CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00019811		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Yvonne			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUEFIX	07/15/2025	
	NICKNAME	LAST Davis		SUFFIX	0171372023	
		Davis				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 763368					
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75376-3368				Date Processed	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER		Mattie M.		•••		
NAME	IVIS.	Wattie W.				
	NIOVALANT					
	_	LAST		SUFFIX		
		Youngblood				
				_,		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	718 N. Hampton Rd.					
(Residence or Business)						
,	DeSoto, TX 75115					
7 CAMPAICNI	ADEA CODE DUON	E NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(972) 274-1627					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after can	nnaign treasurer
		J court day belore		L	appointment (office	eholder only)
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		ПБ	eneral	Special		
				<u></u>		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distri	ict 111			tative District 111	
	State Representative Distri	ict III		State Represent	dive District 111	
	<u> </u>					
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	3 C / OH NAME Davis, Yvonne (The Honorable) 14 Filer ID 00019811					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE ADDRESS				
	- Si 20ii 10					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 32,117.22		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 77,122.15		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
			orable Yvonne Davis Candidate or Officeholo			
		· ·	Canadate of Cincertoic			
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
		aid	, this the	day		
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 19 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00019811 Davis, Yvonne (The Honorable) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 32,117.22 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 1/16 Rpt: 4/19 Davis, Yvonne (The Honorable) 00019811 4 Date Payee name 04/09/2025 African American Education Archieves & History Program 6 Amount (\$) Payee address; State; Zip Code \$800.00 Post Office Box 411091 Dallas, TX 75241 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ad for event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2025 Alonti Catering Kitchen Amount (\$) Payee address; City; State; Zip Code \$411.12 12001 Burnet Rd Ste C Austin, TX 78758 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Refreshment for staff and constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/22/2025 Arlington Grand Prairie Guide Right Foundation Amount (\$) Payee address: City: State: Zip Code \$150.00 P.O. Box 542101 Grand Prairie, TX 75052 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Ad for event Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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 Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 5/19	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	05/22/2025	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$161.69	1201 Barbara Jordan Blvd., Ste 100
		Austin, TX 78723
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/22/2025	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.12	1400 Congress E1.006
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift for constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/08/2025	Chick fil a
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.24	503 W. MLK Jr. Blvd.
		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 Refreshment for staff
		Noncomment of Star
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U

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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 6/19	Davis, Yvonne (The Honorable)		00019811
4	Date	5 Payee name		<u> </u>
	04/17/2025	Chuy's		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$426.18	1728 Barton Springs Rd		
		Austin, TX 78704		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Refreshment for staff
				Refresiment for Stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
9	expenditure to benefit C/Ol		yııı	Office field
	Date	D		
	01/24/2025	Payee name Constant Contact		
			al a	
	Amount (\$)	Payee address; City; State; Zip Coo	ae	
	\$395.49	1601 Trapelo Road		
		Suite 329		
		Waltham, ME 02451		
	PURPOSE OF	,	(b)	Description To the state of the
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Email Marketing
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/24/2025	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$395.49	1601 Trapelo Road		
		Suite 329		
		Waltham, ME 02451		
	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.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Email Marketing
	Complete ONI V if direct	Candidata/Officaholdar nama Office assure	ab+	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Jul	Office neid

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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 Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 4/16 Rpt: 7/19	L	Davis, Yvon	ne (The Honora	ble)					00019811	
4	Date	5	Payee name								
	03/24/2025		Constant Co	ontact							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$395.49		1601 Trape	lo Road							
			Suite 329								
			Waltham, M	IE 02451							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE	` `	Advertising		c top or this some	oudic)		_ ·	outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITORE							—		officeholder living	expense
								Email Marketi	ıng		
Ļ						•	<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	office sou	ıght			Office he	eld
	Date		Payee name								
	04/24/2025		Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$395.49		1601 Trape	lo Road							
			Suite 329								
			Waltham, M	IE 02451							
Н	PURPOSE	(a)	Category (SA	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	` `	Advertising		c top or this some	oudic)		_	outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITORE			·				_		officeholder living	expense
								Email Marketi	ıng		
_	Occupation Of the Community of the Commu	<u> </u>	Samuel III I I I I I I I I I I I I I I I I I		=	.ee: -				O''' :	1-1
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offi	ceholder name	C	ffice sou	ıgnt			Office he	eia
	Date		Payee name								
	05/26/2025		Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$395.49		1601 Trape	lo Road							
			Suite 329								
			Waltham, M	IE 02451							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising			/		Check if travel of		de of Texas. Comp	
	LAFLINDITORE							_		officeholder living	expense
								Email Marketi	ıng		
_	Operation Of the Control of the Cont	L_	Samuel III I I I I I I I I I I I I I I I I I		=	.ee: -				O''' :	1-1
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	С	office sou	ıght			Office he	eia

