

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00085754	2 Total pages filed: 60		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Caroline	MI	OFFICE USE ONLY		
	NICKNAME	LAST Harris Davila	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 700 Round Rock, TX 78680			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mrs.	MI			
	NICKNAME	LAST Amberly Ward	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1201 Winding Way Georgetown, TX 78628		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (979) 219-3729					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 52			12 OFFICE SOUGHT (if known) State Representative District 52		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Harris Davila, Caroline (The Honorable)		14 Filer ID (Ethics Commission Filers) 00085754																								
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.																										
<table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> GENERAL Texas Alliance for Life</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="4">COMMITTEE ADDRESS 8000 Centre Park Drive Ste 380 Austin, TX 78754</td> </tr> <tr> <td colspan="4">COMMITTEE CAMPAIGN TREASURER NAME Shaw, James</td> </tr> <tr> <td colspan="4">COMMITTEE CAMPAIGN TREASURER ADDRESS 4505 Corazon Cv  Round Rock, TX 78681</td> </tr> </table>				<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input checked="" type="checkbox"/> GENERAL Texas Alliance for Life				<input type="checkbox"/> SPECIFIC				COMMITTEE ADDRESS 8000 Centre Park Drive Ste 380 Austin, TX 78754				COMMITTEE CAMPAIGN TREASURER NAME Shaw, James				COMMITTEE CAMPAIGN TREASURER ADDRESS 4505 Corazon Cv  Round Rock, TX 78681			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME																									
<input checked="" type="checkbox"/> GENERAL Texas Alliance for Life																											
<input type="checkbox"/> SPECIFIC																											
COMMITTEE ADDRESS 8000 Centre Park Drive Ste 380 Austin, TX 78754																											
COMMITTEE CAMPAIGN TREASURER NAME Shaw, James																											
COMMITTEE CAMPAIGN TREASURER ADDRESS 4505 Corazon Cv  Round Rock, TX 78681																											
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00																								
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 150,161.25																								
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00																								
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 113,384.55																								
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 236,235.38																								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00																								

**17 AFFIDAVIT**

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

The Honorable Caroline Harris Davila

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

## **SUBTOTALS - C/OH**

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

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<b>18 FILER NAME</b> Harris Davila, Caroline (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00085754
<b>20 SCHEDULE SUBTOTALS</b>		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150,161.25
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 113,384.55
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/21 Rpt: 4/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABC PAC ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78767	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnew, Ronald ..... Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnew, Ronald ..... Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre & Fields LP ..... Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Pharmacies Texas PAC ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/21 Rpt: 5/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jeff	<b>7</b> Amount of Contribution (\$) \$104.10
	<b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	
<b>8</b> Principal occupation / Job title (See Instructions) Law Enforcement		<b>9</b> Employer (See Instructions) Constable Precinct 2
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avant, Robert	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUTISTA, DELIA	Amount of Contribution (\$) \$36.44
	Contributor address; City; State; Zip Code  Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paradigm Manufacturing
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Gloriana	Amount of Contribution (\$) \$36.44
	Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) Customer Success Manager		Employer (See Instructions) BigCommerce
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kent	Amount of Contribution (\$) \$36.44
	Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/21 Rpt: 6/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Kent	<b>7</b> Amount of Contribution (\$) \$78.08
	<b>6</b> Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	
<b>8</b> Principal occupation / Job title (See Instructions) Neurosolution Center of Austin		<b>9</b> Employer (See Instructions) Therapy Technician
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bofferding, Mark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Leander, TX 78641	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Chisom Trail Financial
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, David	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Chisom Trail Financial
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, David	Amount of Contribution (\$) \$1,125.00
	Contributor address; City; State; Zip Code  Georgetown, TX 75628	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Chisom Trail Financial

