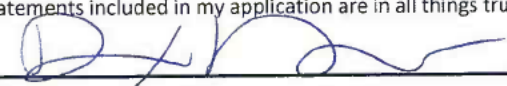
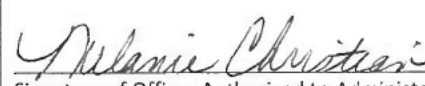
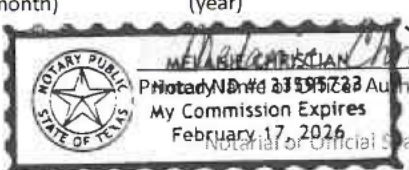



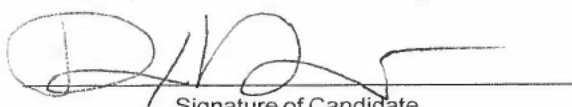
APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Keller ISD Board of Trustees Place 7				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Dixie Victoria Davis			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Dixie Davis		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 9144 Farmer Dr			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) P.O. Box 1484		
CITY Fort Worth	STATE TX	ZIP 76244	CITY Keller	STATE TX	ZIP 76244
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) votefordixiedavis@gmail.com		OCCUPATION (Do not leave blank) Parent		DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VUID NUMBER² (Optional)
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: Cell:					
FELONY CONVICTION STATUS (You MUST check one) <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED		
			34 year(s) 0 month(s)		4 year(s) 8 month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Dixie Davis</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Dixie Davis</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Keller ISD Board of Trustees Place 7</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
X  SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>16</u> day of <u>February</u> , <u>2024</u> , by <u>Dixie Davis</u> (day) (month) (year) (name of candidate)					
 Signature of Officer Authorized to Administer Oath ⁴					
Title of Officer Authorized to Administer Oath <u>Notary Public</u>					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE. This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>N/A</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>2 / 16 / 2024</u>		<u>2 / 20 / 2024</u>		(See Section 1.007) 	
Date Received		Date Accepted		Signature of Filing Officer or Designee	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Ms	Dixie		Filer ID #			
	NICKNAME	LAST	SUFFIX	Date Received			
		Davis					
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	PO. Box 1484		Keller	TX	76244		
				Date Hand-delivered or Postmarked			
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	961-9995					
5 OFFICE HELD (if any)	_____						Date Imaged
6 OFFICE SOUGHT (if known)	Keller ISD School Board Place 7						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	Ms	Dixie			Davis		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS,	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	9144 Farmer Dr		Fort Worth	TX	76244		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	961-9995					
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  Signature of Candidate </div> <div style="text-align: center;"> <p style="font-size: 1.2em; font-family: cursive;">Feb 16, 2024</p> Date Signed </div> </div>						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed.

40

OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Ms

FIRST

Dixie

MI

NICKNAME

LAST

Davis

SUFFIX

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(512)

PHONE NUMBER

961-9995

EXTENSION

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Ms

FIRST

Dixie

MI

NICKNAME

LAST

Davis

SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

9144 Farmer Dr

APT / SUITE #:

CITY:

FW

STATE:

TX

ZIP CODE

76244

8 CAMPAIGN TREASURER PHONE

AREA CODE

(512)

PHONE NUMBER

961-9995

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

2 / 20 / 2024

THROUGH

Month Day Year

4 / 3 / 2024

11 ELECTION

ELECTION DATE

Month Day Year

5 / 4 / 2024

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD School Board #17

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME 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)	\$ <u> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8524.02</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u> </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4221.12</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4189.57</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>250.00</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Dixie Davis this the 4 day of April

20 24, to certify which, witness my hand and seal of office.

