

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | |
|---------------------------------------|--|---|---------------------------------------|---|--|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: <u>25</u> | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>Mr</u> | FIRST <u>Daniel</u> | MI <u>W</u> | Date Received <u>9-14-2023</u> <u>3:14PM</u> <u>A Deaton</u> | |
| | NICKNAME <u>Den</u> | LAST <u>Davis</u> | SUFFIX <u>JR</u> | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Final report | | Date Hand-delivered or Date Postmarked |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | Other (specify) | | |
| | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | | Receipt # |
| | <input type="checkbox"/> 8th day before election | | | Amount \$ | |
| 5 ORIGINAL PERIOD COVERED | Month | Day | Year | Month | Day |
| | <u>1</u> | <u>1</u> | <u>23</u> | THROUGH | <u>3</u> |
| Date Imaged | | | | | |

6 EXPLANATION OF CORRECTION
Resubmitting full report with all contributions & expenditures in proper report

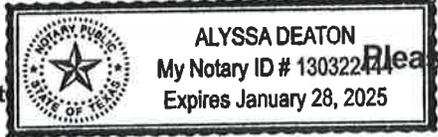
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.

[Signature]
Signature of Candidate/Officeholder



(1) Affidavit

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daniel Davis this the 14th day of September 2023, to certify which, witness my hand and seal of office.

Alyssa Deaton Alyssa Deaton Assistant City Secretary
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)

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 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

NICKNAME

LAST

SUFFIX

Mr Daniel W
Don Davis JR

OFFICE USE ONLY

Date Received

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

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Erica N
Davis

Receipt #

Amount \$

Date Processed

Date Imaged

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 / 20 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

Primary

Runoff

ELECTION TYPE

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**

| | | |
|--------------------------------|--|---|
| 16 C/OH NAME | | 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 | \$ 10,910.99 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 4,814.24 |
| 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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 | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 15,725.23 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3,400 |
| 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 | \$ 10,910.09 |
| 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 | \$ 1,328.69 |
| 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

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Wilmer | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 7804 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Jima Sue Perkins | 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Missy Rice | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 5535 Del Bello Ln, Manvel, TX 77578 | | |
| Principal occupation / Job title (See Instructions) Project Manager | | Employer (See Instructions) Shell USA |
| Date 1/23/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Ann Hickman | Amount of contribution (\$) 300.00 |
| Contributor address; City; State; Zip Code 9302 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 <i>Dan Davis</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/24/23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ankit Patel</i> | 7 Amount of contribution (\$) <i>50.00</i> |
| 6 Contributor address; City; State; Zip Code <i>47 Podedo Dr Manuel TX 77578</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Pharmacist</i> | | 9 Employer (See Instructions) <i>Eckerd's Pharmacy</i> |
| Date <i>1/24/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter Measells</i> | Amount of contribution (\$) <i>100.00</i> |
| Contributor address; City; State; Zip Code <i>6406 Falcon Ridge Manuel Tx 77578</i> | | |
| Principal occupation / Job title (See Instructions) <i>Construction Manager</i> | | Employer (See Instructions) <i>Karsten Interior Services</i> |
| Date <i>1/24/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Rogge</i> | Amount of contribution (\$) <i>20.23</i> |
| Contributor address; City; State; Zip Code <i>8305 Kirchner Rd Manuel TX 77578</i> | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date <i>1/25/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Shoff</i> | Amount of contribution (\$) <i>50.00</i> |
| Contributor address; City; State; Zip Code <i>2624 Cypress Springs Dr Manuel TX 77578</i> | | |
| Principal occupation / Job title (See Instructions) <i>Owner</i> | | Employer (See Instructions) <i>Rampage Racing</i> |