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/21 Rpt: 7/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, David	<b>7</b> Amount of Contribution (\$) \$78.08
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	
<b>8</b> Principal occupation / Job title (See Instructions) VP		<b>9</b> Employer (See Instructions) Chisolm Trail Financial
<b>Date</b> 12/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bramow, Jason	<b>Amount of Contribution (\$)</b> \$78.08
	<b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78664	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Office of the Governor
<b>Date</b> 11/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, David	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Cedar Park, TX 78613	
<b>Principal occupation / Job title (See Instructions)</b> Account Manager		<b>Employer (See Instructions)</b> Dell
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Milton	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78665	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Milton	<b>Amount of Contribution (\$)</b> \$125.00
	<b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78665	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 5/21 Rpt: 8/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor Brown, Reilly	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7</b> Amount of Contribution (\$) \$36.44
	<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665		
<b>8</b> Principal occupation / Job title (See Instructions) Product Manager		<b>9</b> Employer (See Instructions) SafeRide Health	
Date 12/09/2025	Full name of contributor Brymer, Daphni		Amount of Contribution (\$) \$72.87
	Contributor address; City; State; Zip Code  Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) NA	
Date 12/30/2025	Full name of contributor CONTRERAS, Rebecca		Amount of Contribution (\$) \$1,041.02
	Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) AvantGarde LLC		Employer (See Instructions) CEO	
Date 12/18/2025	Full name of contributor Cantella, Chad		Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78733		
Principal occupation / Job title (See Instructions) Princpal		Employer (See Instructions) Texas Star Alliance	
Date 12/28/2025	Full name of contributor Castillo, Elizabeth		Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code  Hutto, TX 78634		
Principal occupation / Job title (See Instructions) UT Austin		Employer (See Instructions) Project manager- IT	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/21 Rpt: 9/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caterpillar Inc PAC ..... <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75039	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self-Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Stephen ..... Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Communications Inc Texas PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Rupal ..... Contributor address; City; State; Zip Code  Cedar park, TX 78613	Amount of Contribution (\$) \$36.44
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chick, Craig ..... Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/21 Rpt: 10/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Borrows Campaign	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ExxonMobil PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75039	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fell, Doug	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Rancher
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fordinal, Ashley	Amount of Contribution (\$) \$36.44
	Contributor address; City; State; Zip Code  Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) Communications Coordinator		Employer (See Instructions) Texas values

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/21 Rpt: 11/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILAKATTULA, MALLIKARJUNA	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	
<b>8</b> Principal occupation / Job title (See Instructions) IT		<b>9</b> Employer (See Instructions) AthenaHealth
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glazer's of Texas PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf Shores Toyota Inc State PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLCO PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00386029) HNTB Holdings Ltd PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Kansas City, MO 64105	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/21 Rpt: 12/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Edward ..... Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) TX Public Affairs
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausenfluck, Amber ..... Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Cybersecurity		Employer (See Instructions) Cisco
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Apollo ..... Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$) \$676.66
Principal occupation / Job title (See Instructions) Cybersecurity		Employer (See Instructions) Cisco

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/21 Rpt: 13/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Pate Strategies LLC .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78767	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irshad, Muhammad .....  Contributor address; City; State; Zip Code  College Point, NY 11356	Amount of Contribution (\$) \$36.44
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Melagen Labs
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Ancira Strategies .....  Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Tyler .....  Contributor address; City; State; Zip Code  Austin, TX 78780	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Virginia .....  Contributor address; City; State; Zip Code  Austin, TX 78736	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/21 Rpt: 14/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Hance Business ..... <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79409	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimmey, Patricia ..... <b>Contributor address; City; State; Zip Code</b>  Flower Mound, TX 75022	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Principal occupation / Job title (See Instructions)</b> Retired	<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Koebele, Stephen ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$520.51
	<b>Principal occupation / Job title (See Instructions)</b> Attorney at Law	<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LANPAC ..... <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77042	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Principal occupation / Job title (See Instructions)</b> Retired	<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle and Townsend PC ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Principal occupation / Job title (See Instructions)</b> Retired	<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/21 Rpt: 15/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinsen, Jacob	<b>7</b> Amount of Contribution (\$) \$135.00
	<b>6</b> Contributor address; City; State; Zip Code  Jarrell, TX 76537	
<b>8</b> Principal occupation / Job title (See Instructions) Software engineer		<b>9</b> Employer (See Instructions) Verisk Analytics
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCombs, Jason	Amount of Contribution (\$) \$72.87
	Contributor address; City; State; Zip Code  Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Owner CEO		Employer (See Instructions) RoofTX Roofing Construction
Date 12/18/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342 ) McGuire Woods PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Richmond, VA 23219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Russell	Amount of Contribution (\$) \$78.08
	Contributor address; City; State; Zip Code  Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Russell	Amount of Contribution (\$) \$135.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Metcalf Managemetn

