CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00082094			2 Total pages filed: 13		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
OFFICEHOLDER NAME	The Honorable	Aicha			Date Received ELECTRONIC	ALLY FILED		
	NICKNAME	LAST		SUFFIX	07/15/2025			
	MICHAME	Davis		301117				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked		
OFFICEHOLDER MAILING ADDRESS	PO Box 71				Receipt #	Amount		
Change of Address	DeSoto, TX 75115							
	Desoto, 17, 73113				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER NAME		Marcus						
	NICKNAME	LAST		SUFFIX				
	THE INDIVID	King		0011111				
C CAMPAIGN	OTDEET ADDRESS (NO D	10 DOV DI EACE):	4 D:	F / CULTE # OLTY	. OT	ATE: 710 0005		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P PO Box 71	O BOX PLEASE);	AP	Γ / SUITE #;	, 51.	ATE; ZIP CODE		
(Residence or Business)	DeSoto, TX 75123							
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (469) 767-9920	ONE NUMBER E	EXTENSION					
8 REPORT TYPE	January 15	30th day before	e election	Runoff [15th day after ca	mpaign treasurer ceholder only)		
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)		
9 PERIOD	Month Day Year	•		Month Day	Year			
COVERED	01/01/2025	TH	IROUGH	06/30/20	25			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	·	rimary	Runoff	Other			
		G	eneral	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)			
II OFFICE	State Representative Dis	strict 109 Dallas		12 OFFICE SOUGH	i (ii kilowii)			
				1				
		GO T	O PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Davis, Aicha (The Ho	norable)	14 Filer ID (00082094	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made without d officeholders are required to report this informat	ıt the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE ADDRESS					
	9. 2919						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS				
16 CONTRIBUTION TOTALS	AN PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 202.00			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 30,016.56			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 32,024.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT	-						
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to				
			Ionorable Aicha Davis of Candidate or Officeholo	der			
		Ç	or cardidate of officerion	JC1			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	day						
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			O V E I COIT	3 of 13				
	cha (The Honorable)	19 Filer ID 00082094	(Ethics Comn	nission Filers)				
l	E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	202.00				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	30,016.56				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/13
2	FILER NAME Davis, Aicha	ı (The Honorable)		3 Filer ID (Ethics Commission Filers) 00082094
4	Date 06/30/2025	Full name of contributor		7 Amount of Contribution (\$) \$102.00
8	Dringinal occu	Dripping Springs, TX 78620 upation / Job title (See Instructions)	9 Employer (See Instructions	ne)
۰	CEO	pation / 300 title (3ee instructions)	Parkland Community Ho	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Thomas, Casey Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
		Dallas, TX 75236		
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions self employed	ns)

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

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1: Sch: 1/9 Rpt: 5/13	2 FILER NAME Davis, Aicha (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082094
4	Date 02/03/2025	5 Payee name Amazon Marketplace	
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office furniture/decor (Capitol)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/05/2025	Payee name Amazon Marketplace	
	Amount (\$) \$106.00	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office furniture/decor (Capitol)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/12/2025	Payee name City of Austin	
	Amount (\$) \$246.56	Payee address; City; State; Zip Code 4815 Mueller Blvd	
		Austin, TX 78723	
	PURPOSE OF EXPENDITURE	Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Utility expense (session)
	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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Polit Credit Card Payment	Cal 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: 2/9 Rpt: 6/13	Davis, Aicha (The Honorable) 00082094
4 Date	5 Payee name
05/14/2025	City of Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$83.00	4815 Mueller Blvd
	Austin, TX 78723
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	X Check if Austin, TX, officeholder living expense Utility expense (session)
	Cullity experise (session)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	
Date	Power name
04/17/2025	Payee name City of Austin
	City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$80.00	4815 Mueller Blvd
	Austin, TX 78723
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	X Check if Austin, TX, officeholder living expense
	Utility expense (session)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/0	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
03/14/2025	City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$68.00	4815 Mueller Blvd
	Austin, TX 78723
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	X Check if Austin, TX, officeholder living expense
	Utility expense (session)
Commission ONE Vitalian	Condidate/Officeholder norm
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholder name Office sought Office held 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 7/13	Davis, Aicha (The Honorable)		00082094
4	Date	5 Payee name		
	06/18/2025	City of Austin		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$90.00	4815 Mueller Blvd		
		Austin, TX 78723		
8	PURPOSE		b) D4	escription
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	-, D	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		×	-
			Ut	Itility expense (session)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experialiture to benefit C/OI	'		
	Date	Payee name		
	01/17/2025	ClubCorp Services		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$999.00	3030 LBJ Freeway Ste 500		
		Dallas, TX 75234		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
			m	neeting/office space
	Operation ONLY & Street	Outstild to 10 ff and all downsons	1- 4	Office health
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	02/03/2025	ClubCorp Services		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$311.00	3030 LBJ Freeway Ste 500		
		Dallas, TX 75234		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense District meetings/office space
			וט	native meetings/office space
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			Office field
L				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/9 Rpt: 8/13	Davis, Aicha (The Honorable)	00082094
4 Date	5 Payee name	-
02/17/2025	ClubCorp Services	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$331.00	3030 LBJ Freeway Ste 500	
	Dallas, TX 75234	
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
		District office/meeting space
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held
Date	Payee name	
04/16/2025	ClubCorp Services	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$521.00	3030 LBJ Freeway Ste 500	
	Dallas, TX 75234	
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 District office/meeting space
		Biothor officering space
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/O		
Date	Payee name	
04/07/2025	Dallas County Democratic Party	
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$250.00	1414 N Washington	
,	· · · · · · · · · · · · · · · ·	
	Dallas, TX 75204	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		DCCP Fish Fry
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held
experiorare to benefit C/O		