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 <i>Dan Davis</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/25/23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin Dunham</i> | 7 Amount of contribution (\$) <i>25.00</i> |
| 6 Contributor address; City; State; Zip Code <i>7211 Terra Court Manvel TX 77578</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Senior District Sales Manager</i> | | 9 Employer (See Instructions) <i>Le Crest</i> |
| Date <i>1/25/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cole Lankford</i> | Amount of contribution (\$) <i>2,500</i> |
| Contributor address; City; State; Zip Code <i>8304 Winningham Ln Houston TX 77055</i> | | |
| Principal occupation / Job title (See Instructions) <i>Manager</i> | | Employer (See Instructions) <i>Triple L Consultants</i> |
| Date <i>1/25/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tami Barton</i> | Amount of contribution (\$) <i>100.00</i> |
| Contributor address; City; State; Zip Code <i>7111 Limestone Cr Manvel TX 77578</i> | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date <i>1/25/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laurie Cimrhanzel</i> | Amount of contribution (\$) <i>50.00</i> |
| Contributor address; City; State; Zip Code <i>7310 Wilson Dr Manvel TX 77578</i> | | |
| Principal occupation / Job title (See Instructions) <i>Program Manager</i> | | Employer (See Instructions) <i>MID Anderson</i> |

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

Suzette Griffin

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7007 Bunkerhill Ct, Pearland TX 77578

8 Principal occupation / Job title (See Instructions)

Assistant

9 Employer (See Instructions)

C&E Resources

Date

1/25/23

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

Laura Moorehead

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

5907 Clark Rd Manuel TX 77578

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

1/25/23

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

Joe Madsen

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

16610 Meadow Ln Danbury TX 77521

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Self employed

Date

1/25/23

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

Megan Walker

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

3233 West Dallas St Houston TX 77019

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

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

6808 Keithwood Cir S Pearland TX 77581

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

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

Amount of contribution (\$)

2,500

Contributor address;

City;

State;

Zip Code

10619 Northevans Park Dr Houston TX 77024

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

Date

1/27/23

Full name of contributor

Travis Clark

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

Amount of contribution (\$)

200

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

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

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

5616 Jackson St Houston TX 77004

Principal occupation / Job title (See Instructions)

Consultant

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.

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 <i>Don Davis</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/30/23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Hoase</i> | 7 Amount of contribution (\$) <i>50</i> |
| 6 Contributor address; City; State; Zip Code <i>7015 Limestone Cir Marvel TX 77578</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Retired</i> | | 9 Employer (See Instructions) <i>Retired</i> |
| Date <i>1/30/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack Levy</i> | Amount of contribution (\$) <i>2,500</i> |
| Contributor address; City; State; Zip Code <i>Vinca Court Cypress TX 77429</i> | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date <i>1/31/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Nesenstaler</i> | Amount of contribution (\$) <i>100</i> |
| Contributor address; City; State; Zip Code <i>PO Box 3085 Pearland TX 77588</i> | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date <i>2/4/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Schneider</i> | Amount of contribution (\$) <i>500</i> |
| Contributor address; City; State; Zip Code <i>13807 CR185 Alvin TX 77511</i> | | |
| Principal occupation / Job title (See Instructions) <i>Owner</i> | | Employer (See Instructions) <i>Schneider Investment</i> |

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 2/4/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Lands | 7 Amount of contribution (\$) 2,500 |
| 6 Contributor address; City; State; Zip Code 6411 Patterson Dr Manuel TX 77578 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 2/8/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Cao | Amount of contribution (\$) 200 |
| Contributor address; City; State; Zip Code 2805 Parkside Village Ct Pearland TX 77581 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) Two-c-eyecare |
| Date 2/10/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart Martin | Amount of contribution (\$) 200 |
| Contributor address; City; State; Zip Code 7516 Palmetto St Manuel TX 77578 | | |
| Principal occupation / Job title (See Instructions) Pastor | | Employer (See Instructions) Church of Harvest |
| Date 2/15/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie Lowe | Amount of contribution (\$) 1100 |
| Contributor address; City; State; Zip Code 20351 Hwy 6 Manuel 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.

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 <i>Den Davis</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/21/23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelton Glasscock</i> | 7 Amount of contribution (\$) <i>500</i> |
| 6 Contributor address; City; State; Zip Code <i>6410 Old Chocolate Bayou Marvell TX 77578</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>retired</i> | | 9 Employer (See Instructions) <i>Retired</i> |
| Date <i>2/22/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Travis Clark</i> | Amount of contribution (\$) <i>200</i> |
| Contributor address; City; State; Zip Code <i>9923 Hubbe Dr Iowa Colony TX 77583</i> | | |
| Principal occupation / Job title (See Instructions) <i>Operations</i> | | Employer (See Instructions) <i>Lyondell Basell</i> |
| Date <i>2/24/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobby Currier</i> | Amount of contribution (\$) <i>100</i> |
| Contributor address; City; State; Zip Code <i>6726 Travis St Marvell TX 77578</i> | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date <i>2/28/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin Batsen</i> | Amount of contribution (\$) <i>50</i> |
| Contributor address; City; State; Zip Code <i>11815 Santa Fe Trl Santa Fe TX 77510</i> | | |
| Principal occupation / Job title (See Instructions) <i>Branch Manager</i> | | Employer (See Instructions) <i>Amocco FCU</i> |