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/21 Rpt: 16/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michna, Randy ..... <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$) \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Grounds Manager		<b>9</b> Employer (See Instructions) Williamson Co. Old Settlers Association
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olander, Debbie ..... Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pape-Dawson Engineers PAC ..... Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikakis, Eric ..... Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$) \$36.44
Principal occupation / Job title (See Instructions) Policy Aide		Employer (See Instructions) City of Austin
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Jignesh ..... Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Self employd		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/21 Rpt: 17/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendlay, Lois	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poley & Lardner LLP	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Private Providers Assoc. of Texas PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78767	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putnam, Terrell	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RECA-Good Government PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 15/21 Rpt: 18/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redden, James ..... <b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	<b>7</b> Amount of Contribution (\$)  \$300.00	
<b>8</b> Principal occupation / Job title (See Instructions) Business owner		<b>9</b> Employer (See Instructions) Self	
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redden, James ..... Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$)  \$250.00	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self	
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddy, Suraj ..... Contributor address; City; State; Zip Code  Austin, TX 78726	Amount of Contribution (\$)  \$10,001.00	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) East Avenue Investments	
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renfro, Jacob ..... Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$104.10	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Redink.GOP	
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Walter ..... Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$72.87	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/21 Rpt: 19/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Matthew	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78741	
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) TSA
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Dawn	<b>Amount of Contribution (\$)</b> \$104.10
	<b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78664	
<b>Principal occupation / Job title (See Instructions)</b> retired		<b>Employer (See Instructions)</b> retired
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner COH Campaign Account	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b>  Georgetown, TX 78627	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Lori	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78681	
<b>Principal occupation / Job title (See Instructions)</b> Executive Director		<b>Employer (See Instructions)</b> Round Rock Area Serving Center
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepehri, John	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78731	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Foley Lardner LLP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/21 Rpt: 20/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrader, Benjamin	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  College Station, TX 78738	
<b>8</b> Principal occupation / Job title (See Instructions) Ceo		<b>9</b> Employer (See Instructions) Shrader promotions
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromberg, Larry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromberg, Larry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/21 Rpt: 21/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXCRNA PAC ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
<b>Date</b> 07/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$50,000.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Assoc. of Health Plans PAC ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Assoc. PAC ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78703	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/21 Rpt: 22/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Physical Therapy Assn PAC	<b>7</b> Amount of Contribution (\$) \$1,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Travel Alliance PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tropp, Dustin	Amount of Contribution (\$) \$676.66
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) BuildRed LLC
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tropp, Dustin	Amount of Contribution (\$) \$36.44
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) BuildRed LLC
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxclair PC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/21 Rpt: 23/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00010470</u> ) Union Pacific Co. Fund for Effective Government .....  <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004	<b>7</b> Amount of Contribution (\$) \$2,000.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00274431</u> ) United Health Group PAC .....  Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jerry .....  Austin, TX 78711	Amount of Contribution (\$) \$520.51
	Principal occupation / Job title (See Instructions) self	Employer (See Instructions) consultant
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero PAC .....  San Antonio, TX 78269	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00093054</u> ) WALPAC For Responsible Government Political Action Committee .....  Bentonville, AR 72716	Amount of Contribution (\$) \$2,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/21 Rpt: 24/60
<b>2</b> FILER NAME Harris Davila, Caroline (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085754
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Weekly Properties
<b>Date</b> 09/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas BW-PAC	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanamandala, Raviraj	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Geotest Engineering
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeduru, Venkata	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Leander, TX 78641	
Principal occupation / Job title (See Instructions) Technology executive		Employer (See Instructions) mckesson