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide exp	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 5/9 Rpt: 9/13		a (The Honorable)					00082094	(1 11 11 11 11 11 11 11 11 11 11 11 11	,
4	Date	5 Payee name)							
	01/15/2025	Megan Ro	dman's Company							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$4,000.00	5503 Merc	edes Ave							
		Dallas, TX	75206							
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense					de of Texas. Comp		
						fundraising/ c		officeholder living	expense	
						ranaraising/ c	,011	Sulling		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/Oh		noonolider ridine	011100 000	igiii			Omoc ne		
	Date	Payee name)							
	06/21/2025	Robinson's	Affordable Movers							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$640.00	908 Sisson	n Rd							
		Killeen, TX	76541							
	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com		
						_		officeholder living		
						woving expen	130	i IIOIII Austiii	apt (session)	
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	l ıght			Office he	eld	
	expenditure to benefit C/O	1								
	Date	Payee name)							
	01/09/2025	Robinson's	Affordable Movers							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$550.00	908 Sisson	n Rd							
		Killeen, TX	76541							
	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			\blacksquare		de of Texas. Com		
						ш		officeholder living	•	
						Moving exper	130	, to Austin 10	1 30331011	
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	l laht			Office he	eld	
	expenditure to benefit C/O			C.110C 30U	.g. 11			Silloc He		
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	nmittee	Gift/Awards/Me Legal Services The Instruct	•			ages	e /Contract Labor ete this form.			vel Out of Dis HER (enter a	strict category not listed abo	ve)
1	Total pages Cohedule F1	12								12	F31 -	er ID	(Ethics Commission	n Eiloro\
	Total pages Schedule F1:	ı			orabla)					3			(Luncs Commissio	// / IICIS)
	Sch: 6/9 Rpt: 10/13	┝	Davis, Aicha	a (THE HOR	orable)						UUI	082094		
4	Date	ı	Payee name											
	01/07/2025		Shoal Apart	ments										
6	Amount (\$)	7	Payee addre	ss; City;		State;	Zip Cod	de						
	\$2,512.00		827 w 12th	st										
			Austin, TX 7	78701										
<u>_</u>	DUDDOCE	<u> </u>						/l- \	5					
8	PURPOSE OF		Category (Se		ted at the top of	of this sched	lule)	(b)	Description	otoi	ida af	Toyon Com	volete Cebedule T	
	EXPENDITURE		Travel Out	DI DISTRICT					Check if travel X Check if Austin				iplete Schedule T. a expense	
									Jan rent for A					
											•	, (200	,	
9	Complete ONLY if direct		andidate/Offi	ceholder no	<u></u>	O#	fice soug	thr				Office he	ald	
9	expenditure to benefit C/O		anuluale/Oni	cenoluei na	ile	Oii	nce sout	JIII				Office III	eiu	
_		_												
	Date	l	Payee name											
L	02/03/2025	L	Shoal Apart	ments										
	Amount (\$)		Payee addre	ss; City;		State;	Zip Cod	de						
	\$2,814.00		827 w 12th	st										
			Austin, TX 7	78701										
_	PURPOSE	_						(h)	December!					
	OF		Category (Se		ted at the top of	of this sched	lule)	(n)	Description Check if travel	Outei	ide of	Texas Com	plete Schedule T.	
	EXPENDITURE		Travel Out	DISTRICT					X Check if Austin					
									Feb rent for A					
													•	
\vdash	Complete ONLY if direct		andidate/Offi	ceholder na	me	Off	fice soug	aht				Office he	eld	
	expenditure to benefit C/O					011		٠٠				C00 III		
_	Data	_												
	Date	ı	Payee name											
	03/03/2025	_	Shoal Apart											
	Amount (\$)	l	Payee addres			State;	Zip Coo	de						
	\$2,884.00		827 w 12th	st										
			Austin, TX 7	78701										
	PURPOSE	(a)	Category (Se	a Categorios lis	ted at the ten of	of this school	lule)	(b)	Description					
	OF		Travel Out		neu at the top 0	n una scried	iui <i>c)</i>	(-)		outsi	ide of	Texas. Com	plete Schedule T.	
	EXPENDITURE		Out						X Check if Austin	n, TX,	, office	eholder livinç	g expense	
									March for Au	usti	n ap	ot (Sessi	on)	
	Complete ONLY if direct		andidate/Offi	ceholder na	me	Off	fice souç	ght				Office h	eld	
	expenditure to benefit C/OI	Н												

