

**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<br>(Ethics Commission Filers)<br>00019811   | 2 Total pages filed:<br>17                                       |        |          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR  | FIRST<br>The Honorable<br>Yvonne    | MI   | <b>OFFICE USE ONLY</b>   |        |          |
|   | NICKNAME   | LAST<br>Davis                       | SUFFIX   | Date Received<br>ELECTRONICALLY FILED<br>01/15/2026              |        |          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>P.O. Box 763368<br><br>Dallas, TX 75376-3368   |                                     |  | Date Hand-delivered or Date Postmarked                           |        |          |
|   |  |                                     |  | Receipt #  | Amount |          |
|   |  |                                     |  | Date Processed   |        |          |
|   |  |                                     |  | Date Imaged  |        |          |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR  | FIRST<br>Ms.                        | MI   |  |        |          |
|   | NICKNAME   | LAST<br>Mattie M.<br><br>Youngblood | SUFFIX   |  |        |          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);<br>718 N. Hampton Rd.<br><br>DeSoto, TX 75115   |                                     | APT / SUITE #;   | CITY;  | STATE; | ZIP CODE |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE      PHONE NUMBER      EXTENSION<br>(972) 274-1627   |                                     |  |  |        |          |
| 8 REPORT<br>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)<br><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<br>COVERED   | Month<br>07/01/2025  | Day                                 | Year   | Month<br>12/31/2025  | Day    | Year     |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>03/03/2026  |                                     | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |        |          |
| 11 OFFICE   | OFFICE HELD (if any)<br>State Representative District 111  |                                     |  | 12 OFFICE SOUGHT (if known)<br>State Representative District 111 |        |          |

**GO TO PAGE 2**

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

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

2 of 17

|  |  |                                      |   |
|--|--|--------------------------------------|---|
| 13 C / OH NAME                                 | Davis, Yvonne (The Honorable)  |                                      | 14 Filer ID<br>(Ethics Commission Filers)<br>00019811 |
| 15 NOTICE<br>FROM<br>POLITICAL<br>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. |                                      |   |
| <input type="checkbox"/> Additional Pages      | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME                       |   |
|  |  | COMMITTEE ADDRESS                    |   |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME    |   |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |   |
| 16 CONTRIBUTION<br>TOTALS                      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS,<br>OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |                                      | \$ 0.00   |
|  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |                                      | \$ 5,100.00   |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |                                      | \$ 0.00   |
|  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   |                                      | \$ 42,842.36  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE<br>REPORTING PERIOD  |                                      | \$ 35,472.19  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY<br>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 Yvonne Davis

\_\_\_\_\_  
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**

3 of 17

|  |  |
|--|--|
| <b>18</b> FILER NAME<br>Davis, Yvonne (The Honorable)  | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00019811 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               |  |
| 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            |  |
| 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<br>TO FILER |  |
| SUBTOTAL AMOUNT  |  |
| \$ 5,100.00  |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$ 42,842.36   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |
| \$   |  |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/17  |
| <b>2</b> FILER NAME<br>Davis, Yvonne (The Honorable)                    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019811 |
| <b>4</b> Date<br>08/11/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lydia, Linda<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Duncanville , TX 75116              | <b>7</b> Amount of Contribution (\$)<br>\$100.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |   | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| <b>Date</b><br>07/24/2025   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Trial Lawyers Association PAC<br>.....<br><b>Contributor address; City; State; Zip Code</b><br><br>Austin, TX 78701 | <b>Amount of Contribution (\$)</b><br>\$5,000.00         |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                              |

