APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

APPLICATION FOR A PLACE O	N T	HF Kei	lier ISD Boal	ra or rru	21663	GENE	RAL ELECTIO	jection of applica
TO: City Secretary/Secretary of Board			(name of	election)				
I request that my name be placed on the	abo	ve-named		- /	e for the offic	ce indicated b	elow.	
OFFICE SOUGHT (Include any place numb								
Keller ISD Board of Trustees F					FUL	L		
FULL NAME (First, Middle, Last) Dixie Victoria Davis			21-12	PRINT NA Dixie D		ANT IT TO AP	PEAR ON THE BA	ALLOT*
PERMANENT RESIDENCE ADDRESS (Do not ir you do not have a residence address, describe loc 9144 Farmer Dr						ESS (Optional) ondence, if availa	(Address for whic ble.)	h you receive
стту Fort Worth	STA TX		zip 76244	CITY	iler	- I G	STATE TX	ZIP 7624
PUBLIC EMAIL ADDRESS (Optional) (Address 1 which you receive campaign related emails, if available.) votefordixiedavis@gmail.com		occup# Parer	ATION (Do not lea	ve blank)	DATE OF BI	RTH	VOTER REGIS	TRATION VUID ational)
TELEPHONE CONTACT INFORMATION (Opti	liona					C II		
Home:		Offi		LOT CONTIN		Cell:	E THIS APPLICATI	ON WAS SWORN
FELONY CONVICTION STATUS (You MUST c								
 I have not been finally convicted of a finally convicted of a felon 				THE STATE (OFTEXAS		ORY/DISTRICT/P	
I have been finally convicted of a felon pardoned or otherwise released from f			Jeen	34	year(s)		ye	ear(s)
disabilities of that felony conviction an	nd I h	nave provi		0	month(s)		8 m	onth(s)
proof of this fact with the submission of If using a nickname as part of your name to	or un	is applicat		les signing s	and supporting	to the followin	a ctatomonte: If	urther swear th
been commonly known by this nickname fo Election Code regarding the rules for how n	or at l name	least three as may be	e years prior to th listed on the offic	is election. ial ballot.	litical, econon Please review	nic, social, or n sections 52.03	eligious view or	affiliation. I have
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I, (name of candidate) Dixie Davis being a candidate for the office of Kelle laws of the United States and of the State of	his d on oa of Te	least three es may be lay person th says: D Board exas. I am	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U	is election. tial ballot. me of candin , of Tarr lace 7 nited States	litical, econon Please review date) Dixie ant _, swear that eligible to ho	nic, social, or ro sections 52.03 Davis t I will support Id such office u	eligious view or 1, 52.032 and 52 Count and defend the under the constit	affiliation. I have a filiation. I have a filiation and laws a filiation
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I (name of candidate) Dixie Davis	or at l name his d on oa er IS of Te a fin o vote cted, re th	least three as may be lay person th says: D Board xas. I am al judgme e. I am av must prov at knowin	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepot vide proof that I h agy providing fals	is election. ial ballot. me of candid of Tarr lace 7 nited States rcising proba ism law, Cha ave been pa se informatio	litical, econon Please review date) Dixie ant _, swear that eligible to ho the jurisdiction opter 573, Gov indoned or oth on on the app	nic, social, or re sections 52.03 Davis t I will support Id such office to to be totally in vernment Code nerwise release lication regard	eligious view or 1, 52.032 and 52 Count and defend the under the constit mentally incapace . I am aware the d from the resul ling my possible	affiliation. I hav 2.033 of the Texa , who y, Texas, Constitution and tution and laws ditated or partial tated or partial tat I must disclositing disabilities felony conviction
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I, (name of candidate) Dixie Davis being a candidate for the office of <u>Kelle</u> laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar	or at l name his d on oa er IS of Te a fin o vote cted, re th	least three as may be lay person th says: D Board xas. I am al judgme e. I am av must prov at knowin	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepot vide proof that I h agy providing fals	is election. ial ballot. me of candid of Tarr lace 7 nited States rcising proba ism law, Cha ave been pa se informatio	litical, econon Please review date) Dixie ant _, swear that eligible to ho the jurisdiction opter 573, Gov indoned or oth on on the app	nic, social, or re sections 52.03 Davis t I will support Id such office to to be totally in vernment Code nerwise release lication regard	eligious view or 1, 52.032 and 52 Count and defend the under the constit mentally incapace . I am aware the d from the resul ling my possible	affiliation. I hav 2.033 of the Texa , who y, Texas, Constitution and tution and laws ditated or partial tated or partial tat I must disclositing disabilities felony conviction
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I, (name of candidate) Dixie Davis being a candidate for the office of <u>Kelle</u> laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar	his d on oa er IS of Te a find o vote cted, re th I furt	least three es may be lay person th says: D Board exas. I am al judgme e. I am av must prov at knowin ther swear	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepot vide proof that I h agly providing fals that the foregoin	is election. ial ballot. of Tarr lace 7 nited States rcising proba ism law, Cha have been pa se information of statement SIGNATUR	litical, econon Please review date) Dixie ant _, swear that eligible to ho the jurisdiction opter 573, Gov indoned or oth on on the app	hic, social, or n sections 52.03 Davis t I will support Id such office to to be totally in vernment Code herwise release lication regard my application DATE	eligious view or 1, 52.032 and 52 Count and defend the under the constit mentally incapace. I am aware the d from the resul ling my possible are in all things	affiliation. I hav 2.033 of the Text 2.033 of the Text 2.033 of the Text 2.033 of the Text 4.000 of the Text 4.0000 of the Text 4.00000 of the Text 4.0000 of the Text 4.0000 of the Text 4
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I, (name of candidate) Dixie Davis being a candidate for the office of <u>Kelle</u> laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar	his d on oa er IS of Te a find o vote cted, re th I furt	least three as may be lay person th says: D Board xas. I am al judgme e. I am av must prov at knowin	e years prior to th listed on the offic hally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepotivide proof that I h ngly providing fals that the foregoir X of	is election. ial ballot. ime of candidume of	litical, econon Please review date) Dixie ant _, swear that eligible to ho ite jurisdiction opter 573, Gov rdoned or oth on on the app ts included in	nic, social, or m sections 52.03 Davis t I will support Id such office u to be totally in vernment Code nerwise release lication regard my application DATE	Count and defend the under the constit mentally incapace . I am aware the d from the resul ling my possible are in all things	affiliation. I have 2.033 of the Tex 2.033 of the Tex 2.033 of the Tex 4.000 who y, Texas, Constitution and tution and laws ditated or partial tated or partial
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I, (name of candidate) being a candidate for the office of <u>Kelle</u> laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar status constitutes a Class B misdemeanor. I Sworn to and subscribed before me this the Mulanue Muitan	er IS of Te a fin o vote tred, re th I furt	least three es may be lay person th says: D Board exas. I am al judgme e. I am av must prov ther swear (cher swear (cher swear	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepot vide proof that I h agly providing fals that the foregoin	is election. ial ballot. ime of candiduate of Tarr lace 7 nited States reising proba- ism law, Cha- bar been pa- be information statement SIGNATUF	litical, econon Please review date) Dixie ant _, swear that eligible to ho the jurisdiction of the jurisdi	hic, social, or n sections 52.03 Davis Davis t I will support Id such office u to be totally in vernment Code nerwise release lication regard my application DATE by	eligious view or 1, 52.032 and 52 Count and defend the under the constit mentally incapace. I am aware the d from the resul ling my possible are in all things	affiliation. I have 2.033 of the Tex 2.033 of the Tex 2.033 of the Tex 4.000 who y, Texas, Constitution and tution and laws ditated or partial tated or partial tated or partial tated or partial ting disabilities felony conviction true and correct
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I, (name of candidate) Dixie Davis being a candidate for the office of <u>Kelle</u> laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar status constitutes a Class B misdemeanor. I Sworn to and subscribed before me this the <u>Manual Manitaan</u> Signature of Officer Authorized to Administer Oa Title of Officer Authorized to Administer Oa	er IS of Te a fin. o vote ted, re th I furt	least three es may be lay person th says: D Board exas. I am al judgme e. I am av must prov at knowin ther swear (ay) eath ⁴	e years prior to th listed on the offic hally appeared (na lof Trustees P a citizen of the U nt of a court exer vare of the nepot vide proof that I h ngly providing fals that the foregoir X ofX	is election. ial ballot. ime of candiduate of Tarr lace 7 nited States reising proba ism law, Cha ave been pa the information SIGNATUF SIGNATUF	litical, econon Please review date) Dixie ant , swear that eligible to ho the jurisdiction of the jurisd	bic, social, or m sections 52.03 Davis Davis t I will support Id such office u to be totally m vernment Code merwise release lication regard my application DATE by	Count and defend the under the constit mentally incapace . I am aware the d from the resul ling my possible are in all things	affiliation. I ha 2.033 of the Tex 2.033 of the Tex 2.033 of the Tex 3.000 who y, Texas, Constitution and tution and laws ditution and laws ditated or partia tated or partia tatel or partia titel disabilities felony conviction true and correct S dite) er Oath
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "I, (name of candidate) Dixie Davis being a candidate for the office of Kelle laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar status constitutes a Class B misdemeanor. I Sworn to and subscribed before me this the Manual Manual Manual Signature of Officer Authorized to Administer Oa Title of Officer Authorized to Administer Oa TO BE COMPLETED BY FILING OFFICER: T CASH CHECK MONEY ORDER	er IS of Te a finite of the second se	least three es may be lay person th says: D Board ixas. I am al judgme e. I am av must provin ther swear (day) day c ath ⁴ CASHIERS	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepot vide proof that I h ngly providing fals that the foregoir X ofX ofX ofX TION IS ACCOM CHECK OR PE	is election. ial ballot. ime of candiduate of Tarr lace 7 nited States rcising proba ism law, Cha ism law,	litical, econon Please review date) Dixie ant _, swear that eligible to ho ite jurisdiction opter 573, Gov irdoned or oth on on the app ts included in 2024, to (year) ARE OF CANDI 2024, to (year) THE REQUIRI LIEU OF A FILL	Davis	Count and defend the under the constit mentally incapace . I am aware the d from the resul ling my possible are in all things	affiliation. I ha 2.033 of the Tex 2.033 of the Tex 2.034 of the Tex 2.035
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on the being by me here and now duly sworn, upon "(I, (name of candidate) Dixie Davis being a candidate for the office of Kelle laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar status constitutes a Class B misdemeanor. I Sworn to and subscribed before me this the Manuel Manuel States Signature of Officer Authorized to Administer Title of Officer Authorized to Administer Oa TO BE COMPLETED BY FILING OFFICER: T CASH CHECK MONEY ORDER This document and \$ NA filing fee 2 1 14 2024 2 1 2	er IS of Te a fin. o vote ted, re th I furt ter O ath THIS	least three as may be lay person th says: D Board txas. I am al judgme e. I am av must prov at knowin ther swear (6 ay) bath ⁴ CASHIERS a nomina	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepotivide proof that I h igly providing fals that the foregoir X of <u>PE by co</u> (month) <u>CHECK OR</u> PE ting petition of <u>I</u>	is election. ial ballot. ime of candiduate of Tarr lace 7 nited States rising proba- ism law, Cha- bar been pa- be information g statement SIGNATUF PANIED BY ETITION IN I V A page n 1.007)	litical, econon Please review date) Dixie ant _, swear that eligible to ho the jurisdiction of the second of the second	Davis	eligious view or 1, 52.032 and 52 Count and defend the under the constit mentally incapace . I am aware the d from the resul ling my possible are in all things i.e. Dav name of candida Stain ized to Administ (If Applicable) Registration S Mutt	affiliation. I ha 2.033 of the Tex 2.033 of the Tex 2.034 of the Tex 2.035
been commonly known by this nickname fo Election Code regarding the rules for how n Before me, the undersigned authority, on th being by me here and now duly sworn, upon "I, (name of candidate) Dixie Davis being a candidate for the office of Kelle laws of the United States and of the State of this state. I have not been determined by a mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awar status constitutes a Class B misdemeanor. I Sworn to and subscribed before me this the <u>Modamie Mainter Oa</u> Title of Officer Authorized to Administer Oa TO BE COMPLETED BY FILING OFFICER: T CASH CHECK MONEY ORDER This document and \$_N A_filing fee	er IS of Te a fin. o vote ted, re th I furt ter O ath THIS	least three as may be lay person th says: D Board txas. I am al judgme e. I am av must prov at knowin ther swear (6 ay) bath ⁴ CASHIERS a nomina	e years prior to th listed on the offic ally appeared (na l of Trustees P a citizen of the U nt of a court exer vare of the nepotivide proof that I h igly providing fals that the foregoir X of <u>PE by co</u> (month) <u>CHECK OR</u> PE ting petition of <u>I</u>	is election. ial ballot. ime of candiduate of Tarr lace 7 nited States rising proba- ism law, Cha- bar been pa- be information g statement SIGNATUF PANIED BY ETITION IN I V A page n 1.007)	litical, econon Please review date) Dixie ant _, swear that eligible to ho the jurisdiction of the second of the second	Davis	eligious view or 1, 52.032 and 52 Count and defend the under the constit mentally incapace . I am aware the d from the resul ling my possible are in all things i.e. Dav name of candida Stain ized to Administ (If Applicable) Registration S Mutt	affiliation. I ha 2.033 of the Tex , who y, Texas, Constitution a tution and laws itated or partia that I must discle ting disabilities felony convicti true and correct Strue er Oath PAID BY:

