | CAPETIUILUIE IU DEHEIII C/OI | 1 | | | | | | | | |
| | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. | | | | | |
|---|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 27/42 Rpt: 34/52 | Harris Davila, Caroline (The Honorable) 00085754 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 06/11/2025 | JC & KTG Consulting | | | | | |
| 6 | Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code 10601 Clarence Dr | | | | | |
| | | Frisco, TX 75033 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting fees | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 06/11/2025 | JC & KTG Consulting | | | | | |
| | Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 10601 Clarence Dr | | | | | |
| | | Frisco, TX 75033 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting fees | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 06/02/2025 | Josephine House | | | | | |
| | Amount (\$) \$242.99 | Payee address; City; State; Zip Code 1601 Waterston Ave | | | | | |
| | | Austin, TX 78703 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal with staff | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|-----------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 28/42 Rpt: 35/52 | Harris Davila, Caroline (The Honorable) | 00085754 |
| 4 | Date | 5 Payee name | |
| | 06/06/2025 | Mary Ann Perez Campaign | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$50.00 | 6200 Gulf Fwy #125 | |
| | | | |
| | | Houston, TX 77023 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Bonations Wade By | el outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee Campaign c | in, TX, officeholder living expense |
| | | Campaign | onungation |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Ccc 1.614 |
| _ | Date | Payee name | |
| | 01/27/2025 | MoodyPublishers.com | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$164.84 | 820 N LaSalle Blvd | |
| | Ψ10 1.0 1 | SEC IV Edicalio Biva | |
| | | Chicago, IL 60610 | |
| | PURPOSE | | |
| | OF | | el outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Aust | in, TX, officeholder living expense |
| | | Books for ca | ampaign handout |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | experience to benefit of or | | |
| | Date | Payee name | |
| | 06/09/2025 | Napp, Parker | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,000.00 | 4801 Dawn Song Dr | |
| | | | |
| | | Austin, TX 78735 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Salaries/ Wages/Contract Labor | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
| | | Campaign w | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | • | |
| | | | |
| | | | |
| ı | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 29/42 Rpt: 36/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 05/05/2025 | National Conference of State Legislatures |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,365.00 | 700 E First Place |
| | | |
| | | Denver, CO 80230 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Event registration |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | |
| L | D-1- | |
| | Date | Payee name |
| | 04/14/2025 | Photographic Design |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$429.00 | 235 Point Lick Dr |
| | | |
| | | Charleston, WV 25306 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | House composite photo |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/13/2025 | Rent a Horn Valet |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$18.00 | 1201 S Lamar Blvd |
| | | |
| | | Austin, TX 78704 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Parking services during political meeting |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 30/42 Rpt: 37/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 06/16/2025 | Round Rock Chamber of Commerce |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$149.00 | 910 Heritage Center Cir |
| | | |
| | | Round Rock, TX 78664 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Event registration |
| | | Event registration |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | the state of the s |
| ⊨ | Date | Payee name |
| | 02/12/2025 | Round Rock Donuts |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$272.50 | 106 W Liberty Ave |
| | | |
| | | Round Rock, TX 78664 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Meal for political meeting |
| | | Weat for political friedling |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 05/15/2025 | Round Rock Donuts |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$283.06 | 106 W Liberty Ave |
| | φ203.00 | 100 W Liberty Ave |
| | | Downd Dook, TV 70004 |
| | | Round Rock, TX 78664 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Meal during political event |
| | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Solicitation/Fundraising Expense