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/36 Rpt: 25/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/13/2025	5 Payee name Advantage Direct	
6 Amount (\$) \$300.00	7 Payee address; City; 1848 Brevard Rd  Arden, NC 28704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for campaign mailer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Advantage Direct	
Amount (\$) \$300.00	Payee address; City; 1848 Brevard Rd  Arden, NC 28704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for campaign mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Amazon	
Amount (\$) \$18.35	Payee address; City; 410 Terry Ave  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/36 Rpt: 26/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/07/2025	5 Payee name Amazon	
6 Amount (\$) \$38.88	7 Payee address; City; State; Zip Code 410 Terry Ave  Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Amazon	
Amount (\$) \$796.42	Payee address; City; State; Zip Code 410 Terry Ave  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Amazon	
Amount (\$) \$260.85	Payee address; City; State; Zip Code 410 Terry Ave  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/36 Rpt: 27/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/11/2025	5 Payee name Amazon	
6 Amount (\$) \$186.67	7 Payee address; City; State; Zip Code 410 Terry Ave  Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Amazon	
Amount (\$) \$38.88	Payee address; City; State; Zip Code 410 Terry Ave  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Amazon	
Amount (\$) \$195.95	Payee address; City; State; Zip Code 410 Terry Ave  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/36 Rpt: 28/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/15/2025	5 Payee name Amazon	
6 Amount (\$) \$65.81	7 Payee address; City; State; Zip Code 410 Terry Ave  Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Berry Communication	
Amount (\$) \$70,063.00	Payee address; City; State; Zip Code 1005 Congress Ave  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Camp Political	
Amount (\$) \$320.00	Payee address; City; State; Zip Code 401 NE 46t  Oklahoma City, OK 73105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct campaign mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/36 Rpt: 29/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/05/2025	5 Payee name Canje	
6 Amount (\$) \$137.69	7 Payee address; City; State; Zip Code 1914 E 6th ST  Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Capitol Giftshop Ext	
Amount (\$) \$48.71	Payee address; City; State; Zip Code 1400 Congress  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Capitol Giftshop	
Amount (\$) \$48.71	Payee address; City; State; Zip Code 1400 Congress  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/36 Rpt: 30/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/30/2025	5 Payee name Capitol Giftshop	
6 Amount (\$) \$142.89	7 Payee address; City; State; Zip Code 1400 Congress  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Centro Event Space	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 305 W Liberty  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising event rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Chuy's	
Amount (\$) \$51.96	Payee address; City; State; Zip Code 10520 N Lamar Blvd  Austin, TX 78753	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/36 Rpt: 31/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/09/2025	5 Payee name Chuy's	
6 Amount (\$) \$51.96	7 Payee address; City; 10520 N Lamar Blvd  Austin, TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Clay Madsen Rec Center	Office sought Office held
Date 11/20/2025	Payee name Clay Madsen Rec Center	
Amount (\$) \$100.00	Payee address; City; 1600 Gattis School Rd  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Costco	Office sought Office held
Date 12/15/2025	Payee name Costco	
Amount (\$) \$21.64	Payee address; City; 1901 Kelly Ln  Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Costco	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/36 Rpt: 32/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/03/2025	5 Payee name Fans Of Williamson Co. Animal Shelter	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 110 W.L. Walden Drive  Georgetown, TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 401 Congress  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Frost Bank	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 401 Congress  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/36 Rpt: 33/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/16/2025	5 Payee name Georgetown Area Republican Women PAC	
6 Amount (\$) \$10.50	7 Payee address; City; State; Zip Code 1530 Sun City Blvd. Suite 120 PMB-424  Georgetown, TX 78633	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Georgetown Area Republican Women	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1530 Sun City Blvd. Suite 120 PMB-424  Georgetown, TX 78633	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Goat Threads	