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

	See CTA Instruction Guide for detailed instructions.					1 Total pages fi	led:	
2	CANDIDATE	MS / MRS / MR	FIRST			MI	OFFIC	E USE ONLY
	NAME	Ms	Dixie				Filer ID #	
		NICKNAME	LAST			SUFFIX	Date Received	
			Davis					
3	CANDIDATE	ADDRESS / PO BOX:	APT / SUITE #,	CITY.	STATE;	ZIP CODE		
	MAILING ADDRESS	PO. Box		Keller	TX	76244		
		P.O. Box 1484	ſ	FEILER	17		Date Hand-delivere	d or Postmarked
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENS	ION	Receipt#	Amount S
		(512)	961-9995				Date Processed	
5	OFFICE HELD (if any)						Date Imaged	
6	OFFICE SOUGHT (if known)	Keller ISD Schoo	l Board Place 7	,				
7	CAMPAIGN	MS/MRS/MR	FIRST	MI	NICKNAM	ME	LAST	SUFFIX
	TREASURER NAME	Ms	Dixie				Davis	
8	CAMPAIGN	STREET ADDRESS,		APT / SUITE #	CITY:		STATE;	ZIP CODE
	TREASURER STREET ADDRESS	9144 Farmer Dr			Fort W	Vorth	ТХ	76244
(residence or business)							
9	CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER		EXTENS	ION		
	PHONE	(512) 96	1-9995					
0	CANDIDATE SIGNATURE	l am aware	of the Nepot	tism Law, Ch	apter 57	73 of the Te	exas Govern	ment Code.
		l am aware the Election		nsibility to fil	e timely	/ reports as	s required b	y title 15 of
				tions in title 1 bor organiza		e Election C	Code on con	tributions
		P	Signature of Ca	andidate		F	Cb 16 Date Sign	,2024
					tat de addres e an	and the second		·

GO TO PAGE 2

FORM CTA

PG 1

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how t	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages file UO	ed.
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		MI	OFFICE	USE ONLY
NAME	NICKNAME	Dersi	5	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #,	CITY, STAT	TE, ZIP CODE		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	961-9995	EXT	ENSION	Date Hand-delivered Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST		MI	Date Processed	
NAME	NICKNAME	Dervis		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE). APT / S		CITY,	STATE,	ZIP CODE
ADDRESS	9144 10	rmer Dr	-	W	TX	76244
(Residence or Business)			,			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		
TREASURER	(512) 91	1 - 9995				
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day al treasurer a (Officehoide	
	July 15	8th day before e	lection	Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year /20/202	Ч _{тнроибн}	H H	Day Yea	024
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	5/4,	2024 Genera	I Special			
12 OFFICE	OFFICE HELD (If any)		13 OFF Kel	FICE SOUGHT (IF KNOW	hool Boar	dP17
14 NOTICE FROM POLITICAL	TUE OANDIDATE COFFIL	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQU	EC MAY HAVE REEN N	IADE WITHOUT THE CAN	IDIDATE'S OR OFFICENC	LDERS ANOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRE	SS		
GO TO PAGE 2						

CANDIDATE	E/C	FFIC	EHOI	DER
CAMPAIGN	FIN	ANC	EREF	PORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINANCE REPORT	COVER SHEET PG 2			
15 C/OH NAME	DIXIE 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)	\$ 8524.02			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 4221,12			
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	TDAY \$ 4189.57			
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$ 250.00			
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.					
(1) Affidavit					
NOTARY STAMP/SEAL Divis Davis the the the the Arvil					
Sworn to and subscribed before me by DIXLE DAVIS this the 4 day of April. 20 24, to certify which, witness my hand and seal of office. Mulanie Christian Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR					
(2) Unsworn Declaration					

My name is		, ar	d my date of	birth is		
My address is		······································	(city)	,, (state)	(zip code)	(country)
	(street)		(city)	(State)	(Zip Code)	(000000))
Executed in	County, State of	, on the	day of _	(month)	, 20 (year)	-
			Signature of	f Candidate/Of	ficeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME DAVIS 20 Filer ID (Ethics Con	mmission Filers)					
21 SCHEDULE SUBTOTALS SUBTOTA NAME OF SCHEDULE AMOUNT							
1.	\$ 85 24.02						
2.	\$ 390.00						
3.	\$.						
4.	\$ 250,00						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4221.12					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	\$						
8.	\$						
9.	\$ 85.99						
10.	\$						
11.	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$ 0,15					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dixie Davis 5 Full name of contributor _____ out-of-state PAC (ID#._____) 7 Amount of contribution (\$) 4 Date 4 Date 5 Full name of contributor 2-224 Contributor address; City; State; Zip Code 400 March (fill Rd TX Keller 76248) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 104.42 mem ployed out-of-state PAC (ID#_____ Full name of contributor Date Amount of contribution (\$) 2-22-27 Tori Marshall Contributor address; City: State; Zip Code 5205 Yampa TrI FW TX 76(37 Principal occupation / Job title (See Instructions) Asst Dir Finance Marviot + 1 52.37 Marriot+ Intl out-of-state PAC (ID#_____) Full name of contributor Date Amount of contribution (\$) Date Jillian Bog35 J.23-24 Jillian Bog35 Contributor address: City: State: Zip Code 10320 Gray Hawk Ln FW TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tencher EA Young 52.37 Employer (See Instructions) EA Young Academy Teacher Full name of contributor _____ out-of-state PAC (ID#______ Amount of contribution (\$) 223-27 Riper Ogan Contributor address; City; State; Zip Code 11407 Manitoba Dr NE Albuguergue Principal occupation / Job title (See Instructions) Weight of the set of the s Date 50 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONET	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
If the reque	sted information is not applicable, DO NOT inclu	ude this page in the r	eport.			
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:			
2 FILER NAME	ie Davis		3 Filer ID (Ethics Commission Filers)			
 4 Date 2 2 3 - 2 1 8 Principal occu 	12508 Water Oak Ur FW	State, Zip Code	7 Amount of contribution $(\$)$ $\mathcal{L}(0.59)$			
Date 2-25-21	Full name of contributor I out-of-state PAC (IE Jennifer Miller Contributor address; City: 7528 Derrlodge Tr FW -	State, Zip Code	Amount of contribution $(\$)$ 52.37			
	ems Almin	Employer (See Instructi				
Date 2:25:24 Principal occu	Full name of contributor Devoid Tran Contributor address; City: 4748 MistyRidge Dr FW Dation / Job title (See Instructions)	State, Zip Code	Amount of contribution (\$)			
<u> </u>	memployed					
Date V 25.24	Full name of contributor Dout-of-state PAC (IE Michelle Cline Contributor address; City; 836 Heller Smithfield Rd S	State; Zip Code	Amount of contribution (\$) 52.37 48			
Principal occu	SerUS		n Red Cross			
	ATTACH ADDITIONAL COPIES OF					
	If contributor is out-of-state PAC, please see Instruct	tion guide for additional r	eporting requirements.			