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

3/4/23

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

Justin Batsen

7 Amount of contribution (\$)

50

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

3/17/23

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

Linda Howell

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

6731 Granger Ln Manvel TX 77578

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

1/23/23

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

Don Davis

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

6818 Powell Ln Manvel TX 77578

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 1 | |
| 2 FILER NAME Dan Davis | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 3,400 | |
| 5 Date 1/24/23 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan & Linda Davis | 8 Amount of Contribution \$ 3,400 | 9 In-kind contribution description Advertising |
| 7 Contributor address; City; State; Zip Code 6523 Falcon Ridge Manvel Tx 77578 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Director of IT | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Flowers | |
| 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 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| | | | |
| 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 Dan Davis | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|----------------------------------|--|

| | |
|--------------------------|-------------------------------|
| 4 Date 1/27/23 | 5 Payee name Amazon |
|--------------------------|-------------------------------|

| | |
|--|--|
| 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 |
|--|--|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Envelopes |
| | (c) <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 | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------|---------------------|
| Date 1/27/23 | Payee name Canva |
|-----------------|---------------------|

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

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Subscription for graphics |
| | <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 | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|---------------------|
| Date 1/27/23 | 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 |
|---|---|

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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description App for texting |
| | <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 | 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 | |
| 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 | |
| 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 <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date 1/25/23 | Payee name Next Day fliers | |
| Amount (\$) 77.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 8000 Haskell Ave, Van Nuys, CA 91406 | |
| 8 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 <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date 1/27/23 | Payee name Southfork Silverlake Postal | |
| 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 | |
| 8 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 <input type="checkbox"/> Office held <input type="checkbox"/> |

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 Don Davis | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|----------------------------------|--|

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|-------------------------|---|
| 4 Date 2/3/23 | 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 75983 |
|--|--|

| | | |
|---------------------------------|---|--|
| 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. | 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 2/5/23 | Payee name Discovery Marketing |
|-----------------------|--|

| | |
|---|--|
| Amount (\$) 480.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 75113 Houston TX 77275 |
|---|--|

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

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

| | |
|------------------------|--------------------------|
| Date 2/17/23 | Payee name HEB |
|------------------------|--------------------------|

| | |
|---|---|
| Amount (\$) 27.3 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2805 Business Center Dr. Pearland TX 77584 |
|---|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Beverage Expense | Description Meet & greet drinks |
| | 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 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 |
|-----------------------|-------------------------------------|

| | |
|----------------------------|---|
| 6 Amount (\$) 25.75 | 7 Payee address; City; State; Zip Code 1524 E Mulberry St Angleton TX 77515 |
|----------------------------|---|

| | | |
|--------------------------|---|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Voter Data |
| | (c) <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 | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------|------------------------|
| Date 1/30/23 | Payee name USPS |
|---------------------|------------------------|

| | |
|---------------------------|--|
| Amount (\$) 189.00 | Payee address; City; State; Zip Code 6925 Masters Rd Manvel TX 77578 |
|---------------------------|--|

| | | |
|------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Stamps |
| | <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 | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------|-----------------------------------|
| Date 1/31/23 | Payee name Brandon Fincher |
|---------------------|-----------------------------------|

| | |
|------------------------|---|
| Amount (\$) 250 | Payee address; City; State; Zip Code 24222 High Country Dr Hockley TX 77447 |
|------------------------|---|