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/42 Rpt: 38/52 Harris Davila, Caroline (The Honorable) 00085754 4 Date Payee name 04/15/2025 Ryan Data & Research 6 Amount (\$) Payee address; City; State; Zip Code \$2,500.00 P.O. Box 202675 Austin, TX 78720 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign data researcch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2025 State Preservation Board Amount (\$) Payee address; City; State; Zip Code \$195.00 201 E 14th #950 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Work for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 State Preservation Board Amount (\$) Payee address: City: State; Zip Code \$35.00 201 E 14th #950 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Work for political office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this for | n. |
|---|-----------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 32/42 Rpt: 39/52 | Harris Davila, Caroline (The Honorable) | 00085754 |
| 4 | Date | 5 Payee name | • |
| | 03/10/2025 | Sweetwaters Coffee | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$27.14 | 316 W 12th | |
| | | | |
| | | Austin, TX 78701 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | _ · · · · · · · · · · · · · · · · · · · | f travel outside of Texas. Complete Schedule T. |
| | | | f Austin, TX, officeholder living expense ments during political meeting |
| | | T.C. Co. | mente dannig pontiour meeting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 02/10/2025 | Texans for Lawsuit Reform | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$317.62 | 1233 W Loop S 1375 | |
| | | • | |
| | | Houston, TX 77027 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | on |
| | OF EXPENDITURE | Event Expense | f travel outside of Texas. Complete Schedule T. |
| | LAFLINDITORE | l — l — | f Austin, TX, officeholder living expense |
| | | Eventre | gistration |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/Ol | 9 | Office Held |
| | Date | Payee name | |
| | 05/14/2025 | Texas Conservative Coalition | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$2,000.00 | 919 Congress Ave | |
| | , , | 3 11 3 | |
| | | Austin, TX 78701 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | an . |
| | OF | | f travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check it | f Austin, TX, officeholder living expense |
| | | Member | ship |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Ondition to bottom O/OI | • | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: Sch: 33/42 Rpt: 40/52 | 2 FILER NAME Harris Davila, Caroline (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085754 |
| 4 | Date 03/04/2025 | 5 Payee name Texas Republican Legislative Caucus |
| 6 | Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 78701 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 02/18/2025 | Payee name Texas Young Republicans |
| | Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 2633 Mckinney Ave Ste 130-532 |
| | PURPOSE OF EXPENDITURE | Dallas, TX 75204 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 05/23/2025 | Payee name Tiff's Treats |
| | Amount (\$) \$64.78 | Payee address; City; State; Zip Code 1806 Nueces St |
| | | Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refreshments during political meeting |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. |
|---|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 34/42 Rpt: 41/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 05/23/2025 | Tiff's Treats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$52.78 | 1806 Nueces St |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Refreshments during political meeting |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - |
| Т | Date | Payee name |
| | 03/26/2025 | Tous Les Jours |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$108.09 | 6808 N Lamar Blvd |
| | | |
| | | Austin, TX 78752 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Meal with staff |
| | | Weat With Staff |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 05/13/2025 | Trader Joes |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$46.97 | 211 Walter Seaholm Dr |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for political office |
| | | Supplies for political office |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

Fees Office Over Food/Beverage Expense Polling Ex Gitt/Awards/Memorials Expense Printing Expense Printing Expense Salaries/V

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 35/42 Rpt: 42/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 06/27/2025 | USPS Round Rock |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$244.00 | 797 Sam Bass |
| | | |
| | | Round Rock, TX 78681 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Postage for campaign mailer |
| | | Postage for campaign mailer |
| _ | Operation ONLY if allowed | On did to 10 ff as hald a grant Off as south |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 03/24/2025 | UT Parking |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$9.00 | 1815 Trinity St |
| | | |
| | | Austin, TX 78712 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Parking during political travel |
| | | Faiking during political travel |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 03/14/2025 | Uber Eats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$61.76 | 1455 Market St#400 |
| | | |
| | | San Francisco, CA 94103 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Meal with staff |