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	-	
1	Total pages Schedule F1: Sch: 5/16 Rpt: 8/19	2 FILER NAME Davis, Yvonne (The Honorable) 3 Filer ID (Ethics Commission Filers) 00019811
4	Date	5 Payee name
	06/24/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$442.39	1601 Trapelo Road
	, <u>_</u>	Suite 329
		Waltham, ME 02451
Ļ	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1414 N. Washington Ave
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship for Annual event.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	01/15/2025	Doubletree Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,358.41	6505 IH 35 North
		Austin, TX 78752
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging for staff and constituents to attend the
		opening of 89th Legislature.
	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
Conditate/Officeholder/Political

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
_	Sch: 6/16 Rpt: 9/19	Davis, Yvonne (The Honorable)	00019811
4	Date	5 Payee name	
	01/15/2025	Doubletree Hotel	
6	Amount (\$) \$199.00	7 Payee address; City; State; Zip Code 6505 IH 35 North Austin, TX 78752	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	☐ ☐ Check if Austin, Austin Lodgin	TX, officeholder living expense ${f g}$
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/17/2025	Doubletree Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$199.00	6505 IH 35 North	
	DUDDOCE	Austin, TX 78752	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	uutaida of Tayaa Campleta Cabadula T
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
		Austin Lodgin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/21/2025	Doubletree Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$626.55	6505 IH 35 North	
		Austin, TX 78752	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
		LX] Check if Austin, Austin Lodgin	
		Austin Loughi	9
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 10/19	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	01/30/2025	Doubletree Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$784.65	6505 IH 35 North
		Austin, TX 78752
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		Austin Loughig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/31/2025	Doubletree Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.97	6505 IH 35 North
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin Lodging
	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	03/25/2025	Ennis State Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.75	1301 N. Riverfront Blvd
		Dallas, TX 75207
	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
		Bank check printing fee
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		