Amount (\$) \$1,496.86	Payee address; City; State; Zip Code 205 Mercy Way  Liberty Hill, TX 78642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign appareal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/36 Rpt: 34/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/07/2025	5 Payee name Greater Taylor Chamber of Commerce	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 1519 N Main St  Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Greater Taylor Chamber of Commerce	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1519 N Main St  Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Greater Taylor Chamber of Commerce	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1519 N Main St  Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/36 Rpt: 35/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/26/2025	5 Payee name H-E-B	
6 Amount (\$) \$134.40	7 Payee address; City; State; Zip Code 1700 E Palm Valley Blvd  Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/25/2025	Payee name H-E-B	
Amount (\$) \$148.98	Payee address; City; State; Zip Code 1700 E Palm Valley Blvd  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name H-E-B	
Amount (\$) \$89.90	Payee address; City; State; Zip Code 1700 E Palm Valley Blvd  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/36 Rpt: 36/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/15/2025	5 Payee name Heb Curbside	
6 Amount (\$) \$61.76	7 Payee address; City; State; Zip Code 1700 E Palm Valley Blvd  Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Hill Country Springs	
Amount (\$) \$51.82	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd  Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Hill Country Springs	
Amount (\$) \$154.10	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd  Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/36 Rpt: 37/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/01/2025	5 Payee name Hill Country Springs	
6 Amount (\$) \$51.82	7 Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd  Austin, TX 78747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name Honest Mary's	
Amount (\$) \$47.59	Payee address; City; State; Zip Code 4701 183 A  Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Hutto Area Chamber Of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 122 East ST  Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/36 Rpt: 38/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 09/29/2025	5 Payee name Hutto Area Chamber Of Commerce	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 122 East ST  Hutto, TX 78634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Hutto Area Chamber Of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 122 East ST  Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Hutto Area Chamber of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 122 East ST  Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 15/36 Rpt: 39/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/27/2025	5 Payee name Hyatt Lost Pines	
6 Amount (\$) \$77.62	7 Payee address; City; State; Zip Code 575 Hyatt Lost Pines Road  Lost Pines, TX 78612	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal and parking with staff during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/36 Rpt: 40/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/01/2025	5 Payee name JC & KTG Consulting	
6 Amount (\$) \$4,089.00	7 Payee address; City; 10601 Clarence Dr  Frisco, TX 75033	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name JC & KTG Consulting	
Amount (\$) \$4,000.00	Payee address; City; 10601 Clarence Dr  Frisco, TX 75033	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name JC & KTG Consulting	
Amount (\$) \$4,000.00	Payee address; City; 10601 Clarence Dr  Frisco, TX 75033	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/36 Rpt: 41/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/18/2025	5 Payee name JC & KTG Consulting	
6 Amount (\$) \$4,000.00	7 Payee address; City; 10601 Clarence Dr  Frisco, TX 75033	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Jack Allens Kitchen	
Amount (\$) \$73.91	Payee address; City; 211 Co-Op Blvd  Hutto, TX 78634	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Juiceland	
Amount (\$) \$26.42	Payee address; City; 12226 Ranch Road 62012226 Ranch Road 620 N  Austin, TX 78750	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/36 Rpt: 42/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/16/2025	5 Payee name Kelm, Chris	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1951 CR 451  Coupland, TX 78615	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser event meal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Lamppost Coffee	
Amount (\$) \$18.90	Payee address; City; State; Zip Code 109 East St  Hutto, TX 78634	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments with staff during campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Lamppost Coffee	