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 27
2 FILER NAME DixiC Davis	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-slate PAC (ID#)	7 Amount of contribution (\$)
2.25 6 Contributor address; City; State; Zip Code 2.25 6 Contributor address; City; State; Zip Code	21.13
2" 8016 Iris Circle FW 7X 76137	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Heller	
Date Full name of contributor [] out-of-state PAC (ID#) April Shiflett	Amount of contribution (\$)
Contributor address; City; State; Zip Code	52.37
1925 melody Ln Keller TX 76262	
Principal occupation / Job title (See Instructions) Employer (See Instructions) FUSION S	ovthiake
Date Full name of contributor out-of-state PAC (ID#) 2.22 Contributor address: City; State; Zip Code 1325 Robin Ct Keller TX 76262	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions) the Service
Date Full name of contributor out-of-state PAC (ID#) 21-24 Dawn Lydic Contributor address; City; State; Zip Code \$005 SitKg St FW TX 76137	Amount of contribution (s) 52.37
Principal occupation / Job title (See Instructions) Employer (See Instructions) Half Price	tions) 2 Books
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Dixit Davis	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 🗌 out-of-state PAC (ID#)	7 Amount of contribution (\$)
Jasmine Cluck	
6 Contributor address; City; State; Zip Code	21.13
1145 Melissa Dr Keller TX 76262	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Infection Prevention ist BUN	
Date H Full name of contributor of out-of-state PAC (ID#) Patty Martin Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor address; City; State; Zip Code	21.13
148 Mt. Gilead Dr Kelver TX 76248	
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
unemployed	
Date Full name of contributorout-of-state PAC (ID#)	
22 Maryann Coto Toto Foley Contributor address: City; State; Zip Code	
Contributor address; City; State; Zip Code	156.48
925 Cat Hollow Ct feelber TX 76248	7
Principal occupation / Job title (See Instructions) Employer (See Instru	actions)
teacher EMS-	ISU
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-221 Andrea Allshouse Contributor address; City; State; Zip Code 7929 Sheffield Ct NRH TX 76182	0 07
Contributor address; City; State; Zip Code	52.31
³ 7929 Sheffield Ct NRH TX 76182	
Principal occupation / Job title (See Instructions) Employer (See Instru	
Sales Daik	-1 1
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME	Dixue Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Andrew Sternke 6 Contributor address; City;	(ID#:)	7 Amount of contribution (\$)
3-3-	6 Contributor address; City; 1108 Wickford Ct Keller	State; Zip Code TX 76248	104.42
	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Busin	ess Owner	DD.)
Date		(ID#)	Amount of contribution (\$)
3-3-24	Becky Oltmanns Contributor address; City. 1575 Nightingale Gircle Kell	State: Zip Code LV	100
Dringinglagour	15 15 Thighting a le a rate		-
	NSULAUNT		Tomers Watson
Date 24	Den Williams	(ID#) State; Zip Code TX 710131	Amount of contribution $($)$ 52.37
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct UPS	tions)
Date		(ID#)	Amount of contribution (\$)
3324	Jennifer Enicksor Contributor address; City;	State; Zip Code	104.4Z
	13341 Padre Ave FW	IX 76244	
	nmuniations)	Employer (See Instruc TX Health	Resources
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

			1 Tatal again Schodulo A1:
The I	nstruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Dixie Dervis		3 Filer ID (Ethics Commission Filers)
4 Date 34	 5 Full name of contributor □ out-of-slate PAC Polly JO 6 Contributor address; City; 9749 Hathman Lu FW 	State; Zip Code	7 Amount of contribution $($)$
8 Principal occup	nation / Job title (See Instructions)	9 Employer (See Instruc KISD	tions)
Date 2-21-24	Full name of contributor I out-of-state PAC Greta Bergman Contributor address; City; 9709 Furman Ct FW	State; Zip Code TX 76244	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruc	ott J-White
Date 2-24	Full name of contributor I out-of-state PAG Katheryn Maxwell Contributor address; City; 7436 Bear Lake Dr FW	State; Zip Code TR 76137	Amount of contribution (\$) 540.00
	ation / Job title (See Instructions) g.Wer	Employer (See Instruc	
Date	Full name of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)
3-2-01	Full name of contributor Dout-of-state PAC Randall J Campbell Contributor address; City; 49 Stage Ceach Rd FW		500.00
	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	√EEDED
	If contributor is out-of-state PAC, please see Instr	ruction guide for additional	reporting requirements.

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME DIVIE DENVIS	3 Filer ID (Ethics Commission Filers)
4 Date 27 4 Date 27 4 Date 5 Full name of contributor ANN PoHS 6 Contributor address; 535 Big Bend Dr. Kelwr 7X 76248	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Merr Feting 9 Employer (See Instructions) 9 Fidelity	Investments
Date Full name of contributor [] out-of-state PAC (ID#) Lauren Cahoon Contributor address; City: State, Zip Code 1622 Kings mill Cf. Heller TX 76248	Amount of contribution (\$) $52, 37$
Principal occupation / Job title (See Instructions) Employer (See Instructions) CHick Admin	nsulation
Date Full name of contributor out-of-state PAC (ID#) LVCY KUBO Contributor address; City; State; Zip Code 428 Roy CF Feller TX 76248	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	stions)
Date Full name of contributor Dout-of-state PAC (ID#) Elizabeth Mitias Contributor address; City; State; Zip Code 12845 Palancar Dr FW TX 76244	Amount of contribution (\$) $\mathcal{F}(\cdot / 3)$
Principal occupation / Job title (See Instructions) Employer (See Instructions) KISD	stions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

SCHEDULE A1

	T		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1.		
2 FILER NAME Dikie Davis	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor Dout-of-state PAC (ID#) 5 Full name of contributor Dout-of-state PAC (ID#) 6 Contributor address; City; State; Zip Code 1390 Cripson La Keller TX 76248	7 Amount of contribution $(\$)$ 5 2. 37		
8 Principal occupation / Job title (See Instructions) Photographer Self	L Ctions)		
Date Full name of contributor I out-of-state PAC (ID#) 3-24 Heather Piccitti Contributor address; City; State; Zip Code 9208 Odeum Dr FW TX 76244	Amount of contribution $(\$)$ 21,13		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Keller			
Date Full name of contributor [] out-of-state PAC (ID#) Juliu Madison Contributor address; City; State; Zip Code 1828 Laurel Valley Dr KellerTA 76248	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	pate The Carlyle		
Date Full name of contributor in out-of-state PAC (ID#) Tiffany Sharey Contributor address; City; State; Zip Code 2936 Hollan Valley Dr FW TX 76244	Amount of contribution $(\$)$		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Coordinator Podeo Dental			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS			
If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.		