# 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:<br>Sch: 1/13 Rpt: 5/17     | 2 FILER NAME<br>Davis, Yvonne (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>10/02/2025                                  | 5 Payee name<br>Aramark - Methodist Charlton Medical Center                                |  |
| 6 Amount (\$)<br>\$810.90                             | 7 Payee address; City; State; Zip Code<br>3500 West Wheatland Road<br><br>Dallas, TX 75237 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Catering and rental fee for Town Hall meeting   |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>12/18/2025                                    | Payee name<br>Bables, Don (Mr.)  |  |
| Amount (\$)<br>\$1,500.00                             | Payee address; City; State; Zip Code<br>2330 Appleton<br><br>Dallas, TX 75216              |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Entertainment expense for Annual Holiday event. |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>12/12/2025                                    | Payee name<br>Borner, Phil   |  |
| Amount (\$)<br>\$2,500.00                             | Payee address; City; State; Zip Code<br>1723 Richland Way<br><br>DeSoto, TX 75115          |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Catering for Annual Holiday Event.              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 2/13 Rpt: 6/17     | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>12/19/2025                                  | 5 Payee name<br>Borner, Phil  |  |
| 6 Amount (\$)<br>\$3,500.00                           | 7 Payee address; City;<br>1723 Richland Way<br><br>DeSoto, TX 75115   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Catering expense for annual Holiday event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/11/2025                                    | Payee name<br>C N Catering  |  |
| Amount (\$)<br>\$13,931.00                            | Payee address; City;<br>8805 Sovereign Row<br><br>Dallas, TX 75247  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Catering expense for fundraising event    |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>10/20/2025                                    | Payee name<br>Campbell, Ray   |  |
| Amount (\$)<br>\$650.00                               | Payee address; City;<br>1000 E. Red Bird<br><br>Dallas, TX 75241  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation - pastoral anniversary           |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 3/13 Rpt: 7/17     | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>07/24/2025                                  | 5 Payee name<br>Constant Contact  |  |
| 6 Amount (\$)<br>\$442.39                             | 7 Payee address; City; State; Zip Code<br>1601 Trapelo Road<br>Suite 329<br>Waltham, ME 02451 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email marketing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>08/24/2025                                    | Payee name<br>Constant Contact  |  |
| Amount (\$)<br>\$442.39                               | Payee address; City; State; Zip Code<br>1601 Trapelo Road<br>Suite 329<br>Waltham, ME 02451   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email Marketing |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/24/2025                                    | Payee name<br>Constant Contact  |  |
| Amount (\$)<br>\$442.39                               | Payee address; City; State; Zip Code<br>1601 Trapelo Road<br>Suite 329<br>Waltham, ME 02451   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email marketing |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 4/13 Rpt: 8/17     | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>10/24/2025                                  | 5 Payee name<br>Constant Contact  |  |
| 6 Amount (\$)<br>\$442.39                             | 7 Payee address; City; State; Zip Code<br>1601 Trapelo Road<br>Suite 329<br>Waltham, ME 02451 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email marketing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/24/2025                                    | Payee name<br>Constant Contact  |  |
| Amount (\$)<br>\$442.39                               | Payee address; City; State; Zip Code<br>1601 Trapelo Road<br>Suite 329<br>Waltham, ME 02451   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email marketing |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/24/2025                                    | Payee name<br>Constant Contact  |  |
| Amount (\$)<br>\$442.39                               | Payee address; City; State; Zip Code<br>1601 Trapelo Road<br>Suite 329<br>Waltham, ME 02451   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email marketing |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 5/13 Rpt: 9/17        | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>08/20/2025                                     | 5 Payee name<br>Dallas AFL-CIO  |  |
| 6 Amount (\$)<br>\$200.00                                | 7 Payee address; City; State; Zip Code<br>1408 N. Washington Ave #240<br><br>Dallas, TX 75204   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual Labor Day Event      |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>08/25/2025                                       | Payee name<br>HEB   |  |
| Amount (\$)<br>\$419.82                                  | Payee address; City; State; Zip Code<br>1000 E. 41st Street<br><br>Austin, TX 78751   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supplies for Capitol office |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/02/2025                                       | Payee name<br>Hobby Lobby   |  |
| Amount (\$)<br>\$9.73                                    | Payee address; City; State; Zip Code<br>316 N. Highway 67<br><br>Cedar Hill, TX 75104   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supplies for office         |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 6/13 Rpt: 10/17    | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>09/22/2025                                  | 5 Payee name<br>Hobby Lobby   |  |
| 6 Amount (\$)<br>\$145.63                             | 7 Payee address; City; State; Zip Code<br>316 N. Highway 67<br><br>Cedar Hill, TX 75104           |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Frame resolutions |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/09/2025                                    | Payee name<br>Hobby Lobby   |  |
| Amount (\$)<br>\$100.00                               | Payee address; City; State; Zip Code<br>316 N. Highway 67<br><br>Cedar Hill, TX 75104             |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Frame resolutions |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>07/16/2025                                    | Payee name<br>Hobby Lobby   |  |
| Amount (\$)<br>\$30.84                                | Payee address; City; State; Zip Code<br>316 N. Highway 67<br><br>Cedar Hill, TX 75104             |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Frame resolution  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 7/13 Rpt: 11/17       | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>11/10/2025                                     | 5 Payee name<br>Hobby Lobby   |  |
| 6 Amount (\$)<br>\$50.09                                 | 7 Payee address; City;<br>316 N. Highway 67<br><br>Cedar Hill, TX 75104                           |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Frame resolutions |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/17/2025                                       | Payee name<br>Hobby Lobby   |  |
| Amount (\$)<br>\$28.68                                   | Payee address; City;<br>316 N. Highway 67<br><br>Cedar Hill, TX 75104                             |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Frame Resolutions |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/24/2025                                       | Payee name<br>Hobby Lobby   |  |