Amount (\$) \$17.15	Payee address; City; State; Zip Code 809 S Main St  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/36 Rpt: 43/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/18/2025	5 Payee name Lamppost Coffee	
6 Amount (\$) \$7.16	7 Payee address; City; 809 S Main St  Georgetown, TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Leander Chamber of Commerce	
Amount (\$) \$46.35	Payee address; City; 100 N Brushy St  Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name Leander Republican Women	
Amount (\$) \$750.00	Payee address; City; PO Box 551  Leander, TX 78646	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 20/36 Rpt: 44/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/18/2025	5 Payee name Mozarts Coffee Roaster	
6 Amount (\$) \$38.34	7 Payee address; City; 3825 Lake Austin Blvd  Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments with staff during campaign meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Newk's Eatery	
Amount (\$) \$10.79	Payee address; City; 408 Congress  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Old Settlers Association	
Amount (\$) \$1,000.00	Payee address; City; 3300 E Palm Valley  Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser event venue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 21/36 Rpt: 45/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/05/2025	5 Payee name Omni Fort Worth Hotel	
6 Amount (\$) \$228.69	7 Payee address; City; 1300 Houston St  Fort Worth, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Omni Fort Worth Hotel	
Amount (\$) \$207.84	Payee address; City; 1300 Houston St  Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Pecan Square Cafe	
Amount (\$) \$116.86	Payee address; City; 1200 W 6th  Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 22/36 Rpt: 46/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/27/2025	5 Payee name Perky Beans Cafe	
6 Amount (\$) \$40.84	7 Payee address; City; 2080 N US Hwy 183  Leander, TX 78641	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments with staff during campaign meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Phoebe's Diner	
Amount (\$) \$181.01	Payee address; City; 533 W Oltorf  Austin, TX 78704	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Phoebe's Diner	
Amount (\$) \$100.41	Payee address; City; 533 W Oltorf  Austin, TX 78704	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 23/36 Rpt: 47/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 11/21/2025	5 Payee name Round Rock Chamber of Commerce	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 909 Heritage Center Cir  Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Round Rock Chamber of Commerce	
Amount (\$) \$170.00	Payee address; City; State; Zip Code 910 Heritage Center Cir  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name Round Rock Chamber of Commerce	
Amount (\$) \$90.00	Payee address; City; State; Zip Code 910 Heritage Center Cir.  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 24/36 Rpt: 48/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 07/24/2025	5 Payee name Round Rock Chamber of Commerce	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 910 Heritage Center Cir.  Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name Round Rock Chamber of Commerce	
Amount (\$) \$90.00	Payee address; City; State; Zip Code 910 Heritage Center Cir.  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Snooze East Austin	
Amount (\$) \$126.04	Payee address; City; State; Zip Code 1109 E 5th ST  Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 25/36 Rpt: 49/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/14/2025	5 Payee name Starbucks	
6 Amount (\$) \$25.00	7 Payee address; City; 501 W 5th St  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Summer Moon	
Amount (\$) \$16.94	Payee address; City; 200 University Blvd  Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Summer Moon	
Amount (\$) \$16.24	Payee address; City; 200 University Blvd  Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 26/36 Rpt: 50/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/16/2025	5 Payee name Summer Moon	
6 Amount (\$) \$14.36	7 Payee address; City; 200 University Blvd  Round Rock, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Summer Moon	
Amount (\$) \$9.62	Payee address; City; 200 University Blvd  Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	Payee name Sweet Lemon Kitchen	
Amount (\$) \$62.40	Payee address; City; 812 S Church St  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 27/36 Rpt: 51/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/10/2025	5 Payee name Sweet Lemon Kitchen	
6 Amount (\$) \$56.03	7 Payee address; City; 812 S Church St  Georgetown, TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Sweet Lemon Kitchen	
Amount (\$) \$20.08	Payee address; City; 812 S Church St  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name Texas Correctional Industries: Austin Showroom	