SCHEDULE A1

		1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Bixie Davis	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	
3-3-21	6 Contributor address; City; State; Zip Code 4137 Duncan Way FW TX 76244	21.13	
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
	Hacher KISI		
Date	Full name of contributor [] out-of-state PAC (ID#) Allan Davis	Amount of contribution (\$)	
Siv	Contributor address; City; State, Zip Code	n1 74	
3- '	506 Bear Ridge Heller TX 76248	26.34	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)		
	Accountant Bodyco		
Date	Full name of contributor <pre></pre>	Amount of contribution (\$)	
3-21	Carrie Conson Contributor address; City; State; Zip Code	52.37	
3	2021(S) 1 1 F(J TV 7/200	56.0	
3934 Sted man trail FW TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
		MCA	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
4-21	Contributor address; City; State; Zip Code	5737	
	9320 Granger Lu FW TX 76244	52.51	
Drivered and the title (Cas Instructions)			
	HR Advocate	e Health	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional		

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1		
2 FILER NAME D'XIC Davis	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
6 Contributor address; City; State; Zip Code	20		
'S 815 Victoria Dr Keller 7x 76248			
8 Principal occupation / Job title (See Instructions) HR Google	1		
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
Y Melissa Muenzber Gontributor address; City; State, Zip Code	31.55		
3 7701 Marble Canyon CH FW 7X 7613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			
Sv plsearch associate	"PT='S(
Date	Amount of contribution (\$)		
34.27 Kimberly Bodley Contributor address: City: State: Zip Code 7904 Shady Oaks DrNRH 7X76183	250.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
inemployed			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)		
3-5 21 Nicole Hollrah Contributor address; City; State; Zip Code 2014 Bradley G Keller TX 76248	52.34		
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions) / 10-1-01		
Risk Manager Toy	7 - 1 - 1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IFEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional			

SCHEDULE A1

			1 Total pages Schedule A1:	
The Instruction Guide explains how to complete this form.			Total pages Schedda AT.	
2 FILER NAME	Rixie Davis		3 Filer ID (Ethics Commission Filers)	
	5 Full name of contributor 🗌 out-of-state PAC (II	D#)	7 Amount of contribution (\$)	
FIV .	Stare Graft		104.42	
30	6 Contributor address; City; 2832 Cotswold Ct Keller		101.75	
8 Principal occup		Employer (See Instructi	ions)	
	memployeb			
Date	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$)	
	Jennifer Gottleber			
3-8-24	Contributor address; City;	State; Zip Code	26.34	
-5-0	2205 Graystane Cf Keller	TX 76248	201	
	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
V	employed	T		
Date		D#)	Amount of contribution (\$)	
	Adam Wright Contributor address: City;			
3-9-21	Contributor address: City; 2714 Algebra (1), Algebra (State; Zip Code	26.34	
31 2214 New Mill Ln Arlington TX 76012 26.59				
Principal occupation / Job title (See Instructions) Employer (See Instructions) MUSICIAN Self			ions)	
		<u> </u>		
Date	1	D#)	Amount of contribution (\$)	
3-10-24.	Gennadry Treyger Contributor address: City;	State; Zip Code	100	
3	5144 Ambergris Tr Keller			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Instructor American Airlines				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
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 D'Xie Dervis	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 24 Jennifer Willis 6 Contributor address; City; State; Zip Code 4228 Jenny LakeTrail FW TX 76 244	21.13		
4228 Jenny Lakesrail FW 1X 76244			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions)			
Date Full name of contributor)	Amount of contribution (\$)		
311-24 Marcia Dyer Contributor address; City; State; Zip Code 9321 Niles CF FW TX 76244	52.37		
9321 Niles Ct FW TK 76244			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Accurate	tions)		
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
3 1-27 Allison Estolas Contributor address; City; State; Zip Code	41.96		
12412 Yellow Wood PrFW TX 76244			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Garfner			
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
311-27 Scott White Contributor address; City; State, Zip Code 2861 Placid Ct Grapevine TX 76051	104.42		
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)		
unemployed			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional			

SCHEDULE A1

The Instruction Guide explains how to complete this form	1 Total pages Schedule A1: 27
2 FILER NAME DIXIC Davis	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (1D#:_ Certherine Schle bach 6 Contributor address; City; Sta 12004 Shady brook Pr F	te; Zip Code 21.13
8 Principal occupation / Job title (See Instructions) 9 E TLACHUT 1	E.A. Young Academy
Date Full name of contributor Dout-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) E Director of Communications N	mployer (See Instructions) or thwest ISD Education Foundation
9633 Armour Dr FW TX	117h 10,244 76,244 10,000
Principal occupation / Job title (See Instructions) E Owner/Broker	Relocity Real Estate
Date Full name of contributor out-of-state PAC (ID# 3-15 Emply Fish Contributor address; City; Sta 10033 Cade Tr Keller TX	te; Zip Code 27.90
Principal occupation / Job title (See Instructions) E A CCOUNTANT	mployer (See Instructions)
ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see Instruction	

SCHEDULE A1

The Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 27	
2 FILER NAME DVXVC De	VIS	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor □ out-of- Pyan Martin 6 Contributor address; City; 7901 Klamath Mounte	State PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) 53	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	ions) o Heart Hospice	
Date Full name of contributor I out-of-s Kiersten Dean Contributor address; City; 5525 Montheven Dr		Amount of contribution (\$) $\left(\begin{array}{c} 4\\ -\end{array}\right)\left(\begin{array}{c} 4\\ -\end{array}\right)$	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date Full name of contributor out-of-s Tom Hallford Contributor address; City; 4209 Doe Corcek Tr F	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) UNEMPLOYEd			
Date Full name of contributor out-of-s JEAF Jordan 3-16 Contributor address; City; 11617 Crystal Falls 6	State: Zip Code Dr Keller TX 76244	Amount of contribution $(\$)$ 52.37	
Principal occupation / Job title (See Instructions) SVP Engineering	Employer (See Instruct	ions)	
ATTACH ADDITIONAL CO	PPIES OF THIS SCHEDULE AS N	EEDED	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor autof-state PAC (D#) 7 Amount of contribution (S) 3 I 6 Contributor address; City: State; Zip Code IO 4:42 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) Amount of contribution (S) 3 All Contributor address; City: State; Zip Code IO 4:42 3 Full name of contributor out-of-state PAC (ID#	The	Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A1: 27
3/16 Li 'sa Rfled 10 4.42 3/16 6 Contributor address; City; State; Zip Code 10 4.42 1400 Kait Iyn Ln Kfllex TX 76244 10 4.42 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 4.42 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 3 Marger 0ut-of-state PAC (ID#	2 FILER NAME	Dixie Dervis		3 Filer ID (Ethics Commission Filers)
3/10 6 Contributor address; City: State: Zip Code 109.924 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) HMC Corp. Date Full name of contributor 0 ul-of-state PAC (ID#) Amount of contribution (\$) Mark Long Contributor address; City: State: Zip Code 3/1 Contributor address; City: State: Zip Code 3/2 Calais Dr Keller TX 76248 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) 52.37 Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) 27.90 Date Full name of contributor out-of-state PAC (ID#	1 Date		C (ID#:)	
Manager HMC COVP. Date Full name of contributor □ out-of-state PAC (ID#) Amount of contribution (\$) Mark Long Contributor address; City: State; Zip Code 52.37 Mark Long Contributor address; City: State; Zip Code 52.37 Mark Long Employer (See Instructions) Employer (See Instructions) Central Cardent Pet Date Full name of contributor □ out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor □ out-of-state PAC (ID#) Amount of contribution (\$) 2-11 Contributor address; City: State; Zip Code 27.90 3-11 U4 to V ista Meadows & FW TX 76 244 27.90 27.90 Principal occupation / Job title (See Instructions) Employer (See Instructions) 27.90 Yu 40 V ista Meadows & FW TX 76 244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manuel Opylid Employer (See Instructions) 27.90 Machel Mecham Amount of contribution (\$) Amount of contribution (\$) Machel Mecham 0 out-of-state PAC (ID#	3-16	6 Contributor address; City;		104.42
Mark Long Contributor address; City: State; Zip Code 52.37 321 Calais Dr Keller TX 76248 52.37 Principal occupation / Job title (See Instructions) Employer (See Instructions) 52.37 Jate Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Jate Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) John Value Contributor address; City: State; Zip Code 27.90 Job title (See Instructions) Employer (See Instructions) 27.90 27.90 Job title (See Instructions) Employer (See Instructions) 27.90 Job title (See Instructions) Employer (See Instructions) 27.90 Principal occupation / Job title (See Instructions) Employer (See Instructions) 27.90 Date Full name of contributor out-of-state PAC (ID#:	Principal occu	Δ		
321 (alais or fuller TX 76248 Principal occupation / Job title (See Instructions) Jales Employer (See Instructions) Gentral Oardent Pet Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 2-11 Contributor address: City: State: Zip Code Y640 Vista Meadows or FW TX 76234 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Rachel Mecham Ontributor address; City; State; Zip Code 0.7.90	Date		C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Jales Employer (See Instructions) Central Gardent Pet Date Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) 31 Contributor address; City: State; Zip Code 27,90 31 YG40 V isfa Meadews & FW TX 76 ZYM 27,90 27,90 Principal occupation / Job title (See Instructions) Employer (See Instructions) 27,90 Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor I out-of-state PAC (ID#	311			52.37
2.1 Contributor address: City: State; Zip Code 3.1 UG40 Vista Meadows & FWTX 76244 Principal occupation / Job title (See Instructions) Magloyud Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Rachel Mecham Contributor address; City: State; Zip Code 0.1990	Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	
21 Contributor address; City; State; Zip Code 21.70 31 440 V ista Meadows & FW TX 76244 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$) 21 Contributor address; City; State; Zip Code 27.70	Date		C (ID#:)	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Rachel Mecham Contributor address; City; State; Zip Code 0790	3-17	Contributor address; City;		27.90
Date Full name of contributor Image: out-of-state PAC (ID#:) Amount of contribution (\$) 7.17 Contributor address; City; State; Zip Code 7.190	Principal occup	1	Employer (See Instruc	tions)
2 Contributor address; City; State; Zip Code 0790	Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)
	3-17	Contributor address; City;		27.90
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup		Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME DUXIE DONIS	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) KitZia LopCZ 6 Contributor address: City; State; Zip Code 9841 Stripling Dr FW TX 76244	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) INTERVENTION COUNSCION 8 Employer (See Instructions) 10 TERVENTION			
Date Full name of contributor Out-of-state PAC (ID#) 2-19 Contributor address; City; State; Zip Code 7848 Rushmore Cf FWTX 76137	Amount of contribution (\$) (1)		
Principal occupation / Job title (See Instructions) Director of Accounting All-in-one Academics			
Date Full name of contributor out-of-state PAC (ID#) Lang Ingrando Contributor address; City; State; Zip Code 8925 Belvedere Dr FW TX 76244	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) FI'MANCE Employer (See Instructions) BNSF Railway			
Date Full name of contributor Dout-of-state PAC (ID#:) Rebecca Fischer Contributor address; City; State; Zip Code 977 El Kin Ln Keller TX 76262	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instruct VNEMPloyed	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r			