Melanie Christian Signature of officer administering oath
Melanie Christian Printed name of officer administering oath
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dixie Davis

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 85,24.02
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 390.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 250.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,221.12
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 85.99
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.15

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 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 2-22-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Shavor	7 Amount of contribution (\$) 104.42
6 Contributor address; City; State; Zip Code 400 Monarch Hill Rd TX Keller 76248		
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 2-22-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tori Marshall	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 5205 Yampa Trl FW TX 76137		
Principal occupation / Job title (See Instructions) Asst Dir Finance		Employer (See Instructions) Marriott Intl
Date 2-23-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jillian Boggs	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 10320 Gray Hawk Ln FW TX 76244		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) EA Young Academy
Date 2-23-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piper Ogan	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 11407 Manitoba Dr NE Albuquerque NM 87111		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

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

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: 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 2-23-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Anne Weatherred	7 Amount of contribution (\$) 260.59
6 Contributor address; City; State; Zip Code 12308 Water Oak Dr FW TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2-25-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Miller	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 7528 Deerlodge Tr FW TX 76137		
Principal occupation / Job title (See Instructions) Systems Admin		Employer (See Instructions) US Govt

Date 2-25-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Tran	Amount of contribution (\$) 10.72
Contributor address; City; State; Zip Code 4748 MistyRidge Dr FW TX 76137		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

Date 2-25-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Cline	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 836 Keller Smithfield Rd S Keller TX 76248		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) American Red Cross

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 2-25-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debi Riggs	7 Amount of contribution (\$) 21.13
6 Contributor address; City; State; Zip Code 8016 Iris Circle FW TX 76137		
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Keller ISD
Date 2-25-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) April Shiflett	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 1425 Melody Ln Keller TX 76262		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fusion Southlake
Date 2-26-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shannon Edwards	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 1325 Robin Ct Keller TX 76262		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) All star tree service
Date 3-1-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Down Lydic	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 8005 Sitka St FW TX 76137		
Principal occupation / Job title (See Instructions) Book Seller		Employer (See Instructions) Half price Books

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

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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 3-1-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jasmine Cluck	7 Amount of contribution (\$) 21.13
	6 Contributor address; City; State; Zip Code 1145 Melissa Dr Keller TX 76262	
8 Principal occupation / Job title (See Instructions) Infection Preventionist		9 Employer (See Instructions) BUMC
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patty Martin	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 148 Mt. Gilead Dr Keller TX 76248	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maryann Adams Foley	Amount of contribution (\$) 156.48
	Contributor address; City; State; Zip Code 925 Cat Hollow Ct Keller TX 76248	
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) EMS-1SD
Date 3-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrea Allshouse	Amount of contribution (\$) 52.37
	Contributor address; City; State; Zip Code 7929 Sheffield Ct NRH TX 76182	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Daikin

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 3-3-27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Sternke	7 Amount of contribution (\$) 104.42
	6 Contributor address; City; State; Zip Code 1108 Wickford Ct Keller TX 76248	
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) DDS
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky Oltmanns	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 1575 Nightingale Circle Keller TX 76262	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Willis Towers Watson
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Williams	Amount of contribution (\$) 52.37
	Contributor address; City; State; Zip Code 7425 Lowline Dr FW TX 76131	
Principal occupation / Job title (See Instructions) driver		Employer (See Instructions) UPS
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Erickson	Amount of contribution (\$) 104.42
	Contributor address; City; State; Zip Code 13341 Padre Ave FW TX 76244	
Principal occupation / Job title (See Instructions) communications		Employer (See Instructions) TX Health Resources