| | | ivical with stall |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 36/42 Rpt: 43/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 04/25/2025 | Uber Eats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$11.91 | 1455 Market St#400 |
| | | |
| | | San Francisco, CA 94103 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Meal during political travel |
| | | Wear during pointear traver |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| ⊨ | Data | |
| | Date | Payee name |
| L | 04/09/2025 | Uber Eats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$186.67 | 1455 Market St#400 |
| | | |
| | | San Francisco, CA 94103 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Meal for political meeting |
| | | Wear of political meeting |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| H | Data | Para and a second secon |
| | Date 06/02/2025 | Payee name Uber Eats |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$163.00 | 1455 Market St#400 |
| | | |
| | | San Francisco, CA 94103 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Meal for political meeting |
| 1 | | wica for political meeting |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/O | |
| \vdash | | |
| 1 | | |
| l | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | | Legal Services The Instruction Guide ex | Salaries/V | Vages | /Contract Labor | | OTHER (enter a | category not listed a | lbove) |
|---|--------------------------------------------------------|-------------------|------------------------------------------|-------------------|--------|------------------------------|------|--------------------------------------------|-----------------------|--------------|
| _ | | I | | tpianis now to co | ilipic | te tilis lollii. | - | | | |
| 1 | Total pages Schedule F1: | 1 | | | | | 3 | Filer ID | (Ethics Commis | sion Filers) |
| | Sch: 37/42 Rpt: 44/52 | Harris Davi | ila, Caroline (The Hon | orable) | | | | 00085754 | | |
| 4 | Date | 5 Payee name | ; | | | | | | | |
| | 01/13/2025 | Walmart.co | om | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip Co | de | | | | | |
| | \$41.99 | 702 South | • | • | | | | | | |
| | | | | | | | | | | |
| | | Pontonvillo | , AR 72716 | | | | | | | |
| | | | | | | | | | | |
| 8 | PURPOSE OF | | See Categories listed at the top o | | (b) | Description | | | | |
| | EXPENDITURE | Office Ove | rhead/Rental Expense | 9 | | = | | ide of Texas. Com , officeholder living | nplete Schedule T. | |
| | | | | | | Supplies for p | | | g expense | |
| | | | | | | Cappiloo ioi p | | tiodi omioo | | |
| _ | Complete ONII V if direct | Condidate/Off | Sachalder name | Office | abt | | | Office h | ald | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office sou | igni | | | Office fi | eiu | |
| | · | | | | | | | | | |
| | Date | Payee name | 9 | | | | | | | |
| | 02/06/2025 | Walmart.co | om | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | de | | | | | |
| | \$57.18 | 702 South | west 8th St | | | | | | | |
| | | | | | | | | | | |
| | | Bentonville | , AR 72716 | | | | | | | |
| | DUDDOCE | | | | (b) | 5 1.0 | | | | |
| | PURPOSE OF | | See Categories listed at the top o | | (D) | Description Check if travel | oute | ide of Teyes Com | nplete Schedule T. | |
| | EXPENDITURE | Office Ove | rhead/Rental Expense | | | - | | , officeholder living | | |
| | | | | | | Supplies for p | ooli | tical office | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | L Candidate/Off | ficeholder name | Office sou | ıaht | | | Office h | eld | |
| | expenditure to benefit C/O | | | | • | | | | | |
| | Dete | | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 02/10/2025 | Walmart.co | | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | | | |
| | \$13.73 | 702 South | vest 8th St | | | | | | | |
| | | | | | | | | | | |
| | | Bentonville | , AR 72716 | | | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the top o | f this cabadula) | (b) | Description | | | | |
| | OF | | rhead/Rental Expense | | () | | outs | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | moda/Nomai Exponde | • | | Check if Austin | , TX | , officeholder living | g expense | |
| | | | | | | Supplies for p | ooli | tical office | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | ficeholder name | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributing 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: 38/42 Rpt: 45/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 02/10/2025 | Walmart.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.95 | 702 Southwest 8th St |
| | | |
| | | Bentonville, AR 72716 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | LXI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/12/2025 | Walmart.com |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$43.05 | 702 Southwest 8th St |
| | φ43.03 | 702 Southwest out St |
| | | |
| | | Bentonville, AR 72716 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| _ | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 03/10/2025 | Walmart.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.95 | 702 Southwest 8th St |
| | | |
| | | Bentonville, AR 72716 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Supplies for political office |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 39/42 Rpt: 46/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 05/07/2025 | Walmart.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.95 | 702 Southwest 8th St |