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
L Date	5 Full name of contributor out-of-state PAC	(ID#)	7 Amount of contribution (\$)
3-20	6 Contributor address; City;	State; Zip Code	30. cat
Principal occu	1034 Canterbry Ln Keller Dation / Job title (See Instructions) Wemployed	9 Employer (See Instruct	ons)
Date	Full name of contributor		Amount of contribution (\$)
3-20	Contributor address; City; 9612 Sinclair St Keller	State; Zip Code	21.13
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	· .
	Accountant	Northrop	· Grumman
Date	Full name of contributor 🛛 out-of-state PAC Ruld Bilz	(ID#:)	Amount of contribution (\$)
3-21	Contributor address; City;	state; Zip Code TX 76132	20
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
3-22	Contributor address; City; 5320 Fort Concho Br FW	State; Zip Code TX 76137	21.15
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		
rms provided by T	exas Ethics Commission www.ethics.	state tx us	Revised 11/15/

SCHEDULE A1

The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1: 27
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	: (ID#·)	7 Amount of contribution (\$)
03-22-2024	Polly jo		
	6 Contributor address; City;	State; Zip Code	
	9749 Hathman Lane Fort Worth	76244	106.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Scho	ol nurse	Keller iso	łł
Date		C (ID#:)	Amount of contribution (\$)
03-22-2024	Shannon Edwards		
	Contributor address; City;	State; Zip Code	
	1325 Robin Ct Keller	76262	53.00
Principal occup Office Manager	ation / Job title (See Instructions)	Employer (See Instruct All Star Tree Service	
Once Manager			-
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
03-23-2024	Aaron Case		
	Contributor address; City;	State; Zip Code	
	1335 South Lake Street Fort Worth	76104	55.49
Principal occup Learning Progra	pation / Job title (See Instructions) m Specialist	Employer (See Instruc CED	tions)
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
03-23-2024	Jennifer Willis		
	Contributor address; City;	State; Zip Code	
	4228 Jenny Lake Trl Fort Worth	76244	27.90
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Thera	pist	Self	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

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	i form.	1 Total pages Schedule A1: 27		
2 FILER NAME	Dixie Davis	3 Filer ID (Ethics Commission Filers)			
4 Date 03-23-2024	 5 Full name of contributor Joanna Hildebrand 6 Contributor address; City; 	C (ID#) State; Zip Code	7 Amount of contribution (\$)		
	8920 Brook Hill Lane Fort Worth	76244	27.90		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date 03-23-2024	Full name of contributor Chad Dyer Contributor address; City;	C (ID#) State; Zip Code	Amount of contribution (\$)		
	9321 Niles Ct Fort Worth	76244	110.67		
Principal occup	oation / Job title (See Instructions) GIS Specialist	Employer (See Instruct NewEdge Services, I			
Date 03-23-2024	Leslie Horn) C (ID#])	Amount of contribution (\$)		
	Contributor address; City; 365 Parkview Lane Keller	State; Zip Code 76248	104.42		
Principal occur	pation / Job title (See Instructions) Office Manager	Employer (See Instruct Southside Endodon			
Date		C (ID#:)	Amount of contribution (\$)		
03-23-2024	Andrew Sternke Contributor address; City;	State; Zip Code			
	1108 Wickford Court Keller	76248	208.54		
Principal occup	pation / Job title (See Instructions) CEO	Employer (See Instruct	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

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

The	Instrucțion Guide explains how	to complete this	form.	1 Total pages Schedule A1: 27	
2 FILER NAME	Dixie Davis			3 Filer ID (Ethics Commission Filers)	
4 Date 03-23-2024			7 Amount of contribution (\$)		
	6 Contributor address;	City; Keller		106.00	
8 Principal occupation / Job title (See Instructions) unemployed 9 Employer (See Instructions) unemployed					
Date 03-24-2024	Full name of contributor Jason Remmenga Contributor address;		(ID#) State; Zip Code	Amount of contribution (\$)	
	1801 Mason Court	Keller	76248	520.87	
Principal occu	pation / Job title (See Instructions) Sales		Employer (See Instruc Cisco	tions)	
Date 03-25-2024				Amount of contribution (\$)	
	Contributor address; 10708 Grayhawk Lane		State; Zip Code	104.42	
Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date 03-25-2024	Full name of contributor Kim Tran	out-of-state PAC	: (ID#)	Amount of contribution (\$)	
	Contributor address; 802 Hidden Woods Drive	City; Keller	State; Zip Code 76248	208.54	
] pation / Job title (See Instructions) mployed		Employer (See Instruc	tions)	
	ATTACH ADDIT		OF THIS SCHEDULE AS N uction guide for additional		

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: 27
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03-27-2024	Christina Lara	(ID#)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
	91 Barrett Dr New Windsor	NY 12553	10.72
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
unem	ployed		
Date 03-27-2024	 Debi Riggs	(ID#:) State; Zip Code	Amount of contribution (\$)
	Contributor address, City; 8016 Iris Circle Fort Worth		21.13
Dringing! appur	action (Joh fillo (See Instructions)	Employer (See Instruct	ions)
Libra	pation / Job title (See Instructions) rian	Keller ISD	.013/
Date 03-28-2024	Full name of contributorout-of-state PAC amanda roy	· (ID#)	Amount of contribution (\$)
	Contributor address; City; 804 Olympic Dr Keller	State; Zip Code 76248	20.00
Principal occup Healthcare rep	Dation / Job title (See Instructions)	Employer (See Instruc Ehealth	lions)
Date 03-29-2024	Full name of contributor out-of-state PAC Michael Buran	; (ID#)	Amount of contribution (\$)
03-29-2024			
	Contributor address; City; 12332 Silver Maple Drive Fort Worth	State; Zip Code 76244	20.00
	 pation / Job title (See Instructions) nployed	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	DE THIS SCHEDULE FAS N	FEDED
	If contributor is out-of-state PAC, please see Instr		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03-27-2024	Christina Lara	(ID#·)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
	91 Barrett Dr New Windsor	NY 12553	10.72
	pation / Job title (See Instructions) ployed	9 Employer (See Instruct	tions)
Date 03-27-2024	Full name of contributor in out-of-state PAC Debi Riggs Contributor address; City;	(ID#) State; Zip Code	Amount of contribution (\$)
	8016 Iris Circle Fort Worth	76137	21.13
Principal occup Libra	pation / Job title (See Instructions) rian	Employer (See Instruct Keller ISD	ions)
Date 03-28-2024	Full name of contributor out-of-state PAC amanda roy	(ID#:)	Amount of contribution (\$)
		State; Zip Code 76248	20.00
Principal occup Healthcare rep	pation / Job title (See Instructions)	Employer (See Instruct Ehealth	tions)
Date 03-29-2024	Michael Buran	(ID#)	Amount of contribution (\$)
	Contributor address; City; 12332 Silver Maple Drive Fort Worth	State; Zip Code n 76244	20.00
	pation / Job title (See Instructions) nployed	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

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: 27
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03-30-2024	5 Full name of contributor Out-of-state PAC Jacob Squibbs	(ID#)	7 Amount of contribution (\$)
	6 Contributor address; City; 7725 Arcadia Trail Fort Worth		52.37
8 Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 03-30-2024	Cindy Epting	(ID#) State; Zip Code	Amount of contribution (\$)
	5304 Fort Concho Dr Fort Worth	76137	10.72
Principal occup unemp	ation / Job title (See Instructions) oloyed	Employer (See Instruct	ions)
Date 03-30-2024	Audra Collins	(ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	9021 Wiggins Drive Fort Worth	76244	21.13
Principal occup	pation / Job title (See Instructions) unemployed	Employer (See Instruc	lions)
Date 03-30-2024	Elizabeth Brown	(ID#)	Amount of contribution (\$)
	Contributor address; City; 11629 Winding Brook Drive Fort Worth	State; Zip Code 76244	21.13
	bation / Job title (See Instructions) inarian	Employer (See Instruc A-Animal Clinic	tions)
	ATTACH ADDITIONAL COPIES C		IFEDED
	If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

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

The	e Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1. 27
2 FILER NAME	Dixie Davis		nnan	3 Filer ID (Ethics Commission Filers)
4 Date 03-30-2024	5 Full name of contributor Mary Anne Weatherred		: (ID#)	7 Amount of contribution (\$)
	 6 Contributor address; 12308 Water Oak Dr. 	City; Fort Worth	State; Zip Code n 76244	260.59
	upation / Job title (See Instructions) nployed		9 Employer (See Instru-	ctions)
Date 03-30-2024	Full name of contributor Bonnie McLaughlin Contributor address; 1617 Mountain Laurel Dr		(ID#) State; Zip Code 76248	Amount of contribution (\$) 21.13
Principal occup	pation / Job title (See Instructions) IRS		Employer (See Instruc Gov't	ctions)
Date 03-30-2024	Full name of contributor out-of-state PAC (ID#) Alyson Laurel Contributor City; State; Zip Code		Amount of contribution (\$)	
	317 College Street South	Keller	76248	26.34
Principal occup Educ	bation / Job title (See Instructions) ator		Employer (See Instruc Keller ISD	tions)
Date 03-31-2024	Full name of contributor Heather Olsen		(ID#)	Amount of contribution (\$)
	Contributor address; 4137 Duncan Way	City; Fort Worth	State; Zip Code 76244	50.00
Principal occup	pation / Job title (See Instructions) Teacher		Employer (See Instruc Keller ISI	
	ATTACH ADDITIO	ONAL COPIES O	F THIS SCHEDULE AS N	IEEDED

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: 27
2 FILER NAME	Dixie Davis	3 Filer ID (Ethics Commission Filers)
4 Date 03-31-2024	5 Full name of contributor out-of-state PAC (ID# David Wall	
		Code 76244 21.13
		(See Instructions) Creek Midstream LLC
Date 03-31-2024	Full name of contributor	
Principal occup Owner/broker		(See Instructions) Real Estate
Date 04-01-2024	Full name of contributor Diane Castro Contributor address; City; State; Zip 809 Magnolia Court Keller TX 7624	31.55
	nation / Job title (See Instructions) Employer	(See Instructions)
Date 04-03-2024	Full name of contributorout-of-state PAC (ID# Kim Ashton Contributor address; City; State; Zip 4749 Eddleman Dr Fort Worth TX	26.34
Principal occup unemployed	ation / Job title (See Instructions) Employer	(See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for	or additional reporting requirements.