| Amount (\$)<br>\$36.24                                   | Payee address; City;<br>316 N. Highway 67<br><br>Cedar Hill, TX 75104                             |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Frame resolutions |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 8/13 Rpt: 12/17    | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>09/03/2025                                  | 5 Payee name<br>Jets Pizza  |  |
| 6 Amount (\$)<br>\$110.79                             | 7 Payee address; City; State; Zip Code<br>3003 S. Lamar Blvd.<br><br>Austin, TX 78704             |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Refreshment for Capitol staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>08/19/2025                                    | Payee name<br>McShan Florist  |  |
| Amount (\$)<br>\$355.28                               | Payee address; City; State; Zip Code<br>10311 Garland Road<br><br>Dallas, TX 75218-0430           |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Memorial flowers              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>10/20/2025                                    | Payee name<br>McShan Florist  |  |
| Amount (\$)<br>\$214.14                               | Payee address; City; State; Zip Code<br>10311 Garland Road<br><br>Dallas, TX 75218-0430           |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Memorial flowers              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 9/13 Rpt: 13/17       | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>10/10/2025                                     | 5 Payee name<br>Renaissance Hotel   |  |
| 6 Amount (\$)<br>\$69.54                                 | 7 Payee address; City;<br>2222 Stemmons Freeway<br><br>Dallas, TX 75207   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Refreshment for staff |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>10/18/2025                                       | Payee name<br>Rucker, Patrick (Rev.)  |  |
| Amount (\$)<br>\$1,000.00                                | Payee address; City;<br>2721 Simpson Stuart Rd<br><br>Dallas, TX 75241  |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pastoral Anniversary  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>08/29/2025                                       | Payee name<br>Shoal Creek Saloon  |  |
| Amount (\$)<br>\$42.00                                   | Payee address; City;<br>909 N. Lamar Blvd<br><br>Austin, TX 78703   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Refreshment for staff |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 10/13 Rpt: 14/17      | 2 FILER NAME<br>Davis, Yvonne (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>08/29/2025                                     | 5 Payee name<br>Shoal Creek Saloon  |  |
| 6 Amount (\$)<br>\$167.88                                | 7 Payee address; City;<br>909 N. Lamar Blvd<br><br>Austin, TX 78703   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Refreshment for staff                     |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>07/22/2025                                       | Payee name<br>The Dallas Black Academy  |  |
| Amount (\$)<br>\$500.00                                  | Payee address; City;<br>650 S. Griffin Street<br><br>Dallas, TX 75202   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for event                        |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/19/2025                                       | Payee name<br>The Hall of Dragon  |  |
| Amount (\$)<br>\$4,495.00                                | Payee address; City;<br>1500 Dragon<br><br>Dallas, TX 75207   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Facility rental fee for fundraising event |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 11/13 Rpt: 15/17      | 2 FILER NAME<br>Davis, Yvonne (The Honorable)                               | 3 Filer ID (Ethics Commission Filers)<br>00019811  |
| 4 Date<br>07/01/2025                                     | 5 Payee name<br>Turner, Matt (Mr.)  |  |
| 6 Amount (\$)<br>\$1,500.00                              | 7 Payee address; City;<br>1801 Lavaca<br><br>Austin, TX 78701               |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Lodging | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Austin Apt Rent. |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought                                | Office held  |
| Date<br>08/01/2025                                       | Payee name<br>Turner, Matt (Mr.)  |  |
| Amount (\$)<br>\$1,500.00                                | Payee address; City;<br>1801 Lavaca<br><br>Austin, TX 78701                 |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Lodging | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Austin Apt Rent  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought                                | Office held  |
| Date<br>10/01/2025                                       | Payee name<br>Turner, Matt (Mr.)  |  |
| Amount (\$)<br>\$1,500.00                                | Payee address; City;<br>1801 Lavaca<br><br>Austin, TX 78701                 |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Lodging | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Austin Apt Rent. |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 12/13 Rpt: 16/17      | 2 FILER NAME<br>Davis, Yvonne (The Honorable)                               | 3 Filer ID (Ethics Commission Filers)<br>00019811   |
| 4 Date<br>09/01/2025                                     | 5 Payee name<br>Turner, Matt (Mr.)  |   |
| 6 Amount (\$)<br>\$1,500.00                              | 7 Payee address; City;<br>1801 Lavaca<br><br>Austin, TX 78701               |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Lodging | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Austin Apt Rent.           |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought                                | Office held   |
| Date<br>11/02/2025                                       | Payee name<br>Turner, Matt (Mr.)  |   |
| Amount (\$)<br>\$1,500.00                                | Payee address; City;<br>1801 Lavaca<br><br>Austin, TX 78701                 |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Lodging | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Austin Apt Rent |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought                                | Office held   |
| Date<br>12/01/2025                                       | Payee name<br>Turner, Matt (Mr.)  |   |
| Amount (\$)<br>\$1,500.00                                | Payee address; City;<br>1801 Lavaca<br><br>Austin, TX 78701                 |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Lodging | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Austin Apt Rent            |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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:<br>Sch: 13/13 Rpt: 17/17      | 2 FILER NAME<br>Davis, Yvonne (The Honorable)                                      | 3 Filer ID (Ethics Commission Filers)<br>00019811   |
| 4 Date<br>09/15/2025                                     | 5 Payee name<br>Women in Government  |   |
| 6 Amount (\$)<br>\$150.00                                | 7 Payee address; City;<br>1025 Vermont Ave NW<br>Suite 520<br>Washington, DC 20005 |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Fees           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership fee           |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought                                       | Office held   |
| Date<br>12/09/2025                                       | Payee name<br>Zoom US  |   |
| Amount (\$)<br>\$170.46                                  | Payee address; City;<br>55 Almaden Blvd, 6th Floor<br><br>San Jose, CA 95113       |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Fees           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual subscription fee. |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought                                       | Office held   |