

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)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Daniel

W

NICKNAME

LAST

SUFFIX

Dan

Davis

JR

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6818 Powell Lane, Manvel, TX 77578

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

230-0869

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Erica

N

NICKNAME

LAST

SUFFIX

Davis

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

6818 Powell Lane, Manvel, TX 77578

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

230-0870

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 23

THROUGH

Month

Day

Year

3 / 26 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

Local

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Mayor of Manvel

14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

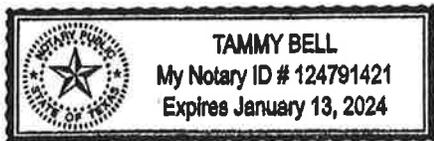
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Dan Davis		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,725.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,484.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,328.69

18 SIGNATURE 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.

[Handwritten Signature]

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dan Davis this the 24 day of March 2023, to certify which, witness my hand and seal of office.

[Signature] Tammy Bell *[Signature]*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Dan Davis		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,785.73
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,400
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,484.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1378.69
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Dan Davis

3 Filer ID (Ethics Commission Filers)

4 Date

1/23/23

5 Full name of contributor

Brian Wilmer

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

7821 Jordan St, Manvel, TX 77578

8 Principal occupation / Job title (See Instructions)

Park Manager

9 Employer (See Instructions)

Discovery Green

Date

1/23/23

Full name of contributor

Jim & Sue Pellcins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

6710 Davy Crockett Dr, Manvel, TX 77578

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

1/23/23

Full name of contributor

Missy Rice

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

5535 Del Bello Ln, Manvel, TX 77576

Principal occupation / Job title (See Instructions)

Retired Project Manager

Employer (See Instructions)

Retired Shell USA

Date

1/23/23

Full name of contributor

LeeAnn Hickman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

9307 Acorn Dr, Manvel, TX 77578

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) Ankit Patel	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 417 Rodeo Dr, Manvel, TX 77578	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Eckerd's Pharmacy
Date	Full name of contributor out-of-state PAC (ID#: _____) Peter Measells	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 6106 Falcon Ridge, Manvel, TX 77578	
Principal occupation / Job title (See Instructions) Construction Manager		Employer (See Instructions) Karsten Interior Services
Date	Full name of contributor out-of-state PAC (ID#: _____) Steven Rogge	Amount of contribution (\$) 20.23
	Contributor address; City; State; Zip Code 8305 Kirchner Rd, Manvel, TX 77578	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor out-of-state PAC (ID#: _____) Jeff Short	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 2624 Cypress Springs Dr, Manvel, TX 77578	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rampage Racing

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Justin Dunham	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 7211 Terra Court, Manvel, TX 77578	
8 Principal occupation / Job title (See Instructions) Senior District Sales Manager		9 Employer (See Instructions) Le Crest
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Cole Lankford	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 8304 Winningham Lane, Houston, TX 77055	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Triple L Consultants
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Tami Barton	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 7111 Limestone Circle, Manvel, TX 77578	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Laurie Cimrhanzel	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 7310 Wilson Dr, Manvel TX 77578	
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) MD Anderson Cancer Center

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Dan Davis

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/23

5 Full name of contributor

Suzette Griffin

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2202 Bunker Hill Court, Pearland, TX 77578

8 Principal occupation / Job title (See Instructions)

Assistant

9 Employer (See Instructions)

C9E Resources

Date

1/25/23

Full name of contributor

Laura Moorehead

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

5907 Clark Rd, Manvel, TX 77578

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

1/25/23

Full name of contributor

Joe Madsen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

16610 Meadow Ln, Danbury, TX 77528

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Self employed

Date

1/25/23

Full name of contributor

Megan Walker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3233 West Dallas St, Houston, TX 77011

Principal occupation / Job title (See Instructions)

Product Manager

Employer (See Instructions)

Amazon

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Dan Davis		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor Jason Hathaway <small>out-of-state PAC (ID#: _____)</small>	100.00
6 Contributor address; City; State; Zip Code 6808 Iceithwood Cir S, Pearland, TX 77584		
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self-employed
Date 1/26/23	Full name of contributor John Hunt <small>out-of-state PAC (ID#: _____)</small>	2,500.00
Contributor address; City; State; Zip Code 10619 Northheavens Park Dr, Houston, TX 77024		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-employed
Date 1/27/23	Full name of contributor Travis Clark <small>out-of-state PAC (ID#: _____)</small>	200.00
Contributor address; City; State; Zip Code 9923 Hubble Dr, Iowa Colony, TX 77583		
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Lyondell Basell
Date 1/28/23	Full name of contributor Charles Blain <small>out-of-state PAC (ID#: _____)</small>	100.00
Contributor address; City; State; Zip Code 5616 Jackson St, Houston, TX 77004		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Don Davis		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/23	5 Full name of contributor out-of-state PAC (ID#: _____) James Haase <hr/> 6 Contributor address; City; State; Zip Code 7015 Limestone Cir, Manuel, TX 77578	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1/30/23	Full name of contributor out-of-state PAC (ID#: _____) Jack Levy <hr/> Contributor address; City; State; Zip Code Vinca Court, Cypress, TX 77429	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/31/23	Full name of contributor out-of-state PAC (ID#: _____) John Nessenhafer <hr/> Contributor address; City; State; Zip Code PO Box 3085, Pearland, TX 77588	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 2/4/23	Full name of contributor out-of-state PAC (ID#: _____) Joe Schneider <hr/> Contributor address; City; State; Zip Code 13802 CR 185, Alvin, TX 77511	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Schneider + Investment Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME Don Davis 3 Filer ID (Ethics Commission Filers)