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: 27	
2	FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)	
	Date 04-03-2024	Crystal Herrera	State; Zip Code	7 Amount of contribution (\$) 10.72	
	Principal occu Teacher	Dation / Job title (See Instructions)	Employer (See Instruct Keller ISD	ions)	
	Date 04-03-2024	Dan Williams Contributor address; City;	ID#) State; Zip Code 76131	Amount of contribution (\$) 52.37	
	Principal occup Driver	ation / Job title (See Instructions)	Employer (See Instruct UPS	ions)	
	Date 04-03-2024	Jason SMITH Contributor address; City;	ID#) State; Zip Code TX 76104	Amount of contribution (\$) 52.37	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruct Law Offices of Jason Smith	ions)	
	Date 04-03-2024	Casey Jones Contributor address; City;	ID#) State; Zip Code TX 76244	Amount of contribution (\$) 50.00	
		ation / Job title (See Instructions) arning Developer	Employer (See Instruct The Trevor Projec		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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 f	orm.	1 Total pages Schedule A1: 27
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04-03-2024	Michael Olmstead 6 Contributor address; City; 620 Muirfield Road Keller TX 76	State; Zip Code 248	7 Amount of contribution (\$) 50.00
	pation / Job title (See Instructions) 9 nployed		unsy
Date 04-03-2024	Full name of contributor Jessica Burnett Contributor address; City; 6008 Kary Lynn Drive South Watauga T2	State; Zip Code	Amount of contribution (\$) 10.72
Principal occu Digital Market	pation / Job title (See Instructions) ng Specialist	Employer (See Instruct Chem-Aqua	ions)
Date	Full name of contributor out-of-state PAC (I Contributor address; City;	D#:} State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (I Contributor address; City;	D#) State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		
	in contributor is out-or-state riko, piease see instruc	and guide for additional i	operand reduinements.

	IONETARY (IN-KIND) POLITIC	AL		SCHEDULE A2
If the reque	ested information is not applicable, DO NOT includ	e this page	in the report.	
Th	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Sche	dule A2:
	ie Davis		3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 _{Date} 2-2 ³⁻²⁴	 6 Full name of contributor □ out-of-state PAC (ID# Farrah Janjua 7 Contributor address; City: State; 400 Bernington Lu Keller TX 	zip Code 76248	8 Amount of Contribution S 5350 Check if travel out	9 In-kind contribution description Headshots side of Texas Complete Schedule T.
10 Principal occ Phot	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe		IAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	A		
Date 3-11-21	Full name of contributor out-of-state PAC (ID#: Marry Anne Weathered Contributor address; City; State; 12308 WayterOak Dr FW TX	zip Code 76244	Amount of Contribution \$ UD. ^{OO}	In-kind contribution description FEE For VOWS Withborhood Hent PEaster Even side of Texas. Complete Schedule T
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	CIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDU	JLE AS NEEDED	na requirements.

LOANS			SCHEDULE E			
If the requested information is not applicable, DO NOT include this page in the report.						
The Ir	nstruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:			
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)			
TOTAL OF UNI	TEMIZED LOANS		\$ 250.00			
Date of Ioan Feb21, 2024	Dixie DAVIS) PAC (ID#)	9 Loan Amount (\$) 250.00			
a financial	8 Lender address; City; 9144Farmerbr FW	State; Zip Code TK 76244	10 Interest rate			
2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)				
4 Description of Collar	V	15 Check if personal fun- account (See Instruct	ds were deposited into political tions)			
INFORMATION .	17 Name of guarantor18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)			
0 Principal Occupatio	on (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	e PAC (ID#:)	Loan Amount (\$)			
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
Y N			Maturity date			
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)				
Description of Collat	leral	Check if personal fun account (See Instruct	ds were deposited into political tions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
not applicable	Guarantor address; City;	State; Zip Code				
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	1			
lf ler	ATTACH ADDITIONAL CO Ider is out-of-state PAC, please see I	PIES OF THIS SCHEDULE AS NEI				

٦

POLITICAL EXPENDITURES MADESCHEDULE F1FROM POLITICAL CONTRIBUTIONSSCHEDULE F1						
If the requested info	ormation is not applicable, DO NOT include	this page in the re	eport.			
	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 Gitt/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)						
1 Total pages Schedule F1:	1: 2 FILER NAME DIXIC DAVIS 3 Filer ID (Ethics Commission					
4 Date 7-25-24	5 Payee name Imprint.com					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
286.87	14550 Beechnut St How	ston TX				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	b.			
PURPOSE OF Printing Expense yard sigh S EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	In TX officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 2-29-24	Payee name Vista print					
Amount (\$)	Payee address;	City;	State; Zip Code			
106.59	275 Wyman St	Walthan	MA			
	Category (See Categories listed at the top of this schedule)	Description	mede			
PURPOSE	Printing	Business	cards, banner			
EXPENDITURE		Vinyl	banner			
	Check if travel outside of Texas. Complete Schedule T.		in, TX. officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3:2-24	Party City					
Amount (\$)	Payee address;	City;	State; Zip Code			
36.91	7612 penton H wy	Wataug	a TX			
BUBBOSE	Category (See Categories listed at the top of this schedule)	Description	detts acorias			
PURPOSE OF EXPENDITURE	Event	1 gallow 2	, platts, napkins			
	Check if travel outside of Texas Complete Schedule T	Check if Aust	in. TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Solicitation/Fundraising Expense office Overhead/Rental Expense Transportation Equipment & Related Expense olling Expense Travel In District riniting Expense Travel Out Of District alaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DIXUE	3 Filer ID (Ethics Commission Filers)
4 Date 3-4-24	5 Payee name	m
6 Amount (\$)	7 Payee address;	City; State; Zip Code
656.04	14550 Beechnot	-St Houston TX
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description
PURPOSE OF EXPENDITURE	Printing	yard signs
	(c) Check if travel outside of Texas. Complete Sche	duleT 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	Payee name	
3-8-24	Vista Print	
Amount (\$)	Payee address;	City; State; Zip Code
178.49	25 Wyman St	Waltham MA
	Category (See Categories listed at the top of this sche	dule) Description
PURPOSE OF EXPENDITURE	Printing	door hangers
	Check if travel outside of Texas. Complete Sche	dule 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	Payee name	
Mar 14, 2024	Vista Print	
Amount (\$)	Payee address;	City; State; Zip Code
114.50	275 Wyman St	Waltham MA
	Category (See Categories listed at the top of this sche	dule) Description
PURPOSE OF EXPENDITURE	Printing	Post cards
	Check if travel outside of Texas Complete Sche	tule 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
	ATTACH ADDITIONAL COPIES O	THIS SCHEDULE AS NEEDED

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1.	2 FILER NAME DIXIC D	BNIS	3 Filer ID (Ethics Commission Filers)
4 Date Mar 14, 2024	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
53.05	3300 Texas Log	etrait FW	TX 76244
8	(a) Category (See Categories listed at the top of this set	chedule) (b) Description	ades for 2
PURPOSE OF EXPENDITURE	Event/Food/Ber	Candy to neighborh	supplies for 2 and Easter events
	(c) Check if travel outside of Texas. Complete Sch		n. TX officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Mal 15, 2024	NGPVAN		
Amount (\$)	Payee address;	City;	State; Zip Code
1100.00	PO BOX 15707	Austin	TX 78761
	Category (See Categories listed at the top of this sc	hedule) Description	Voter mailing
PURPOSE OF EXPENDITURE	Fees/Advertising	Access to	•
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Mar 17, 2024	Park Glen Nei	shbor hood 1	Easter Egg Hunt
Amount (\$)	Payee address;	City:	State; Zip Code
53.05	2696 S Colorado E	31vd Den	ver CO 80222
	Category (See Categories listed at the top of this sc	hedule) Description	nt a Easter event
PURPOSE OF EXPENDITURE	FRES	vendor Jc meetin	ver CO 80222 nt@Easter event, g voters
	Check if travel outside of Texas Complete Sct		n. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office O Polling E pense Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundraisii Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:		1 / XUT	2 Dav	23	3 Filer ID (Ethics	Commission Filers)
4 Date March 2024	5 Payee n	ame)onor Box				
6 Amount (\$) 58 29	7 Pavee a	ddress; Belle View	B1vd # 4106	/ [-		Zip Code 22307
8 PURPOSE OF EXPENDITURE	(a) Catego FlR	ry (See Categories listed at th	e top of this schedule)	(b) Description Fundralist	ng platfor	m fees
	(c)	Check if travel outside of Texas	Complete Schedule T.	Check if Aus	stin, TX officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder nam	е	Office sought		Office held
Date Feb, 2024		onor Box				
Amount (\$) 13.35	Payee a	address; Belle View	Blud #4	106 City; Alexan	state; dria WA	Zip Code 22307
PURPOSE OF EXPENDITURE		ry (See Categories listed at the	e top of this schedule)	Description Fundralisi	drin WA ng Platfor	m fees
		Check if travel outside of Texas	Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder nam	e	Office sought		Office held
Date Mar 23	Payee	name VSPS				
Amount (\$) 424.35	Payee	address;		City;	State;	Zip Code
	Catego	ry (See Categories listed at th	e top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Ad	v Exp		sta	s gru	
		Check if travel outside of Texa	s Complete Schedule T.	Check if Au	istin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder na	me	Office sought		Office held
	A	TTACH ADDITIONAL	COPIES OF TH	IS SCHEDULE AS N	EEDED	