| | | |
| | | Bentonville, AR 72716 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for political office |
| | | Supplies for political office |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| \vdash | Data | Davies same |
| | Date | Payee name |
| | 04/07/2025 | Walmart.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.95 | 702 Southwest 8th St |
| | | |
| | | Bentonville, AR 72716 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Supplies for political office |
| | | Supplies for political office |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| _ | Data | Davies same |
| | Date 06/03/2025 | Payee name White, Summer |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 18201 Winnow Way |
| | | |
| | | Pflugerville, TX 78660 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign work |
| | | Sampaigh work |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 40/42 Rpt: 47/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 06/25/2025 | Winred |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$149.77 | 4250 Fairfax Dr |
| | | |
| | | Arlington, VA 22203 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign contribution processing fees from 06/25- |
| | | 6/30 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| _ | Date | Payee name |
| | 06/30/2025 | Yamm.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$60.00 | Ten Rockefeller Plaza |
| | Ψ00.00 | Ton Nookolollo Tilaza |
| | | New York City, NY 10020 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign mail software |
| | | Sampaigh man Sollware |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 01/22/2025 | Payee name Zoom.com |
| | | |
| | Amount (\$) \$17.05 | Payee address; City; State; Zip Code 55 Almaden Blvd |
| | Φ17.05 | 33 Aimaden bivu |
| | | San Jose, CA 95113 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Online meeting software |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 41/42 Rpt: 48/52 | Harris Davila, Caroline (The Honorable) 00085754 |
| 4 | Date | 5 Payee name |
| | 02/24/2025 | Zoom.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$17.05 | 55 Almaden Blvd |
| | | |
| | | San Jose, CA 95113 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Online meeting software |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 03/24/2025 | Zoom.com |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$17.05 | 55 Almaden Blvd |
| | | |
| | | San Jose, CA 95113 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Online meeting software |
| | | Chillie meeting sollware |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 05/22/2025 | Zoom.com |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$17.05 | 55 Almaden Blvd |
| | | |
| | | San Jose, CA 95113 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense Online meeting software |
| | | Online meeting software |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Il Co | mmittee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | | Polling Exp | ense pense ages/Contract Labor | | Travel in District Travel Out of Di | |
|----------|-------------------------------------------------------------------------------------|--------------|------------------------|--------------------------------------------------------------------------|----------|-------------|--------------------------------------|-----|-------------------------------------|----------------------------|
| l | Credit Card Payment | | | The Instruction Guide exp | lains h | ow to con | plete this form. | | | |
| 1 | Total pages Schedule F1: Sch: 42/42 Rpt: 49/52 | 2 | | E la, Caroline (The Hono | rable) |) | | 3 | Filer ID 00085754 | (Ethics Commission Filers) |
| ┝ | Date | 5 | | | | | | | | |
| * | 04/22/2025 | | Payee name Zoom.com | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State; | Zip Coc | le | | | |
| l | \$17.05 | | 55 Almade | n Blvd | | | | | | |
| | | | | | | | | | | |
| | | | San Jose, | | | | | | | |
| 8 | PURPOSE OF | (a) | | see Categories listed at the top of t | his sche | dule) | (b) Description | | | |
| l | EXPENDITURE | | Office Over | head/Rental Expense | | | | | | nplete Schedule T. |
| | | | | | | | Online mee | | , officeholder living | y expense |
| l | | | | | | | Offilitie fried | ung | Sollware | |
| <u> </u> | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Off | iceholder name | Of | ffice soug | ht | | Office h | eld |
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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

| | The Inst | ruction Guide explains how | to complete this form. | | | | | |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------|---------------------------------------|--|--|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 1/3 Rpt: 50/52 | Harris Davila, Caro | line (The Honorable) | 00085754 | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution America | 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | | | |
| | \$21.64 | 01/30/2025 | | | | | | |
| 7 PAYEE | Adobe | | (b) Payee address; | City, State, Zip Cod | | | | |