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

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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 3-1-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polly Jo	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 9749 Hathman Ln FW TX 76244		
8 Principal occupation / Job title (See Instructions) nurse		9 Employer (See Instructions) KISD
Date 2-27-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greta Bergman	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 9709 Furman Ct FW TX 76244		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Baylor Scott & White
Date 3-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katheryn Maxwell	Amount of contribution (\$) \$ 40.00
Contributor address; City; State; Zip Code 7436 Bear Lake Dr FW TX 76137		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) KISD
Date 3-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall J Campbell	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 49 Stage Coach Rd FW TX 76244		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Potts	7 Amount of contribution (\$) 1,500.00
6 Contributor address; City; State; Zip Code 535 Big Bend Dr. Keller TX 76248		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Fidelity Investments
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Cahoon	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 1622 Kingsmill Ct Keller TX 76248		
Principal occupation / Job title (See Instructions) Office Admin		Employer (See Instructions) Koala Insulation
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Kubo	Amount of contribution (\$) 21.13
Contributor address; City; State; Zip Code 428 Roy Ct Keller TX 76248		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Mitias	Amount of contribution (\$) 21.13
Contributor address; City; State; Zip Code 12845 Palancar Dr FW TX 76244		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) KISD
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 3-3-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erin Burton	7 Amount of contribution (\$) 52.37
	6 Contributor address; City; State; Zip Code 1390 Crimson Ln Keller TX 76248	
8 Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions) self
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Picciuti	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 9208 Odeum Dr FW TX 76244	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Keller ISD
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Madison	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 1828 Laurel Valley Dr Keller TX 76248	
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) XXXXXXXXXX The Carlyle
Date 3-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tiffany Shaver	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 2936 Hollan Valley Dr FW TX 76244	
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Rodeo Dental
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 3-3-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Olsen	7 Amount of contribution (\$) 21.13
6 Contributor address; City; State; Zip Code 4137 DuncanWay FW TX 76244		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) KISD
Date 3-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allan Davis	Amount of contribution (\$) 26.34
Contributor address; City; State; Zip Code 506 Bear Ridge Keller TX 76248		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Bodycote
Date 3-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrie Carson	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 3934 Stedmantrail FW TX 76244		
Principal occupation / Job title (See Instructions) Fitness instructor		Employer (See Instructions) YMCA
Date 3-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 9320 Granger Ln FW TX 76244		
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Advocate Health
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-4-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Leonard	7 Amount of contribution (\$) 20
6 Contributor address; City; State; Zip Code 815 Victoria Dr Keller TX 76248		
8 Principal occupation / Job title (See Instructions) HR		9 Employer (See Instructions) Google Inc
Date 3-4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Muenzler	Amount of contribution (\$) 31.55
Contributor address; City; State; Zip Code 7701 Marble Canyon Ct FW TX 76137		
Principal occupation / Job title (See Instructions) Sr Research associate		Employer (See Instructions) UNTHSC
Date 3-4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Bodley	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 7904 Shady Oaks Dr NRH TX 76182		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Hollrah	Amount of contribution (\$) 52.34
Contributor address; City; State; Zip Code 2014 Bradley Ct Keller TX 76248		
Principal occupation / Job title (See Instructions) Risk Manager		Employer (See Instructions) Toyota