POLITICAL E	SCHEDULE F1	
If the requested info	ormation is not applicable, DO NOT include t	his page in the report.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Pool/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Printing Expense	xpense Travel Out Of District /ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DIXIC DAVIS	3 Filer ID (Ethics Commission Filers)
4 Date Mar 23	5 Payee name Vista Print	
6 Amount (\$) 138.52	7 Payee address; 275 Wyman St	City; State; Zip Code Waltham MA
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AJV EXP	(b) Description PUSL Cards
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	(c) Check if travel outside of Texas, Complete Schedule T Candidate / Officeholder name	Check if Auslin, TX, officeholder living expense Office sought Office held
Mar 23	Payee name AMAZON, CO	m
Amount (\$) 15,12	Payee address;	City; State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv EXP	Address labels
	Check if Iravel outside of Texas Complete Schedule T	Check if Austin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Mar 28	Payee name USRS	
Amount (\$) 373.35	Payee address;	City; State; Zıp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Hamps
	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/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

FROM POLIT	POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONSSCHEDULE F1					
If the requested info	ormation is not applicable, DO NOT include th	is page in the report.				
	EXPENDITURE CATEGORIES FO	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expense Polling Expense Printing Exp	ense Travel In District ense Travel Out Of Distric ges/Contract Labor Other (enter a catego	ment & Related Expense			
1 Total pages Schedule F1:	1 Total pages Schedule F1: 2 FILER NAME DIXIE Davis					
4 Date Mar 29	5 Payee name Imprint. con	~				
6 Amount (\$) 413. 38	7 Payee address:	City; State;	Zip Code			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	& Printing Exp	Yard Signs				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	g expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
Apr 2	Lones					
Amount (\$)	Payee address;	City; State;	Zip Code			
90.67	600 N. Tarrount	Keller TX				
	Category (See Categories listed at the top of this schedule)	Description stakes for large	readside			
PURPOSE OF EXPENDITURE	Adu Exp	signage				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX. officeholder livin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 T.	Check if Austin, TX, officeholder livin	ng expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

· · · · · · · · · · · · · · · · · · ·	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Overhead/Rental Expense Transpor Expense Travel In g Expense Travel O uss/Wages/Contract Labor Other (en)	on/Fundraising Expense lation Equipment & Related Expense District ut Of District ter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Dur Davi	S 3 Filer	ID (Ethics Commission Filers)
4 Date 2-23-21	5 Payee name Bluchos	t, Inc	
6 Amount (\$) 8 5 99 Reimbursement from political contributions intended	7 Payee address; 5335 Gate Parki	may City: Jacksonville	State: Zip Code FL 32256
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdV EX C (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Websife H	
	(c) Check if travel outside of Texas. Complete Schedule 1.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
political contributions intended		Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin. TX, office	nolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State, Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, office	nolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Na	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

	ST, CREDITS, GAINS, REFUNDS, AND BUTIONS RETURNED TO FILER		SCHEDULE K						
If the reques	ted information is not applicable, DO NOT include this page i	n the report.							
The	Instruction Guide explains how to complete this form.	1 Total pages Schedul	е К:						
2 FILER NAME	DIXIE Davis	3 Filer ID (Ethics C	Commission Filers)						
4 Date	RBFCU								
Feb29- Mour 31	6 Address of person from whom amount is received; City; Sta	ite; Zip Code							
h.a.	7 Purpose for which amount is received Check if Checking a count in threst	political contribution re	turned to filer						
Date	Name of person from whom amount is received		Amount (\$)						
	Address of person from whom amount is received; City; Si	ate; Zip Code							
	Purpose for which amount is received Check in	political contribution re	eturned to filer						
Date	Name of person from whom amount is received		Amount (\$)						
١	Address of person from whom amount is received; City; St	ate; Zip Code							
	Purpose for which amount is received Check i	f political contribution re	eturned to filer						
Date	Name of person from whom amount is received		Amount (\$)						
	Address of person from whom amount is received; City; S	tate; Zip Code							
	Purpose for which amount is received Check i	f political contribution re	eturned to filer						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	EASNEEDED							

٦

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed.
3 CANDIDATE / OFFICEHOLDER	MS MRS / MR	FIRST Dixie	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Davis	SUFFIX	April 25, 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 1484 Keller T		CITY, STATE: ZIP CODE	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	961-9995	EXTENSION	Receipt # Amount S
6 CAMPAIGN	MS / MRS / MR	FIRST Dixie	MI	Receipt #
TREASURER		Dide		Date Processed
NAME			SUFFIX	Date Flocessed
	NICKNAME	LAST Davis	SUFFIA	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
TREASURER				
ADDRESS	9144 Farmer Di	Fort Worth TX 76244		
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER	AREA CODE	PHONE NOMBER		
PHONE	1 512	051 0005		
	(512)	961-9995		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	x 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED		1 . 1000	THROUGH 4	25 2024
	4	3 2024	THROUGH 4	25 / 2024
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
		Primary	Runoff Other	
	Month Day	Year	Description	
	5 4	2024 x General	Special	10
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	(ר
			Keller ISD School Board Place	7
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	CONSENT. CANDIDATES	S AND OFFICEHOLDERS ARE REQUI	RED TO REPORT THIS INFORMATION ONLY IF	THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEL(C)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		COMPAGE COMPAGE IN		
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIII AIOI		
15 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)	\$ 2094.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5596.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	^{F DAY} \$ 842.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 250.00
req	uired to be reported by me under Title 15, Election Code. Signature of Can	adidate or Officeholder
	Flease complete entier option below	
(1) Affidavit		CATHERINE WHITED My Notary ID # 6447598 Expires June 17, 2026
NOTARY STAMP/SEAI Sworn to and subscribed	before me by Dixie Davis this the	25th day of april.
20 then to certify	which, witness my hand and seal of office.	Notary
Signature of officer administe	ring oath Printed name of officer administering oath	Title of offiger administering oath
	OR	이 이 아이는 상품가 통했다.
(2) Unsworn Declaratio	on la	
My name is	DUXIC Dervis , and my date of birth is	4-11-87
My address is 910	14 Farmer Dr Ft Worth -	TX, 76244 USA
Executed in Tarno	(street) (st	tate) (zip code) (country) $\frac{1}{(1-1)}$, 20 $\frac{24}{(year)}$.
	Signature of Candid	ate/Officeholder (Declarant)

Forms provided by Texas Ethics Commission

Revised 11/15/2022

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Exp Salaries/Wi	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ement & Related Expense
1 Total pages Schedule F1: 4	2 FILER	NAME Dixie Davis			3 Filer ID (Ethics	s Commission Filers)
4 Date 4-8-24	5 Payeer	name Communityimpact.	.com			
\$ Amount (\$) \$300	7 Payee	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of this s Adv exp	schedule)	(b) Description Digital ad		
LAPENDITORE	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aust	m, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lidate / Officeholder name		Office sought		Office held
Date	Payee	name				
4-11-24		Vistaprint.com				
Amount (\$)	Payee	address;		City;	State;	Zip Code
\$116.89		275 Wyman St Waltham MA				
PURPOSE OF EXPENDITURE	Catego	Dry (See Categories listed at the top of this so Printing exp	chedule)	Description postcard	s	
	Check if travel outside of Texas. Complete Schedule T			Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lidate / Officeholder name		Office sought		Office held
Date 4-15-24	Payee	name 2 Zero 8 LLC				
Amount (\$) \$3218.00	Payee	address; 102 Olympic Drive Moore OK 7316	60	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	Ory (See Categories listed at the top of this so	chedule)	Description Mailer	'S	
		Check if travel outside of Texas Complete So	chedule T	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate / Officeholder name		Office sought		Office held
	A	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULEASNE	EDED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME Dixie Davis			3 Filer ID (Ethic	s Commission Filers)
4 Date 4-21-24	5 Payee na	ame Imprint.com				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$369.83	14550 Beechnut st Houston TX					
PURPOSE		 Y (See Categories listed at the top of this Printing exp 	schedule)	(b) Description	Yard signs	
	(C) Check if travel outside of Texas. Complete Schedule T			Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
4-24,25-24		Facebook/Meta				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$125	1	601 Willow Rd Menlo Park, CA	94025			
	Categor	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE		Adv exp		Di	gitial ads	
	Check if travel outside of Texas. Complete Schedule T		Schedule T	Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		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 S	Schedule T	Check if Aust	in, TX. officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