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

	Candidate/Officeholder/Politica Credit Card Payment		ittee 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	 E				3	Filer ID	(Ethics Commiss	ion Filers)	
	Sch: 8/16 Rpt: 11/19		nne (The Honorable	e)				00019811	`	•	
4	Date	5 Payee name)								
	04/10/2025	Fajita Pete	's - MoPac								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode						
	\$1,004.99	5523A Bal	cones Dr.								
		Austin, TX	78731								
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description					
	EXPENDITURE	Food/Beve	rage Expense			_		de of Texas. Comp officeholder living			
						Refreshment					
								00.101.1010.110			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	<u>l</u> ught			Office he	eld		
	Date	Payee name	<u> </u>								
	04/28/2025	Guss' Fried									
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$331.50	117 San Ja	-	Otato, Zip O	ouc						
	Ψ331.30	117 3411 36	icinto biva								
		Austin, TX	78701								
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beve	rage Expense			<u></u>		de of Texas. Com			
						Refreshment		officeholder living	expense		
						Refresiment	101	Stan			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uabt			Office he	ald.		
	expenditure to benefit C/O		icendider name	Office So	ugnt			Office fie	eiu		
	Date	Payee name	;								
	05/23/2025	Guss' Fried	d Chicken								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$117.15	117 San Ja	acinto Blvd								
		Austin, TX	78701								
	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description					
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com			
						Refreshment		officeholder living	expense		
						renesiment	101	Jun			
	Complete ONLY if direct	Candidata/Of	ficeholder name	Office	lught			Office	old.		
	Complete ONLY if direct expenditure to benefit C/OI		icenoidel name	Office so	ugn			Office he	au		
	,										
_										0 (4 0 10 (10	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ 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	nmittee Legal Services			e /Contract Labor		OTHER (enter a	category not listed above)	
	orealt out a rayment	The Instruction	Guide explains how to co	mple	te this form.				
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers	.)
	Sch: 9/16 Rpt: 12/19	Davis, Yvonne (The Hono	rable)				00019811		
4	Date	Payee name			•				
	03/13/2025	HEB							
6	Amount (\$)	Payee address; City;	State; Zip Co	de					
	\$473.49	1000 E. 41st Street							
		Austin, TX 78751							
_	DUDD005			<i>a</i> \					
8	PURPOSE OF	Category (See Categories listed a		(b)	Description	outoi	de of Texas. Com	ploto Sabadulo T	
	EXPENDITURE	Office Overhead/Rental E	xpense		므		officeholder living		
					—			or Capitol office	
								·	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI								
_	Date	Payee name							_
	04/02/2025	HEB							
	Amount (\$)	Payee address; City;	State; Zip Co	nde					
	\$522.46	1000 E. 41st Street	State, Ep 33						
	Ψ322.40	1000 L. 413t Street							
		Aatin TV 70751							
		Austin, TX 78751							
	PURPOSE OF	Category (See Categories listed a		(b)	Description		do of Toyon Com	plata Cabadula T	
	EXPENDITURE	Office Overhead/Rental E	xpense				de of Texas. Com officeholder living		
					ш			r Capitol office	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	05/23/2025	HEB							
			State: 7in Co	do					
	Amount (\$)	Payee address; City;	State; Zip Co	ue					
	\$300.00	1000 E. 41st Street							
		Austin, TX 78751							
	PURPOSE OF	Category (See Categories listed a		(b)	Description				
	EXPENDITURE	Office Overhead/Rental E	xpense		<u> </u>		de of Texas. Com officeholder living		
					_			nents for Capitol office	د
					Cinoo cappilo			ionio ioi Gapitoi omot	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI	Januard, Officeriolater Harrie	Office 30u	ສານ			Omice ne		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense 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

	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: 10/16 Rpt: 13/19	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	04/28/2025	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$187.60	316 N. Highway 67
		Cedar Hill, TX 75104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Frame Resolutions
		Traine Nessiations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	01/13/2025	Iron Works BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$455.60	100 Red River Street
		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 Refreshment for staff and constituents
		Refresiment for stair and constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/17/2025	Iron Works BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$171.79	100 Red River Street
		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 Refreshment for staff
		Reflestifient for stall
_	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	
	Sch: 11/16 Rpt: 14/19	Davis, Yvonne (The Honorable) 00019811	
4	Date	5 Payee name	
	03/18/2025	Juliet Italian Kitchen	
6	* *	7 Payee address; City; State; Zip Code	
	\$337.35	1500 Barton Springs Rd	
L		Austin, TX 78704	
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 Refreshment for staff and constituents	
		Tremestiment for standard constituents	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
\vdash	Date	Payee name	_
	02/18/2025	La Calle Doce	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	_
	\$178.23	415 12th Street	
	φ110.23	410 12ui Ouogi	
		Dallag TV 75200	
		Dallas, TX 75208	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Refreshment for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	1	
	Date	Payee name	
	02/19/2025	Legislative Study Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	Post Office Box 12943	
		Austin, TX 78711	
	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 Membership Fee	
		Membership Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		

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: 12/16 Rpt: 15/19	Davis, Yvonne (The Honorable) 00019811
4	Date	5 Payee name
	01/02/2025	Lewis, India
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$200.00	2717 Water Oak Dr.
		Grand Prairie, TX 75052
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary Bonus
Ļ	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
	03/06/2025	McShan Florist
l	Amount (\$)	Payee address; City; State; Zip Code
	\$296.08	10311 Garland Road
		Dallas, TX 75218-0430
	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
		Memorial flowers
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/04/2025	McShan Florist
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$274.92	10311 Garland Road
l		
		Dallas, TX 75218-0430
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Frame resolution
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 13/16 Rpt: 16/19	Davis, Yvonne (The Honorable) 00019811							
4	Date	5 Payee name							
	03/10/2025	PF Changs							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$197.51	201 San Jacinto Blvd.							
		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 Refreshment for staff							
		Tronostimon for stan							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
,	expenditure to benefit C/O								
_	Data	D							
	Date 05/05/2025	Payee name							
		PF Changs							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$178.07	201 San Jacinto Blvd.							
		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 Refreshment for staff							
		תכוופטוווופווג וטו אנמוו							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·							
	Date	Payee name							
	05/15/2025	Pizza Hut							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$97.97	6307A Cameron Rd							
		Austin, TX 78723							
	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							
		Refreshment for staff							
	0 1 0 0 1 1 1 1 1								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H							