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 3-5-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Graff	7 Amount of contribution (\$) 104.42
	6 Contributor address; City; State; Zip Code 2832 Cotswold Ct Keller TX 76248	
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 3-8-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Gottleber	Amount of contribution (\$) 26.34
	Contributor address; City; State; Zip Code 2205 Graystone Ct Keller TX 76248	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-9-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adam Wright	Amount of contribution (\$) 26.34
	Contributor address; City; State; Zip Code 2214 New Mill Ln Arlington TX 76012	
Principal occupation / Job title (See Instructions) musician		Employer (See Instructions) self
Date 3-10-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gennady Treyger	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 5144 Ambergris Tr Keller TX 76244	
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) American Airlines
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 3-10-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Willis	7 Amount of contribution (\$) 21.13
6 Contributor address; City; State; Zip Code 4228 Jenny Lake Trail FW TX 76244		
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Self
Date 3-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mara Dyer	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 9321 Niles Ct FW TX 76244		
Principal occupation / Job title (See Instructions) Reviewer		Employer (See Instructions) Accurate Group
Date 3-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Estolas	Amount of contribution (\$) 41.96
Contributor address; City; State; Zip Code 12412 Yellowwood Dr FW TX 76244		
Principal occupation / Job title (See Instructions) Sr Admin Asst.		Employer (See Instructions) Gartner
Date 3-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott White	Amount of contribution (\$) 104.42
Contributor address; City; State; Zip Code 2861 Placid Ct Grapevine TX 76051		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Schleich	7 Amount of contribution (\$) 21.13
6 Contributor address; City; State; Zip Code 12004 Shadybrook Dr FW TX 76244		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) E.A. Young Academy
Date 3-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyssa Edstrom	Amount of contribution (\$) 110.67
Contributor address; City; State; Zip Code 4128 River Birch Rd FW TX 76137		
Principal occupation / Job title (See Instructions) Director of Communications		Employer (See Instructions) Northwest ISD Education Foundation
Date 3-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XXXXXXXXXXXX Vicki Smith	Amount of contribution (\$) 53.00
Contributor address; City; State; Zip Code 9633 Armour Dr FW TX 76244		
Principal occupation / Job title (See Instructions) Owner/ Broker		Employer (See Instructions) Relocity Real Estate
Date 3-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Fish	Amount of contribution (\$) 27.90
Contributor address; City; State; Zip Code 10033 Cade Tr Keller TX 76244		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Martin	7 Amount of contribution (\$) 53
6 Contributor address; City; State; Zip Code 7901 Klamath Mountain Rd FW TX 76137		
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Heart to Heart Hospice
Date 3-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiersten Dean	Amount of contribution (\$) 14.11
Contributor address; City; State; Zip Code 5525 Montheaven Dr FW TX 76137		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Hallford	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 4209 Doe Creek Tr FW TX 76244		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Jordan	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 11617 Crystal Falls Dr Keller TX 76244		
Principal occupation / Job title (See Instructions) SVP Engineering		Employer (See Instructions) Buxton

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Dixie Dennis		3 Filer ID (Ethics Commission Filers)
4 Date 3-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Reed	7 Amount of contribution (\$) 104.42
6 Contributor address; City; State; Zip Code 1400 Kaitlyn Ln Keller TX 76244		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) HMC Corp.
Date 3-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Long	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 321 Calais Dr Keller TX 76248		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Central Garden Pet
Date 3-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranya Jhand	Amount of contribution (\$) 27.90
Contributor address; City; State; Zip Code 4640 Vista Meadows Dr FW TX 76244		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Mecham	Amount of contribution (\$) 27.90
Contributor address; City; State; Zip Code 7704 Black Bear Ct FW TX 76137		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitzia Lopez	7 Amount of contribution (\$) 21.13
6 Contributor address; City; State; Zip Code 9841 Strippling Dr FW TX 76244		
8 Principal occupation / Job title (See Instructions) Intervention Counselor		9 Employer (See Instructions) KISD
Date 3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachelle Bart	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 7848 Rushmore Ct FW TX 76137		
Principal occupation / Job title (See Instructions) Director of Accounting		Employer (See Instructions) All-in-one Academics
Date 3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara Ingrando	Amount of contribution (\$) 55.49
Contributor address; City; State; Zip Code 8925 Belvedere Dr FW TX 76244		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) BNSF Railway
Date 3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Fischer	Amount of contribution (\$) 104.42
Contributor address; City; State; Zip Code 977 Elkin Ln Keller TX 76262		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Sherman	7 Amount of contribution (\$) 30.00
6 Contributor address; City; State; Zip Code 1034 Canterbury Ln Keller TX 76248		
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 3-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melody Wheeler	Amount of contribution (\$) 21.13
Contributor address; City; State; Zip Code 9612 Sindair St Keller TX 76244		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Northrop Grumman
Date 3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed Bilz	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code 6130 Haley Ln FW TX 76132		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin R Dean	Amount of contribution (\$) 21.13
Contributor address; City; State; Zip Code 5320 Fort Concho Dr FW TX 76137		
Principal occupation / Job title (See Instructions) Customer Care Manager Customer Care Manager		Employer (See Instructions) Siplast