| | | | 345 Park Ave | | | | | |
| | | | San Jose, CA 95110 | | | | | |
| 8 PURPOSE OF EXPENDITURE | 1 ' ' ' ' ' | | | (b) Description | | | | |
| X Political | Office Overhead/Rental Expense | | Administrative fee. | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | | | |
| | \$47.81 | 02/03/2025 | | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Coo | | | | |
| | Hill Country Springs | | 10019 S I-35 Frontage | Rd | | | | |
| | | | Austin, TX 78747 | | | | | |
| PURPOSE OF EXPENDITURE | EXPENDITURE (See Categories listed at the top of this schedule) | | (b) Description Water for office. | | | | | |
| X Political | 1 Ood/Beverage Exper | Food/Beverage Expense | | | | | | |
| Non-Political (c) Check if travel out | | of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | | | | |
| | \$21.00 | 01/16/2025 | | | | | | |
| PAYEE | (a) Payee name | L | (b) Payee address; | City, State, Zip Cod | | | | |
| | Mailchimp | | 405 N Angier Ave. NE | | | | | |
| | | | | | | | | |
| | | | Atlanta, GA 30308 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description | | | | | |
| EXPENDITURE | | | Constituent correspond | ence. | | | | |
| X Political | | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | Office held | | | | |
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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

| | | The Inst | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------------|--------|----------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 2/3 Rpt: 51/52 | Harris Davila, Caro | 00085754 | | | | | |
| 4 | CREDIT CARD ISSUER | Name of final see p | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | |
| | | \$12.78 | 02/04/2025 | | | | | |
| 7 | PAYEE | (a) Payee name Dropbox | | (b) Payee 1800 Ow | | City, | State, | Zip Code |
| | | | | | icisco, CA 94158 | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description | otion nt storage. | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | 1 | Check if Austin, TX, | officeholder living exp | ense | |
| 9 | | | | e sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | |
| | | \$27.82 | 01/03/2025 | | | | | |
| PAYEE | | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Hill Country Springs | | 10019 S | I-35 Frontage Rd | | | |
| L | | | | Austin, T | | | | |
| PURPOSE OF (a) Category (See Categories listed at the | | | of this schedule) | (b) Descrip | | | | |
| | X Political | (See Categories listed at the top of this schedule) Food/Beverage Expense | | Water for | опісе. | | | |
| | Non-Political (c) Check if travel outside of Texas. Complete Schedule T | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete ONLY if direct | | | | | Office held | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | ⁻ Paid | | |
| | | \$12.78 | 01/04/2025 | | | | | |
| Г | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Dropbox | | 1800 Ow | ens St | | | | |
| | | Бторьох | | 0 | 04 04450 | | | |
| DUDDOSE OF | | (a) Category | | San Francisco, CA 94158 (b) Description | | | | |
| | PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) | | | Document storage. | | | | |
| | X Political | Office Overhead/Rental Expense | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | 1 | Check if Austin, TX. | officeholder living exp | ense | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder | · | e sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |
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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

| The Inst | ruction Guide explains how | to complete this form. | | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Harris Davila, Caro | line (The Honorable) | | 00085754 | | | | |
| EXPENDITURES | | | \$ | | | | |
| (a) Amount Charged | ount Charged (b) Date of Charge (c) Date(s) Credit Card Iss | | Paid | | | | |
| \$9.99 | 01/17/2025 | | | | | | |
| PURPOSE OF (a) Payee name Doordash PURPOSE OF (a) Category | | (b) Payee address; 303 N 2nd | City, State, | Zip Code | | | |
| | | 05 | | | | | |
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| Food/Beverage Expe | nse | 1 ood for stain. | | | | | |
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| | 2 FILER NAME Harris Davila, Carol Name of final see pi (a) Amount Charged \$9.99 (a) Payee name Doordash (a) Category (See Categories listed at the top Food/Beverage Experi | 2 FILER NAME Harris Davila, Caroline (The Honorable) Name of financial institution see previous (a) Amount Charged \$9.99 01/17/2025 (a) Payee name Doordash (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. | Harris Davila, Caroline (The Honorable) Name of financial institution see previous (a) Amount Charged \$9.99 (b) Date of Charge \$9.99 01/17/2025 (c) Date(s) Credit Card Issuer (b) Payee address; 303 N 2nd (a) Payee name Doordash San Francisco, CA 94107 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. | 2 FILER NAME Harris Davila, Caroline (The Honorable) Name of financial institution see previous (a) Amount Charged \$9.99 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Payee name Doordash (b) Payee address; City, State, 303 N 2nd San Francisco, CA 94107 (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. | | | |