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/Wages/Contract Labor

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

Legal Services 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: 7/9 Rpt: 11/13 Davis, Aicha (The Honorable) 00082094 4 Date Payee name 04/02/2025 **Shoal Apartments** 6 Amount (\$) Payee address; City; State; Zip Code \$2,891.00 827 w 12th st Austin, TX 78701 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. Travel Out of District **EXPENDITURE** X Check if Austin, TX, officeholder living expense Apr rent for Austin apt (Session) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/02/2025 **Shoal Apartments** Amount (\$) Payee address; City; State; Zip Code \$2,891.00 827 w 12th st 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. Travel Out of District **EXPENDITURE** X Check if Austin, TX, officeholder living expense May rent for Austin apt (Session) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2025 **Shoal Apartments** Amount (\$) Payee address: City; State; Zip Code \$1,973.00 827 w 12th st 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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Jun rent for Austin apt (Session) 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 Credit Card Payment			Fees Food Gift/ nmittee Lega	at Expense ; l/Beverage Expense Awards/Memorials Expe al Services ! Instruction Guide (nse	Office Over Polling Exp Printing Exp Salaries/Wa	rhead ense pense ages/	e Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_	Total marca Cabadula F1.	1							_	Files ID	(Ethias Commission Filers)
1	Total pages Schedule F1: Sch: 8/9 Rpt: 12/13	2	Davis, Aicha (T	he Honorable)					3	Filer ID 00082094	(Ethics Commission Filers)
4	Date	5	Payee name								
	04/07/2025		Statesman Cap	10k							
6	Amount (\$) \$88.00	7	Payee address; 78 South Cong Austin, TX 7870		State;	Zip Coo	de				
8	PURPOSE OF EXPENDITURE	(a)	Contributions/D	tegories listed at the top conations Made ceholder/Political	Ву	´		느	, TX,	de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeho	older name	Of	ffice soug	ght			Office he	eld
	Date		Payee name								
	04/03/2025		The Stephen F	Austin							
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de				
	\$233.00		701 Congress Austin, TX 7870								
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Event Expense	tegories listed at the top	of this sched	dule)		<u> </u>	, TX,	de of Texas. Com officeholder living a la	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeho	older name	Of	ffice soug	ght			Office he	eld
	Date 01/06/2025		Payee name Trulucks								
	Amount (\$) \$544.00		Payee address; 2401 McKinney Dallas, TX 7520		State;	Zip Coo	de				
-	DUDDOCE	(5)				Ι.	(h)	Description			
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Event Expense	tegories listed at the top	of this sched	dule)		ш	, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeho	older name	Of	ffice soug	ght			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	F (Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense	Polling Expen Printing Expe	ead/Rental Expense use nse es/Contract Labor		Travel in District Travel Out of Dis	
	Great Cara r ayment			The Instruction Guide	explains h	ow to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/9 Rpt: 13/13		Davis, Aicha	(The Honorable)					00082094	
4	Date	5	Payee name					_		
	06/02/2025		Uchi							
- 	Amount (\$)	7	Payee addres	s; City;	State:	Zip Code				
ľ	\$456.00	ľ	801 S Lamai	· ·	Otato,	21p 0000				
	Ψ-30.00		oor o cama	Diva						
			A TV 7	0704						
L			Austin, TX 7	8704						
8	PURPOSE	(a)	Category (See	e Categories listed at the to	o of this sche	edule) (b	D escription			
	OF EXPENDITURE		Food/Bevera	age Expense					ide of Texas. Com	
							Staff reception		, officeholder living	j expense
							Stan reception	JI 1/ C	all li lei	
Ļ	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	enolder name	O	ffice sough	t		Office he	ela
L	·									