4 Date <u>2/4/23</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>David Lands</u>	7 Amount of contribution (\$) <u>2,500.00</u>
6 Contributor address; City; State; Zip Code <u>6411 Patterson Dr Manvel TX 77578</u>		

8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired

Date <u>2/8/23</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Jerry Cao</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>2885 Parkside Village Ct Pearland TX 77581</u>		

Principal occupation / Job title (See Instructions) Optometrist Employer (See Instructions) TWO-C-Eyecare

Date <u>2/10/23</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>John Nesselthaler</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>PO Box 3065 Pearland TX 77566</u>		

Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired

Date <u>2/10/23</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Stewart Martin</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>7516 Palmetto St Manvel TX 77578</u>		

Principal occupation / Job title (See Instructions) Pastor Employer (See Instructions) Church of Harvest

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Dan Davs		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/23	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Lowe	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 20391 Hwy 6 Manuel TX 77578		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self
Date 2/16/23	Full name of contributor out-of-state PAC (ID#: _____) Icelton Glasscock	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6410 Old Chocolate Bayou Manuel TX 77578		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/23	Full name of contributor out-of-state PAC (ID#: _____) Travis Clark	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 9923 Hubble Dr Iowa Colony TX 77589		
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Lyondell Bassell
Date 2/24/23	Full name of contributor out-of-state PAC (ID#: _____) Bobby Currier	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6726 Travis St Manuel TX 77578		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Dan Davis		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor out-of-state PAC (ID#: _____) Justin Betson	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 11815 Santa Fe Trl Santa Fe TX 77510		
8 Principal occupation / Job title (See Instructions) Branch Manager		9 Employer (See Instructions) Amocco FCU
Date 3/4/23	Full name of contributor out-of-state PAC (ID#: _____) Justin Betson	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 11815 Santa Fe Trl Santa Fe TX 77510		
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Amocco FCU
Date 3/17/23	Full name of contributor out-of-state PAC (ID#: _____) Linda Howell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6731 Granger Ln Marvell TX 77578		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/27/23	Full name of contributor out-of-state PAC (ID#: _____) Dan Davis	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6818 Powell Lane Marvell TX 77578		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Dan Davis</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>3,400</u>	
5 Date <u>1/24/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan & Linda Davis</u>	8 Amount of Contribution \$ <u>3,400</u>	9 In-kind contribution description <u>Advertising</u>
7 Contributor address; City; State; Zip Code <u>6523 Falcon Ridge Manvel TX 77578</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Director of IT</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Flowers</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Don Davis	3 Filer ID (Ethics Commission Filers)
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4 Date 1/23/23	5 Payee name Amazon
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6 Amount (\$) 49.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109
--------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Envelopes
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-------------------------------------------------------	-------------------------------	---------------	-------------

Date 1/23/23	Payee name Canva
------------------------	----------------------------

Amount (\$) 12.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 110 Kippax St Surry Hills, Australia
------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Subscription for graphics
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 1/23/23	Payee name Apple
------------------------	----------------------------

Amount (\$) 43.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Apple Parkway, Cupertino CA 95014
------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description App for texting
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
----------------------------------	----------------------------------	----------------------------------------------

4 Date 3/20/23	5 Payee name facebook
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6 Amount (\$) 446.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Ads
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/25/23	Payee name Next Day fliers
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Amount (\$) 72.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8000 Haskell Ave, Van Nuys, CA 91406
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Stickers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/27/23	Payee name ⁽¹⁰²⁾ Silverlake Postal
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Amount (\$) 97.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3422 Business Center Dr, Pearland TX 77584
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Letters
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Don Davis	3 Filer ID (Ethics Commission Filers)
4 Date 2/7/23	5 Payee name Center Court Pizza	
6 Amount (\$) 98.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3331 Meridiana Pkwy, Iowa Colony TX 77583	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Event Food
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 2/5/23	5 Payee name Discovery Marketing	
6 Amount (\$) 480.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 75113 Houston TX 77275	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Merch
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 2/17/23	5 Payee name HEB	
6 Amount (\$) 27.3 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2805 Business Center Dr. Pearland TX 77584	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Beverage Expense	Description Meet & greet drinks
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
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4 Date 1/27/23	5 Payee name Brazoria County
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6 Amount (\$) 25.75	7 Payee address; 1524 E Mulberry St Angleton TX 7755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Voter data
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/23	Payee name USPS
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Amount (\$) 189.00	Payee address; 6925 Masters Rd Manvel TX 77578
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Stamps
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/31/23	Payee name Brandon Fincher
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Amount (\$) 250	Payee address; 24222 High Country Dr Hockley TX 77447
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Photos
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/23	5 Payee name First Cup	
6 Amount (\$) 11.37	7 Payee address; City; State; Zip Code 2645 E Broadway St Pearland TX 77578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Beverage Exp	(b) Description Campaign Meeting
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/2/23	Payee name From You flowers	
Amount (\$) 148.78	Payee address; City; State; Zip Code 483 West 37th St. New York NY 10018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Gifts
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/2/23	Payee name Two Way Signs	
Amount (\$) 3897.02	Payee address; City; State; Zip Code 12999 Murphy Rd C2 Stafford TX 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Car Wrap
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/23	5 Payee name First Watch	
6 Amount (\$) 41.63	7 Payee address; City; State; Zip Code 2960 Pearland Pkwy #100 Pearland TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Campaign Meeting
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/2/23	Payee name From You flowers	
Amount (\$) 132.52	Payee address; City; State; Zip Code 483 West 37th St New York NY 10018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Gifts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/6/23	Payee name Southfork Postal	
Amount (\$) 2,460.94	Payee address; City; State; Zip Code 3422 Business Center Dr Pearland Tx 77584	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Dan Davis</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/8/23</u>	5 Payee name <u>STI Graphics Inc</u>	
6 Amount (\$) <u>\$19.60</u>	7 Payee address; City; State; Zip Code <u>1225 Alma St Tomball, TX 77578</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Billboard Print</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/13/23</u>	Payee name <u>Alvin Manuel Chamber</u>	
Amount (\$) <u>250.00</u>	Payee address; City; State; Zip Code <u>105 Willis St Alvin TX 77511</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Event Sponsorship</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/14/23</u>	Payee name <u>Manvel Baseball Booster Club</u>	
Amount (\$) <u>150.00</u>	Payee address; City; State; Zip Code <u>19601 Hwy 6 Manvel TX 77578</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Other</u>	Description <u>donation</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/23	5 Payee name Wolbar General	
6 Amount (\$) 10.77	7 Payee address; City; State; Zip Code 19419 Hwy 6 Mameel TX 7578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description meet greet supplies
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/23	Payee name from you flowers		
Amount (\$) 181.11	Payee address; City; State; Zip Code 483 West 32nd St New York NY 10018		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description gifts	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/23	Payee name E canvasser		
Amount (\$) 379.00	Payee address; City; State; Zip Code Out of Country Dublin OH		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Block walking app	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/23	5 Payee name Alvin Sunrise Rot.	
6 Amount (\$) 103.00	7 Payee address; City; State; Zip Code PO Box 42 Alvin TX 77512	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sponsorship
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/16/23	Payee name Goodwill	
Amount (\$) 40.00	Payee address; City; State; Zip Code 3265 East Broadway St Pearland TX 77551	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description event outfit
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/9/23	Payee name Discover (100) Marketing Manuel MI Police Ass	
Amount (\$) 541.80	Payee address; City; State; Zip Code PO Box 361 Manvel TX 77578	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (100) Other Advertising	Description Sponsorship
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
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4 Date 3/10/23	5 Payee name Amazon
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6 Amount (\$) 12.98	7 Payee address; City; State; Zip Code 4110 Terry Ave N Seattle WA 98109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Sign Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/10/23	Payee name Actions, Inc
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Amount (\$) 100.00	Payee address; City; State; Zip Code 1524 E Mulberry Suite 135 Angleton Tx 77515
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Donation at event
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/13/23	Payee name L-H
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Amount (\$) 50.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Raffle tickets
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dan Davis	3 Filer ID (Ethics Commission Filers)
4 Date 3/14/23	5 Payee name Priority Printing	
6 Amount (\$) 161.29 (00) 2/14/23	7 Payee address;	City; State; Zip Code
	18900 NW Hwy #105 Houston TX	77092
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Banner
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/20/23	Payee name Ecanvasser	
Amount (\$) 379.00	Payee address;	City; State; Zip Code
	Out of Country	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Other	Blockwalking App
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/21/23	Payee name Anedot	
Amount (\$) 426.21	Payee address;	City; State; Zip Code
	5555 Hilton Ave Benton Rouge LA	70808
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fundraising	fund processing fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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