Amount (\$) \$330.00	Payee address; City; 8801 South 1st Street  Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 28/36 Rpt: 52/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/12/2025	5 Payee name The Capitol Grill	
6 Amount (\$) \$10.82	7 Payee address; City; 1400 Congress  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name The Well	
Amount (\$) \$330.05	Payee address; City; 440 W 2nd Ave  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Tiff's Treats	
Amount (\$) \$46.97	Payee address; City; 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 29/36 Rpt: 53/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 10/03/2025	5 Payee name Tiff's Treats	
6 Amount (\$) \$46.97	7 Payee address; City; State; Zip Code 1806 Nueces St  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Trader Joe's	
Amount (\$) \$57.50	Payee address; City; State; Zip Code 211 Walter Seaholm Dr  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Uber Eats	
Amount (\$) \$299.49	Payee address; City; State; Zip Code 1455 Market St#400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 30/36 Rpt: 54/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/28/2025	5 Payee name Uber Eats	
6 Amount (\$) \$294.40	7 Payee address; City; 1455 Market St#400  San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for campaign meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Uber Eats	
Amount (\$) \$75.72	Payee address; City; 1455 Market St#400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/21/2025	Payee name Uber Eats	
Amount (\$) \$67.12	Payee address; City; 1455 Market St#400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 31/36 Rpt: 55/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/15/2025	5 Payee name Uber Eats	
6 Amount (\$) \$356.37	7 Payee address; City; State; Zip Code 1455 Market St#400  San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for campaign meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Uber Eats	
Amount (\$) \$178.80	Payee address; City; State; Zip Code 1455 Market St#400  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Uber One	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 1515 3rd Street,  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 32/36 Rpt: 56/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 09/15/2025	5 Payee name Uber One	
6 Amount (\$) \$9.99	7 Payee address; City; 1515 3rd Street,  San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for campaign use
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Uber One	
Amount (\$) \$9.99	Payee address; City; 1515 3rd Street,  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Uber One	
Amount (\$) \$9.99	Payee address; City; 1515 3rd Street,  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 33/36 Rpt: 57/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 08/14/2025	5 Payee name Unicorniverse Bakery	
6 Amount (\$) \$52.90	7 Payee address; City; 2400 S I35  Round Rock, TX 78671	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Vintage Arts Coffee	
Amount (\$) \$31.36	Payee address; City; 101 E Davilla St  Granger, TX 76530	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name VistaPrint	
Amount (\$) \$54.53	Payee address; City; 275 Wyman  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for campaign use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 34/36 Rpt: 58/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 12/17/2025	5 Payee name Walgreens	
6 Amount (\$) \$210.58	7 Payee address; City; State; Zip Code 5317 Williams Dr  Georgetown, TX 78633	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for political office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Whole Foods Market	
Amount (\$) \$29.17	Payee address; City; State; Zip Code 525 N Lamar Blvd  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments during campaign travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Williamson Co. Republican Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 716 S Rock St  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate filing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 35/36 Rpt: 59/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754
4 Date 09/30/2025	5 Payee name Williamson Co. Republican Party	
6 Amount (\$) \$500.00	7 Payee address; City; 716 S Rock St  Georgetown, TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Williamson Co. Republican Party	
Amount (\$) \$2,000.00	Payee address; City; 716 S Rock St  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Williamson Co. Republican Party	
Amount (\$) \$1,500.00	Payee address; City; 716 S Rock St  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 36/36 Rpt: 60/60	2 FILER NAME Harris Davila, Caroline (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085754	
4 Date 11/29/2025	5 Payee name Winred		
6 Amount (\$) \$322.74	7 Payee address; City; 1776 Wilson Blvd  Arlington, VA 22209		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online contributions processing fee for reporting period	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held