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

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)				
l	Sch: 14/16 Rpt: 17/19	Davis, Yvonne (The Honorable)			00019811					
4	Date	5 Payee name								
	04/10/2025	Popeye's								
6	Amount (\$)	7 Payee address; City; State; Zip Code	е							
l	\$83.87	1823 Airport Blvd								
l										
		Austin, TX 78702								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) De	escription						
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outsid						
				Check if Austin, TX, efreshment for		g expense				
			110	Sile Sililie il il il	Stan					
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	5l4				
ľ	expenditure to benefit C/O				011100111	514				
H	Date	Payee name								
l	01/08/2025	Price, Lemuel (Mr.)								
┝	Amount (\$)	Payee address; City; State; Zip Code	<u>e</u>							
	\$3,000.00	3016 50th Street	Ü							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		Dallas, TX 75216								
H	PURPOSE		b) De	escription						
l	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	_	Check if travel outside	de of Texas. Com	plete Schedule T.				
	EXPENDITURE	Galatico, Hagos, Gollinast Labo.		Check if Austin, TX,	officeholder living	g expense				
			Sa	alary						
L										
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht		Office he	eld				
L										
l	Date	Payee name								
L	05/05/2025	Price, Lemuel (Mr.)								
l	Amount (\$)	Payee address; City; State; Zip Code	е							
	\$3,000.00	3016 50th Street								
l		D-II TV 75040								
L		Dallas, TX 75216								
l	PURPOSE OF			escription Check if travel outside	de of Texas, Com	nlete Schedule T				
l	EXPENDITURE	Salaries/Wages/Contract Labor	H	Check if Austin, TX,						
l			Sa	alary						
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld				
L	expenditure to benefit C/Ol	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense 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/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: 15/16 Rpt: 18/19	Davis, Yvonne (The Honorable) 00019811	
4	Date	5 Payee name	
	03/17/2025	Turner, Matt (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,250.00	1801 Lavaca	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Austin Apt. Rent	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	=
	04/01/2025	Turner, Matt (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$1,500.00	1801 Lavaca	
	Ψ1,000.00	1001 Lavada	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense Austin Apt Rent	
		/ double person	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	y	
-	Date	Payee name	_
	05/01/2025	Turner, Matt (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,500.00	1801 Lavaca	
	φ1,500.00	1001 Lavaca	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Lodging Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Austin Apt Rent	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitate to belieff of of		

SCHEDULE F1

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

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

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		nmittee	Legal Services The Instruction	Guide explains		/ages	Contract Labor		OTHER (enter a	a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	П	
	Sch: 16/16 Rpt: 19/19	l	Davis, Yvon	ne (The Hon	orable)					00019811			
4	Date	5	Payee name										
	06/01/2025		Turner, Matt (Mr.)										
6	Amount (\$)	l	Payee addres		State	e; Zip Co	de						
	\$1,500.00		1801 Lavaca	3									
			Austin, TX 7	8701									
8	PURPOSE OF		Category (Se	e Categories listed	at the top of this so	chedule)	(b)	Description					
	EXPENDITURE		Lodging					Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense					
								X Check if Austin, Austin Apt Re		onicendaer living	g expense		
								Austin Apt No	711 L				
9	Complete ONLY if direct	C	Candidate/Offic	eholder name	!	Office sou	ght			Office h	eld	_	
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	02/18/2025		Vimeo Plus										
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de						
	\$115.12		330 West 34	Ith Street, St	e 5								
			New York , I	NY 10001									
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Advertising I	Expense				—			nplete Schedule T.		
								Email Marketi		officeholder living	g expense		
								Email Marketi	iiig				
	Complete ONLY if direct	C	Candidate/Offic	eholder name	!	Office sou	ght			Office h	eld	_	
	expenditure to benefit C/OI	Η											
												٦	