| | | |
|------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Photos |
| | <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 | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Beverage | (b) Description Meeting |
| | <input type="checkbox"/> (c) 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 2/2/23 | Payee name From You Flowers | |
| Amount (\$) 198.78 | 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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Ct Stafford Tx 77477 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Car Wrap |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Don 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 2560 Pearland Pkwy #100 Pearland TX 77581 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food | (b) Description Meeting |
| | (c) <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 2/2/23 | Payee name From You Flowers | | |
| Amount (\$) 132.52 | Payee address; City; State; Zip Code 4183 West 37th St New York NY 10018 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Gifts | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/6/23 | Payee name Southfork Posters | | |
| 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) Advertise | Description Signs | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 2/8/23 | 5 Payee name STI Graphics Inc | |
| 6 Amount (\$) 519.60 | 7 Payee address; City; State; Zip Code 1225 Alma St Tomball Tx 77578 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Billboard |
| | (c) <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 Office held |

| | | |
|---|---|----------------------------|
| Date 2/13/23 | Payee name Alvin Manvel Chamber | |
| Amount (\$) 250 | Payee address; City; State; Zip Code 105 Willis St Alvin TX 77511 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sponsorship |
| | <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 Office held |

| | | |
|---|---|---------------------------|
| Date 2/14/23 | Payee name Manvel Baseball Booster | |
| Amount (\$) 150 | Payee address; City; State; Zip Code 19601 Hwy 6 Manvel TX 77578 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description donation |
| | <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 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 Don Davis | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------|---------------------------------------|

| | |
|-----------------------|-----------------------------|
| 4 Date 1/23/23 | 5 Payee name Anecdot |
|-----------------------|-----------------------------|

| | |
|-----------------------------|---|
| 6 Amount (\$) 126.21 | 7 Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge LA 70808 |
|-----------------------------|---|

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|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fundraising | (b) Description Fees from 1/23 - 3/21 |
| | (c) <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 2/21/23 | Payee name Dollar General |
|---------------------|----------------------------------|

| | |
|--------------------------|--|
| Amount (\$) 10.77 | Payee address; City; State; Zip Code 19419 Hwy 6 Manvel TX 77578 |
|--------------------------|--|

| | | |
|------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event | Description Supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/21/23 | 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 Gift |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|-------------------|----------------------------|
| 4 Date 2/21/23 | 5 Payee name Ecanvasser |
|-------------------|----------------------------|

| | |
|----------------------|---|
| 6 Amount (\$) 379 | 7 Payee address; City; State; Zip Code Out of Country Dublin |
|----------------------|---|

| | | |
|------------------------------------|---|---------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Solicitation |
| | (c) <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 | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|------------------------------------|
| Date 2/27/23 | Payee name Alvin Sunrise Rotary |
|-----------------|------------------------------------|

| | |
|--------------------|---|
| Amount (\$) 103 | Payee address; City; State; Zip Code PO Box 412 Alvin TX 77512 |
|--------------------|---|

| | | |
|------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sponsorship |
| | <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 | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|----------------|------------------------|
| Date 3/6/23 | Payee name Goodwill |
|----------------|------------------------|

| | |
|-----------------------|---|
| Amount (\$) 410.02 | Payee address; City; State; Zip Code 3265 E. Broadway St Pearland TX 77511 |
|-----------------------|---|

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|------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Outfit for event |
| | <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 | 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 3/9/23 | 5 Payee name Manvel Police Assoc | |
| 6 Amount (\$) 514.80 | 7 Payee address; City; State; Zip Code PO Box 361 Manvel TX 77578 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertise | (b) Description Sponsorship |
| | (c) <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 3/10/23 | Payee name Amazon | |
| Amount (\$) 12.98 | Payee address; City; State; Zip Code 4110 Terry Ave N Seattle WA 98109 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Sign Supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/10/23 | Payee name Actions, Inc | |
| Amount (\$) 100 | Payee address; City; State; Zip Code 1524 E Mulberry Suite 135 Angleton TX 77515 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Donation |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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 3/13/23 | 5 Payee name 4-H | |
| 6 Amount (\$) 50 | 7 Payee address; City; State; Zip Code 21017 CR 171 Angleton TX 77515 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Raffle |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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

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|-------------------------------|---|-----------------------|--|
| Date 3/19/23 | Payee name Priority Printing | | |
| Amount (\$) 161.29 | Payee address; City; State; Zip Code 16900 NW Hwy #105 Houston TX 77092 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertise | Description Banner | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |

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

| | | | |
|-------------------------------|---|----------------------------------|--|
| Date 2/20/23 | Payee name Econovasser | | |
| Amount (\$) 379 | Payee address; City; State; Zip Code Out of Country | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Block walking App | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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