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 03-22-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Polly jo	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 9749 Hathman Lane Fort Worth 76244		106.00
8 Principal occupation / Job title (See Instructions) School nurse		9 Employer (See Instructions) Keller isd
Date 03-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shannon Edwards	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1325 Robin Ct Keller 76262		53.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) All Star Tree Service
Date 03-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaron Case	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1335 South Lake Street Fort Worth 76104		55.49
Principal occupation / Job title (See Instructions) Learning Program Specialist		Employer (See Instructions) CED
Date 03-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Willis	Amount of contribution (\$)
Contributor address; City; State; Zip Code 4228 Jenny Lake Trl Fort Worth 76244		27.90
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 03-23-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joanna Hildebrand	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 8920 Brook Hill Lane Fort Worth 76244		27.90
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chad Dyer	Amount of contribution (\$)
Contributor address; City; State; Zip Code 9321 Niles Ct Fort Worth 76244		110.67
Principal occupation / Job title (See Instructions) GIS Specialist		Employer (See Instructions) NewEdge Services, LLC
Date 03-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leslie Horn	Amount of contribution (\$)
Contributor address; City; State; Zip Code 365 Parkview Lane Keller 76248		104.42
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Southside Endodontics
Date 03-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Sternke	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1108 Wickford Court Keller 76248		208.54
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) DSS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 03-23-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Beth McCormack	7 Amount of contribution (\$) 106.00
6 Contributor address; City; State; Zip Code 2213 Graystone Court Keller 76248-8362		
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 03-24-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Remmenga	Amount of contribution (\$) 520.87
Contributor address; City; State; Zip Code 1801 Mason Court Keller 76248		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Cisco
Date 03-25-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melanie Rummel	Amount of contribution (\$) 104.42
Contributor address; City; State; Zip Code 10708 Grayhawk Lane Fort Worth 76244		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 03-25-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim Tran	Amount of contribution (\$) 208.54
Contributor address; City; State; Zip Code 802 Hidden Woods Drive Keller 76248		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Lara	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 91 Barrett Dr New Windsor NY 12553		10.72
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 03-27-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debi Riggs	Amount of contribution (\$)
Contributor address; City; State; Zip Code 8016 Iris Circle Fort Worth 76137		21.13
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Keller ISD
Date 03-28-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) amanda roy	Amount of contribution (\$)
Contributor address; City; State; Zip Code 804 Olympic Dr Keller 76248		20.00
Principal occupation / Job title (See Instructions) Healthcare rep		Employer (See Instructions) Ehealth
Date 03-29-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Buran	Amount of contribution (\$)
Contributor address; City; State; Zip Code 12332 Silver Maple Drive Fort Worth 76244		20.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Lara	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 91 Barrett Dr New Windsor NY 12553		10.72
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 03-27-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debi Riggs	Amount of contribution (\$)
Contributor address; City; State; Zip Code 8016 Iris Circle Fort Worth 76137		21.13
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Keller ISD
Date 03-28-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) amanda roy	Amount of contribution (\$)
Contributor address; City; State; Zip Code 804 Olympic Dr Keller 76248		20.00
Principal occupation / Job title (See Instructions) Healthcare rep		Employer (See Instructions) Ehealth
Date 03-29-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Buran	Amount of contribution (\$)
Contributor address; City; State; Zip Code 12332 Silver Maple Drive Fort Worth 76244		20.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME <p style="text-align: center;">Dixie Davis</p>		3 Filer ID (Ethics Commission Filers)
4 Date 03-30-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacob Squibbs	7 Amount of contribution (\$) 52.37
	6 Contributor address; City; State; Zip Code 7725 Arcadia Trail Fort Worth 76137	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 03-30-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cindy Epting	Amount of contribution (\$) 10.72
	Contributor address; City; State; Zip Code 5304 Fort Concho Dr Fort Worth 76137	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 03-30-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Audra Collins	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 9021 Wiggins Drive Fort Worth 76244	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 03-30-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Brown	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 11629 Winding Brook Drive Fort Worth 76244	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) A-Animal Clinic

