

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR			
		FIRST		MI	
		LAST		SUFFIX	
4 ORIGINAL REPORT TYPE		Runoff		Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 6th day before election		<input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report		Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED		Month Day Year		Date Processed	
		1 / 18 / 17 THROUGH 4 / 06 / 17		Date Imaged	

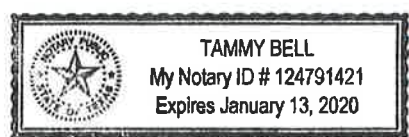
6 EXPLANATION OF CORRECTION

① Orig. INV Amt 193.21 Amt Chg Credit CARD 193.17
 ② Vendor submitted INV / NEVER CHARGED Cr. CARD
 ③ Transposition of cents
 ④ Vendor charged to personal rather than campaign credit CARD.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Debra M. Davison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debra Davison, this the 17 day of July, 2017, to certify which, witness my hand and seal of office.

Tammy Bell Signature of officer administering oath
 Tammy Bell Printed name of officer administering oath
City Secretary Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

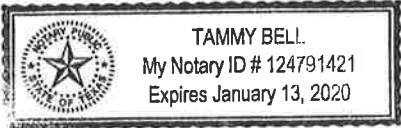
14 C/OH NAME DEBRA DAVISON 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2500.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1258.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1241.72</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Debra H. Davison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debra Davison, this the 17 day of July, 2017, to certify which, witness my hand and seal of office.

Tammy Bell Signature of officer administering oath
Tammy Bell Printed name of officer administering oath
City Secretary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2500. ⁰⁰
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 1258.28
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1480.24
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debra Davison

3 Filer ID (Ethics Commission Filers)

4 Date

1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Stephen Davison

7 Amount of contribution (\$)

500

6 Contributor address; City; State; Zip Code 77578

9801 LIVE OAK CT MANVEL TX

8 Principal occupation / Job title (See Instructions)

Food Sales

9 Employer (See Instructions)

U.S. Foods

Date

2/01

Full name of contributor out-of-state PAC (ID#: _____)

Charles & Linda Lyrock

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code 77578

9825 LIVE OAK CT MANVEL TX

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/21

Full name of contributor out-of-state PAC (ID#: _____)

MARY ANN MCKENZIE

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code 78735

3813 VERANO DR AUSTIN TX

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

SELF

Date

3/14

Full name of contributor out-of-state PAC (ID#: _____)

KELTON GLASSCOCK

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code 77578

6410 Old Chocolate Bayou Rd
Manvel, TX

Principal occupation / Job title (See Instructions)

Banking

Employer (See Instructions)

JNB Bank A&A

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 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	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: <i>3</i>	2 FILER NAME <i>DEBRA DAVISON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-27-17</i>	5 Payee name <i>A'DEAS</i>	
6 Amount (\$) <i>193.17</i>	7 Payee address; City; State; Zip Code <i>719 S. St Francis Wichita KS. 67211</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Orig Inv Co. 195.21 Amt Chg. C/CARD 193.17 ADVERTISING</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name
		<i>Doorhangers</i> Office held

Date <i>3-6-17</i>	Payee name <i>U3 MKT.</i>	
Amount (\$) <i>342.94</i>	Payee address; City; State; Zip Code <i>5200 Mitchelldale St. Ste F22 Houston Tx 77092</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name
		Office held

Date	Payee name <i>A'DEAS</i>	
Amount (\$)	Payee address; City; State; Zip Code <i>\$25 chg never deducted or charged to CARD</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 3		2 FILER NAME DEBRA DAVIDSON		3 Filer ID (Ethics Commission Filers)	
4 Date 3.28.17		5 Payee name AIDIAS			
6 Amount (\$) 218.24		7 Payee address; City; State; Zip Code 719 S. St Francis Wichita KS 67211			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3.28.17		Payee name U3 MKT			
Amount (\$) 324.71		Payee address; City; State; Zip Code 5200 Mitchell Dale St. Ste 722 Hous. Tx 77092			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transposition of \$		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4.3.17		Payee name U3 MKT			
Amount (\$) -243.54		Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Chg to person + AMEX Vendor Error		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 _____				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Purchasing 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 F1: **3** 2 FILER NAME: **Debra Davison** 3 Filer ID (Ethics Commission Filers)

4 Date: **3/30/17** 5 Payee name: **Super Cheap Signs**
6 Amount (\$): **179.22** 7 Payee address: **9200 Waterford Centre Blvd, Suite 100 Austin, TX 78758**

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

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

Date: _____ Payee name: _____

Amount (\$): _____ Payee address: _____ City: _____ State: _____ Zip Code: _____

PURPOSE OF EXPENDITURE: _____
Category: See Categories listed at the top of this schedule.
Description: Check if travel outside of Texas. Complete Schedule F.
 Check if Austin, TX, officeholder living expense.

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

Date: _____ Payee name: _____

Amount (\$): _____ Payee address: _____ City: _____ State: _____ Zip Code: _____

PURPOSE OF EXPENDITURE: _____
Category: See Categories listed at the top of this schedule.
Description: Check if travel outside of Texas. Complete Schedule F.
 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

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		2 FILER NAME Debra Davison		3 Filer ID (Ethics Commission Filers)	
4 Date 3/28/17		5 Payee name Clear Channel Houston			
6 Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City, State, Zip Code 12852 Westheimer Houston, Tx 77077			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	
Date 3/28/17		Payee name ABI Digital Solutions			
Amount (\$) 486.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City, State, Zip Code 851 N. FM 3083 E Conroe, Tx 77303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	
Date 4-3-17		Payee name U3 Mkt			
Amount (\$) 243.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City, State, Zip Code 5200 Mitchelldale Ste 22 Hous 77093			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): Ad		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	

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