EVENIDIT	UDECA	TECODIES	EOB BOX 8(a)	
EXPENDIN	URE CA	LEGORIES	FOR BOX 8(a)	ι.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Total pages Schedule F1:	2 FILER N	IAME Dixie Davis			3 Filer ID (Ethic	s Commission Filers)
4 Date April 1-25	5 Payeen	ame Donorbox.org				
amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$41.69						
PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this Fees	schedule) (I	 Description Fees for onlir 	ne fundraising platf	orm
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
4-4, 4-9, and 4-16-24		USPS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
229.80	PO	4 530 E Vine Keller Tx 76244				
	Categor	y (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE		Adv Exp		Stamps		
		Check if travel outside of Texas Complete S	chedule T	Check if Aust	un, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payeen	ame				
4-5-24		Amazon.com				
Amount (\$) \$46.05	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	 (See Categories listed at the top of this s Adv Exp 	chedule)	Description Address labels, envelo	pes, printer paper	
		Check if travel outside of Texa's, Complete S	chedule T	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	TA	TACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing E Salanes/V	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N	JAME Dixie Davis			3 Filer ID (Ethic	s Commission Filers)
4 Date 4-5-24	5 Payeen	ame Edward and Patters	on Signs			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$303.45		203 S Beltline Rd Irving TX				
8	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adv	exp, printing exp		Roadside sig	ins	
	(c)	Check if travel outside of Texas. Complete	ScheduleT	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
4-5 and 4-21-24	F	Print Place				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$842.20		1130 Ave H East		Arlington, Texa	as 76011	
PURPOSE	Catego	Y (See Categories listed at the top of the printing exp	s schedule)	Description	door hangers and p	ush cards
EXPENDITURE		Check if travel outside of Texas Complete	e Schedule T	Check if Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name	X	Office sought		Office held
Date	Payee	name				
4-6-24		Harbor Freight				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
3.17		8420 Parkwood Hill Fo	rt Worth TX			
	Catego	ry (See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE				Zip ties for mounting roadside signs		
		Check if travel outside of Texas Complete	e Schedule T	Check if Au	stin, TX, officeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held
	Δ	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE A1

The	Instruction Guide explains how to complete th	his form.	1 Total pages Schedule A1: 6	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Dixie Davis				
4 Date 04-03-2024	5 Full name of contributor Gabrielle Gordon	7 Amount of contribution (\$) 130.45		
	6 Contributor address; City; 76 Corral Drive North Fort Worth	State; Zip Code	•	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru-	ctions)	
Date 04-03-2024	Full name of contributor out-of-state F	PAC (ID#)	Amount of contribution (\$) 52.37	
	Contributor address; City;	State; Zip Code		
	9849 Broiles Ln Fort Worth TX 762	244		
Principal occup	bation / Job title (See Instructions)	Employer (See Instrue	ctions)	
Date 04-03-2024	Full name of contributor <pre>Out-of-state PAC (ID#) </pre> David Miller		Amount of contribution (\$) 52.37	
	Contributor address; City;	State; Zip Code	1	
	9849 Broiles Ln Fort Worth TX 762			
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)	
Financial Ana	yst	FAA		
		PAC (ID#)	Amount of contribution (\$) 21.13	
Date 04-04-2024	Constance Buran			
	Contributor address; City;	State; Zip Code		
04-04-2024	Contributor address; City; 12332 Silver Maple Dr Fort Worth	76244		
04-04-2024	Contributor address; City; 12332 Silver Maple Dr Fort Worth pation / Job title (See Instructions)		ctions)	

SCHEDULE A1

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 04-05-2024	5 Full name of contributor 🗌 out-of-state	PAC (ID#)	7 Amount of contribution (\$) 10.00
	6 Contributor address; City; 537 Northwyck Lane Keller TX 76	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date 04-05-2024	Tom Hallford	PAC (ID#)	Amount of contribution (\$) 25.00
	Contributor address; City;	State; Zip Code	
Principal occu	4209 Doe Creek Trail Fort Worth	Employer (See Instru	ctions)
Date 04-06-2024	Full name of contributor 🛛 out-of-state Marci Elliott	PAC (ID#	Amount of contribution (\$) 21.13
	Contributor address; City;	State; Zip Code	
Principal occu	4857 Grinstein Drive Fort Worth 7	Employer (See Instru	ictions)
Date 04-07-2024	Full name of contributorout-of-state	PAC (ID#	Amount of contribution (\$) 250.00
	Contributor address; City;	State; Zip Code	
	1100 Weekford Court Kollor TV 76		
Principal occu	1108 Wickford Court Keller TX 76	Employer (See Instru	uctions)

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	s form.	1 Total pages Schedule A1: 6	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Dixie Davis				
4 Date 04-10-2024	5 Full name of contributor out-of-state PAC (ID#) Nancy Novak		7 Amount of contribution (\$) 10.72	
	6 Contributor address; City; 5109 Merced Dr Fort Worth TX 761	State; Zip Code		
8 Principal occu	apation / Job title (See Instructions)	9 Employer (See Instru	l ctions)	
	Full name of contributor Out-of-state PA	C //D#+)		
Date 04-11-2024	Sarah Dorn	((IU))	Amount of contribution (\$) 21.13	
	Contributor address; City;	State; Zip Code		
	4305 Old Grove Way Keller 76244			
	pation / Job title (See Instructions) Photographer	Employer (See Instru- self	ctions)	
Date 04-11-2024	Full name of contributor out-of-state PAC (ID# Maneck Bharucha		Amount of contribution (\$) 100.00	
	Contributor address; City;	State; Zip Code		
	1705 Apollo Road Richardson TX 7	5081		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru		
	Engineer	Ta inc		
Date 04-12-2024	Full name of contributor Sarah DelGrosso	.C (ID#)	Amount of contribution (\$) 21.13	
	Contributor address; City;	State; Zip Code		
	1316 Carriage Lane Keller TX 7624	.8		
	pation / Job title (See Instructions)	Employer (See Instru	ctions)	
Principal occu		Lifehealth		

ł

SCHEDULE A1

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1: 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 04-13-2024	 Full name of contributor aut-of-state Carlson Sharpless Contributor address; City; 8965 Vantage Point Dr. Apt. 4309 I 	PAC (ID#:) State; Zip Code Dallas TX 75243	7 Amount of contribution (\$) 104.42
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instru	uctions)
IT Developme	nt Program	Texas Instruments I	ncorporated
Date 04-18-2024	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; City; 9405 Ellison St Keller 76244	State; Zíp Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ictions)
Date 04-19-2024	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; City; PO Box 34002 Fort Worth TX 7610	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)
self		self	
Date 04-19-2024	Full name of contributor out-of-state	PAC (ID#	Amount of contribution (\$) 26.34
	Contributor address; City;	State; Zip Code	
	FORT WORTH TX 76244		
Principal occu	FORT WORTH TX 76244 pation / Job title (See Instructions)	Employer (See Instru	uctions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 04-21-2024	 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) 52.37
8 Principal occu		9 Employer (See Instruc	tions)
Date 04-22-2024	Full name of contributor	(ID#)	Amount of contribution (\$) 520.87
Principal occu	Contributor address; City; 11407 Manitoba Drive Northeast Albu- pation / Job title (See Instructions)		
Date 04-22-2024	Patt Gibbs	(ID#) State; Zip Code	Amount of contribution (\$)
Principal occu	1104 Garden Lane ROANOKE 7626 pation / Job title (See Instructions)	Employer (See Instruct	tions)
Attorney		OPEIU	
Date 04-22-2024	Jean Robinson	(ID#:)	Amount of contribution $(\$)$ 52.37
	Contributor address; City; 4275 Lake Bluff Drive Fort Worth TX	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C	DE THIS SCHEDULE AS I	NEEDED

SCHEDULE A1

(See Instructions) of contributor address; (See Instructions)	e City: T North Rid	PAC (ID#:	21.13 uctions) Amount of contribution (\$)
ander Radcliffe address; st Glenn Cour (See Instructions) of contributor (See Instructions) (See Instructions)	e City: T North Rid	State; Zip Code chland Hills 76182 9 Employer (See Instri- Elevate PAC (ID#:	21.13 uctions) Amount of contribution (\$)
(See Instructions) of contributor address; (See Instructions)	City;	9 Employer (See Instru Elevate PAC (ID#:	Amount of contribution (\$)
· address; (See Instructions) of contributor	City;	PAC (ID#:	uctions)
· address; (See Instructions) of contributor	City;	State; Zip Code Employer (See Instr	uctions)
· address; (See Instructions) of contributor	City:	State; Zip Code Employer (See Instr	uctions)
of contributor	out-of-state		
	out-of-state	PAC (ID#	
			Amount of contribution (\$)
address;		State; Zip Code	
(See Instructions)		Employer (See Instr	uctions)
of contributor	out-of-state	PAC (ID#	Amount of contribution (\$)
	City;	State, Zip Code	
(See Instructions)		Employer (See Instr	uctions)
r	(See Instructions)	(See Instructions) of contributor out-of-state r address; City;	(See Instructions) Employer (See Instructions) of contributor aut-of-state PAC (ID#

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	nmission Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	6 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2094.98		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 5596.08		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	IBUTIONS RETURNED	\$		