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Anne Weatherred	7 Amount of contribution (\$) 260.59
	6 Contributor address; City; State; Zip Code 12308 Water Oak Dr. Fort Worth 76244	
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 03-30-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonnie McLaughlin	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 1617 Mountain Laurel Dr Keller 76248	
Principal occupation / Job title (See Instructions) IRS		Employer (See Instructions) Gov't
Date 03-30-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alyson Laurel	Amount of contribution (\$) 26.34
	Contributor address; City; State; Zip Code 317 College Street South Keller 76248	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Keller ISD
Date 03-31-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Olsen	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 4137 Duncan Way Fort Worth 76244	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Keller ISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 <input type="checkbox"/> out-of-state PAC (ID# _____) David Wall	7 Amount of contribution (\$) 21.13
	6 Contributor address; City; State; Zip Code 4913 ambrosia drive Fort worth 76244	
8 Principal occupation / Job title (See Instructions) Pipeline controller		9 Employer (See Instructions) SilverCreek Midstream LLC
Date 03-31-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vicki Smith	Amount of contribution (\$) 21.13
	Contributor address; City; State; Zip Code 9633 Armour Drive Fort Worth 76244	
Principal occupation / Job title (See Instructions) Owner/broker		Employer (See Instructions) Relocity Real Estate
Date 04-01-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Castro	Amount of contribution (\$) 31.55
	Contributor address; City; State; Zip Code 809 Magnolia Court Keller TX 76248	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 04-03-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim Ashton	Amount of contribution (\$) 26.34
	Contributor address; City; State; Zip Code 4749 Eddleman Dr Fort Worth TX 76244	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

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

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: 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04-03-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Herrera	7 Amount of contribution (\$) 10.72
6 Contributor address; City; State; Zip Code 4221 Judith Way Haltom City TX 76137		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Keller ISD
Date 04-03-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Williams	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 7425 Lowline Drive Fort Worth TX 76131		
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS
Date 04-03-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason SMITH	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code 612 8th Ave Fort Worth TX 76104		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Jason Smith
Date 04-03-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey Jones	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 11716 Wild Pear Lane Fort Worth TX 76244		
Principal occupation / Job title (See Instructions) ELearning Developer		Employer (See Instructions) The Trevor Project

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: 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04-03-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Olmstead	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 620 Muirfield Road Keller TX 76248		
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 04-03-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Burnett	Amount of contribution (\$) 10.72
Contributor address; City; State; Zip Code 6008 Kary Lynn Drive South Watauga TX 76148		
Principal occupation / Job title (See Instructions) Digital Marketing Specialist		Employer (See Instructions) Chem-Aqua
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Dixie Davis</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>2-23-24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Farah Janjua</u>	8 Amount of Contribution \$ <u>\$350</u>	9 In-kind contribution description <u>Headshots</u>
7 Contributor address; City; State; Zip Code <u>400 Bennington Ln Keller TX 76248</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Photographer</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Farah J Photography</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>3-11-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mary Anne Weathered</u>	Amount of Contribution \$ <u>40.00</u>	In-kind contribution description <u>Fee for vows neighborhood tent @ Easter Event</u>
Contributor address; City; State; Zip Code <u>12308 Wateroak Dr FW TX 76244</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 250.00
5 Date of loan Feb 21, 2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Dixie Davis	9 Loan Amount (\$) 250.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 9144 Farmer Br FW TX 76244	10 Interest rate 0
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) none		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6</i>	2 FILER NAME: <i>Dixie Davis</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>2-28-24</i>	5 Payee name: <i>Imprint.com</i>	
6 Amount (\$): <i>286.87</i>	7 Payee address: <i>14550 Beechnut St Houston TX</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description <i>yard signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date: <i>2-29-24</i>	Payee name: <i>Vista print</i>	
Amount (\$): <i>106.59</i>	Payee address: <i>275 Wyman St</i>	City; State; Zip Code <i>Waltham MA</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Business cards, vinyl banner</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date: <i>3-2-24</i>	Payee name: <i>Party City</i>	
Amount (\$): <i>36.91</i>	Payee address: <i>7612 Denton Hwy</i>	City; State; Zip Code <i>Watauga TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Balloons, plates, napkins</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>	2 FILER NAME <u>Dixie Davis</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-4-24</u>	5 Payee name <u>Imprint.com</u>	
6 Amount (\$) <u>656.04</u>	7 Payee address; <u>14550 Beechmont St</u>	City; <u>Houston TX</u> State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing</u>	(b) Description <u>yard signs</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3-8-24</u>	Payee name <u>Vista Print</u>	
Amount (\$) <u>178.49</u>	Payee address; <u>275 Wyman St</u>	City; <u>Waltham MA</u> State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <u>door hangers</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>Mar 14, 2024</u>	Payee name <u>Vista print</u>	
Amount (\$) <u>114.30</u>	Payee address; <u>275 Wyman St</u>	City; <u>Waltham MA</u> State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <u>Post cards</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	DIXIE DAVIS	
4 Date	5 Payee name	
Mar 14, 2024	Kroger	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
53.05	3300 Texas Sage Trail	FW TX 76244
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	Event / Food / Bev	
	(b) Description Candy & supplies for 2 neighborhood Easter events	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Mar 15, 2024	NGP VAN	
Amount (\$)	Payee address:	City; State; Zip Code
1100.00	PO Box 15707	Austin TX 78761
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Fees / Advertising	
	Description Access to voter mailing lists	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Mar 17, 2024	Park Glen Neighborhood Easter Egg Hunt	
Amount (\$)	Payee address:	City; State; Zip Code
53.05	2696 S Colorado Blvd	Denver CO 80222
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Fees	
	Description Vendor tent @ Easter event, meeting voters	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Dixie Davis	3 Filer ID (Ethics Commission Filers)
4 Date March 2024	5 Payee name Donor Box	
6 Amount (\$) 88.29	7 Payee address; 1520 Belle View Blvd #4106	City; State; Zip Code Alexandria VA 22307
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fundraising platform fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Feb, 2024	Payee name Donor Box	
Amount (\$) 13.35	Payee address; 1520 Belleview Blvd #4106	City; State; Zip Code Alexandria VA 22307
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fundraising platform fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Mar 23	Payee name USPS	
Amount (\$) 426.35	Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv Exp	Description stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Dixie Davis	3 Filer ID (Ethics Commission Filers)
4 Date Mar 23	5 Payee name VistaPrint	
6 Amount (\$) 138.52	7 Payee address; City; State; Zip Code 275 Wyman St Waltham MA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv Exp	(b) Description Push cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Mar 23	Payee name Amazon, com	
Amount (\$) 15.12	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv Exp	Description Address labels
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Mar 28	Payee name USPS	
Amount (\$) 373.35	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv Exp	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6</i>	2 FILER NAME <i>Dixie Davis</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Mar 29</i>	5 Payee name <i>Imprint.com</i>	
6 Amount (\$) <i>413.38</i>	7 Payee address:	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	(b) Description <i>Yard Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Apr 2</i>	Payee name <i>Loves</i>	
Amount (\$) <i>90.67</i>	Payee address:	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv Exp</i>	Description <i>stakes for large roadside signage</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center; font-size: 2em;">1</p>	2 FILER NAME <p style="text-align:center; font-size: 1.5em;">Duke Davis</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size: 1.5em;">2-23-21</p>	5 Payee name <p style="text-align:center; font-size: 1.5em;">Bluehost, Inc</p>	
6 Amount (\$) <p style="text-align:center; font-size: 1.5em;">85.99</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">5335 Gate Parkway Jacksonville FL 32256</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Adv Exp</p>	(b) Description <p style="text-align:center; font-size: 1.5em;">Website Hosting</p>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address;		City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1
2 FILER NAME DIXIE Davis		3 Filer ID (Ethics Commission Filers)
4 Date Feb 29 - Mar 31	5 Name of person from whom amount is received RBFCU	8 Amount (\$) \$0.15
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Checking account interest		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED