## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form	1 Filer ID(E	Ethics Comn	nission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFI	CE USE ONLY
OFFICEHOLDER		Jerry	V		Date Received	
NAME	NICKNAME	LAST	SUFFIX		10/26/2015	
		Davis				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CIT	Y; STATE; ZIP	, CODE		
OFFICEHOLDER	5517 Pickfair					
MAILING					Date Hand-deliver	ed or Date Postmarked
ADDRESS	Houston TX 77026					
Change of address						
5 CANDIDATE /	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(832) 860-1766					
PHONE						
6 CAMPAIGN	MS/MRS/MR	FIRST	MI		Receipt #	Amount
TREASURER		Rachel			Date Processe	d
NAME	NICKNAME	LAST	SUFFIX		Date Imaged	
		Davis				
7 CAMPAIGN	STREET ADDRESS (No PO Box Pleas	se);	APT/SUITE #	,	CITY; STATE;	ZIP CODE
TREASURER	5517 Pickfair					
ADDRESS						
(Residence)	Houston TX 77026					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(281) 433-0513					
	January 15 30th day bef	fore election	al repport (Attach C/C	DH - FR)	Exceeded \$500 limit	
9 REPORT TYPE	July 15 X 8th day befo	ore election	noff		15th day after campaign	treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	9/25/2015	5	THROUGH		10/24	4/2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE			
	Month Day Year		_		_	_
	11/3/2015	Primary	F	Runoff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13	OFFICE SOUG	HT (if known)	
	City Council - District B		(	City Coun	cil - District B	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM	C/OH
 <u> </u>	

14 FILER NAME Jerry V Davis

**COVER SHEET PG 2** 15 Filer ID (Ethics Commission Filers)

	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.					
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME				
FROM						
POLITICAL	GENERAL	COMMITTEE ADDRESS				
COMMITTEE(S)						
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
17 CONTRIBUTION	1 TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH/	AN	1		
TOTALS		NS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$0.00		
	2 TOTAL POLITIC	AL CONTRIBUTIONS		\$29,290.00		
	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES OF LOANS)		Ψ20,200.00		
EXPENDITURE TOTALS						
	4 TOTAL POLITIC	AL EXPENDITURES		\$22,585.75		
CONTRIBUTION BALANCE	5 TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS PERIOD	T DAY	\$175,174.87		
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIF LAST DAY OF T	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF HE REPORTING PERIOD	- THE	\$0.00		
18 AFFIDAVIT						
		I swear, or affirm, under preport is true and correct reported by me under Tit	and includes all info	ormation required to be		
			Jerry V Davis			
		Signati	ure of Candidate or	Officeholder		
AFFIX NOT STAMP / SE	EAL ABOVE					
Sworn to and subscribed	d before me, by the said	۱	, this the	day		
of	, 20	, to certify which, witness my hand and se	al of office.			
Signature of officer admi	nistering oath	Print name of officer administering oath	I THE OT OTTICE	r administering oath		

## SUBTOTALS - COH

# FORM C/OH COVER SHEET PG 3

19 F	٦I	ER NAME Jerry V Davis	20 Filer ID (Ethics Commission Filers)
21	S	CHEDULE SUBTOTALS	SUBTOTAL
	Ν	AME OF SCHEDULE	AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	29,290
2.	Γ	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	0
3.	Γ	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	Γ	SCHEDULE E: LOANS	0
5.	Γ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	14641.58
6.	Γ	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0
7.	Γ	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTION	NS 0
8.	Γ	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	7944.17
9.	Γ	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH 0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS 0
12.	T	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED TO FILER 0

## CANDIDATE / OFFICEHOLDER REPORT: NOTICE FROM POLITICAL COMMITTEE(S)

#### C/OH NAME Jerry V Davis

### FORM C/OH ADDENDUM

ACCOUNT # (Ethics Commission filers)

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.

#### SCHEDULE A1

The Instruction	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 FILER NAME	Jerry V Davis			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor out of state PAC(ID# )			
	Lenora Sorola-Pohlman			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/25/2015		Houston	TX 77008	\$100.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Kelly Hodges			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/29/2015		Houston	TX 77068	\$100.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Kari Gray-Smith			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/1/2015		Spring	TX 77388	\$25.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Tammy Noyes			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
10/1/2015		Cypress	TX 77429	\$4,000.00
		- /1	-	· · · · · · · · · · · · · · · · · · ·
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	l ctions)
General Ma	nager		J. Simmons Group, Inc.	
	5 Full name of contributor			1
4 Date	5 Full hame of contributor		PAC(ID# )	1

#### SCHEDULE A1

The	Instruction G	uide explains how to complete	1 Total Pages Schedule A1:		
2 FII	LER NAME J	erry V Davis			3 Filer ID (Ethics Commission filers)
		Monaca McMillian			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/1/2015		Spring	TX 77379	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Lions)
	Finance Mana	ager		Total Premier Services I	Nigeria Ltd
4	Date	5 Full name of contributor Sean Simmons	out of state	PAC(ID# )	7 Amount of contributions (\$)
		Sear Simmons			
		6 Contributor address;	City;	State; Zip Code	•
	10/1/2015		Houston	TX 77098	\$2,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
	Corporate Dev	velopment Manager		J. SIMMONS GROUP II	NC
4	Date	5 Full name of contributor MARQUIS MCMILLIAN	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/1/2015	6 Contributor address;	City; SPRING	State; Zip Code TX 77379	\$1,000.00
					· ,
8	Principal occu MIS Specialis	pation / Job title (See Instructions) t		9 Employer (See Instruct J. SIMMONS GROUP II	
4	Date	5 Full name of contributor Nancy Hamilton	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/1/0015	6 Contributor address;	City;	State; Zip Code	
	10/1/2015		Houston	TX 77010	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Lillie Schechter			7 Amount of contributions (\$)

SCHEDULE /	41
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The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Jerry V Davis			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
10/1/2015		Houston	TX 77007	\$25.00
8 Principal oc	Compation / Job title (See Instructions)		9 Employer (See Instruc	l :tions)
4 Date	5 Full name of contributor	out of state		1
4 Date	Michael Olaoye		FAC(ID# )	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/2/2015		Houston	TX 77084	\$1,000.00
8 Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Business D	evelopment Manager		Total Premier Services N	Nig. Ltd
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Dawn DuBose-Randle			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/4/2015		Houston	TX 77081	\$50.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	itions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	[
	Melanie Bibb			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/4/2015		Houston	TX 77007	\$150.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	tions)

## SCHEDULE A1

The Instruction (	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Jerry V Davis			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Marcy Lester			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/4/2015		League city	TX 77573	\$100.00
3 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Ltions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Barbara Williams			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/5/2015		Houston	TX 77057	\$50.00
3 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	stions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Victoria Brown			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/5/2015		Spring	TX 77379	\$40.00
3 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Shawn Simmons			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/5/2015		Houston	TX 77018	\$100.00
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	tions)
1 Date	5 Full name of contributor	out of state	PAC(ID# )	

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.					1 Total Pages Schedule A1:
2 F	ILER NAME .	lerry V Davis			3 Filer ID (Ethics Commission filers)
		Christopher Simmons			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/6/2015		Houston	TX 77098	\$1,000.00
8	Principal occu	Lupation / Job title (See Instructions)		9 Employer (See Instruc	l xtions)
	Manager			Total Premier Services I	Nigeria Ltd / J. Simmons Group Inc
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Billy & Nina Reagins			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/7/2015		Houston	TX 77026	\$50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	Ltions)
4	Date	5 Full name of contributor	out of state I	PAC(ID# )	
		Melanie Manning			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/16/2015		Katy	TX 77450	\$100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID# )	
		David Lintner			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/17/2015		Houston	TX 77005	\$5,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Physician			Houston Methodist Hosp	pital
4	Date	5 Full name of contributor	out of state I	PAC(ID# )	
		Winifred and Carleton Riser			7 Amount of contributions (\$)

SCHEDULE A	1
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The Instruction G	uide explains how to complete the	1 Total Pages Schedule A1:		
2 FILER NAME J	erry V Davis			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
10/20/2015		Houston	TX 77005	\$250.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4 Date	5 Full name of contributor Bridgette Murray	out of state P	AC(ID#)	7 Amount of contributions (\$)
10/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77029	\$100.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4 Date	5 Full name of contributor Duane Kamins	out of state P	AC(ID# )	7 Amount of contributions (\$)
10/23/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401	\$500.00
8 Principal occu President	upation / Job title (See Instructions)		9 Employer (See Instruct Kamins Investment Grou	
4 Date	5 Full name of contributor ricky kamins	out of state P	AC(ID# )	7 Amount of contributions (\$)
10/23/2015	6 Contributor address;	City; houston	State; Zip Code TX 77026	\$500.00
8 Principal occu Partner	Ipation / Job title (See Instructions)		9 Employer (See Instruct Kamins Investment Grou	

SCHEDULE	A1
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The Instruction (	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Jerry V Davis			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Susan Christian			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/24/2015		Houston	TX 77006	\$100.00
3 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	5 Full name of contributor	out of state	PAC(ID# )	
	Joelynn Kelly			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/04/2015		Missouri City	7 TX 77,459.00	\$125.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	5 Full name of contributor	out of state	PAC(ID# )	
	Lechauncy Solari			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/04/2015		Pearland	TX 77,584.00	\$100.00
B Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
. Date	5 Full name of contributor	out of state	PAC(ID# )	
	Tamara Williams			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/04/2015		Houston	TX 77,078.00	\$50.00
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	5 Full name of contributor	out of state	PAC(ID# )	

SCHEDULE	A1
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The Instruction G	uide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILER NAME Je	erry V Davis			3 Filer ID (Ethics Commission filers)
	S. Williams			7 Amount of contributions (\$)
10/01/0015	6 Contributor address;	City;	State; Zip Code	
10/04/2015		Houston	TX 77,078.00	\$100.00
8 Principal occuj	pation / Job title (See Instructions)		9 Employer (See Instruc	ztions)
4 Date	5 Full name of contributor Paul Hobby	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
10/09/2015		Houston	TX 77019-5620	\$250.00
8 Principal occu	Doation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor Creaque Charles	out of state F	PAC(ID# )	7 Amount of contributions (\$)
10/09/2015	6 Contributor address;	City; Friendswood	State; Zip Code TX 77,546.00	\$50.00
8 Principal occuj	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor Larry Hunt	out of state F	PAC(ID# )	7 Amount of contributions (\$)
10/09/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77,215.00	\$250.00
8 Principal occuj	pation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	5 Full name of contributor J. F. Brazos Enterprises Limited	out of state F	PAC(ID# )	7 Amount of contributions (\$)

SCHEDULE A	1\
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The Instruction (	Guide explains how to complet	1 Total Pages Schedule A1:		
2 FILER NAME	Jerry V Davis			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
10/09/2015		Houston	TX 77,019.00	\$1,000.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	 xtions)
4 Date	5 Full name of contributor	out of state		1
	Gerald Wilson			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/09/2015		Katy	TX 77450-5374	\$750.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Chairman			Wilson Group, Inc.	
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Cindy Clifford			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/09/2015		Houston	TX 77019-4815	\$500.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
PR			The Clifford Group	
4 Date	5 Full name of contributor	out of state	PAC(ID# )	
	Chris Canonico			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
10/09/2015		Bellaire	TX 77401-4609	\$250.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)

ONTRIBUTIONS	SCHEDULE A1
complete this form.	1 Total Pages Schedule A1:

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
2 FILER NAME Jerry V Davis	3 Filer ID (Ethics Commission filers)
4       Date       5 Full name of contributor       out of state PAC(ID# )         Hamilton Rucker       6 Contributor address;       City; State; Zip Code	7 Amount of contributions (\$)
10/09/2015 Houston TX 77025-1000	\$750.00
8       Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Attorney       Rucker Law Firm	structions)
4 Date 5 Full name of contributor out of state PAC(ID# ) Linebarger, Goggan, Blair & Sampson LLP	7 Amount of contributions (\$)
6 Contributor address; City; State; Zip Cod 10/09/2015 Austin TX 78760-7428	s1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins	structions)
4       Date       5 Full name of contributor       out of state PAC(ID# )         Wendy Heger       6 Contributor address;       City; State; Zip Code	7 Amount of contributions (\$)
10/09/2015 Channelview TX 77530-3901	\$250.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins	structions)
4     Date     5 Full name of contributor     out of state PAC(ID# )       Houston Fire Fighters PAC	7 Amount of contributions (\$)
6 Contributor address; City; State; Zip Cod 10/09/2015 Houston TX 77009-8334	\$2,500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins	structions)

SCHEDULE	A1
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The Instruction G	uide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILER NAME J	erry V Davis			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor Republic Services, Inc.Employees Better Government PAC	X out of state	PAC(ID# C00428391)	7 Amount of contributions (\$)
10/09/2015	6 Contributor address;	City; Phoenix	State; Zip Code AZ 85,054.00	\$1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor Health Care Service Corporation Employees' PAC	X out of state	PAC(ID# C00199711 )	7 Amount of contributions (\$)
10/23/2015	6 Contributor address;	City; Chicago	State; Zip Code IL 60601-5014	\$500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor Union Pacific Fund for Effective Government	out of state	PAC(ID# )	7 Amount of contributions (\$)
10/13/2015	6 Contributor address;	City; Spring	State; Zip Code TX 77373	1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor Texas Taxi PAC	out of state	PAC(ID# )	7 Amount of contributions (\$)
10/16/2015	6 Contributor address;	City; Austin	State; Zip Code TX 78701	1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Litions)

## **MONETARY POL**

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
2 FILER NAME Jerry V Davis	3 Filer ID (Ethics Commission filers)

21	FILER NAME 、	Jerry V Davis			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor	out of state PAC(ID#)		
		Erica Rouse			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/10/2015		Houston	TX 77089	125.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Pauline Allen			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/11/2015		Houston	TX 77015	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Anjanette Wyatt			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/10/2015		Houston	TX 77028	150.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
		ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDUL	E AS NEEDED
		If contributor is out-of-state PAC	C, please see ins	truction guide for addition	onal reporting requirements

	The Instruction Guide	explains how to	complete this fo	orm.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis			3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
10/22/2015	Conrad Johnson Foundation	on		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
500.00	1320 Main			
	Houston TX 77002			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	ึ่งท	
		Check	if travel outside of	f Texas, complete Schedule T
		Check	if Austin, TX, offic	eholder living expense
	Contributions/Donations		Contribution	
	Made By Candidate/Officeholder/Polit	ti		
	cal Committee			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
experiaturee to benefit C/OTT				
4 Date	5 Payee name			
10/19/2015	Keion Smith			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
160.00	3314 McCrarey Dr			
	Houston TX 77088			
8 PURPOSE OF EXPENDITURE	: (a) Category	(b) Descriptio	ึ่งท	
		Check	if travel outside of	f Texas, complete Schedule T
		Check	if Austin, TX, offic	eholder living expense
	Salaries/Wages/Contract		Blockwalking	
	Labor			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought		office held
expendituree to benefit C/OH				
4 Date	5 Payee name			
10/19/2015	Quentin Henderson			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
160.00	3015 Delia St			

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)		
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho Blockwalking			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held		
4 Date	5 Payee name				
10/19/2015	Michael Henderson				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
360.00	Requested Houston TX				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho Blockwalking			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held		

	The Instruction Guide e	explains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	<b>!</b>
10/19/2015	James Young	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
420.00	7510 Emma Lou	
	Houston TX 77088	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract	Blockwalking
	Labor	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
4 Date	5 Payee name	
10/19/2015	Leon Cortez	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
450.00	7738 Ashmole	
	Houston TX 77088	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Salaries/Wages/Contract Labor	Blockwalking
9 Complete ONLY if direct	Candidate / Officehoder name	office sought office held
expendituree to benefit C/OH		
4 Date	5 Payee name	
10/19/2015	Cynthia Bailey	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
950.00	7830 Flintridge	
000.00		

Houston TX 77245

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis	3 Filer ID (Ethics Commission filers)		
	Salaries/Wages/Contract Labor	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Blockwalking		
9 Complete ONLY if direct expendituree to benefit C/O	Candidate / Officehoder name H	office sought office held		
4 Date	5 Payee name			
10/19/2015	Teneisha Riles			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
455.00	6803 Utah S Houston TX 77091			
8 PURPOSE OF EXPENDITU	JRE (a) Category	(b) Description		
		Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
	Salaries/Wages/Contract Labor	Blockwalking		
9 Complete ONLY if direct expendituree to benefit C/O	Candidate / Officehoder name H	office sought office held		

	The Instruction Guide ex	xplains how to cc	mplete this for	rm.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis			3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
10/19/2015	Hampton Mull			
6 Amount (\$)	7 Payee address; City;	State; 2	Zip Code	
1,000.00	2820 Palm St Apt D			
	Houston TX 77004			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
				Texas, complete Schedule T sholder living expense
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee		Oonation for toys	3
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
10/16/2015	Cynthia Bailey			
6 Amount (\$)	7 Payee address; City;	State; 2	Zip Code	
1,350.00	7830 Flintridge			
	Houston TX 77245			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if tr	avel outside of	Texas, complete Schedule T
		Check if A	ustin, TX, office	cholder living expense
	Salaries/Wages/Contract Labor	В	Blockwalking	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
10/14/2015	United Site Services			

10/14/2015	United Site Services		
6 Amount (\$)	7 Payee address; City;	State; Z	ip Code
139.12	PO Box 660475		
	Dallas TX 75266		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis	3	B Filer ID (Ethics Commission filers)		
	Event Expense	Check if travel outside of Texa Check if Austin, TX, officehold Portapotty for 7/31 et	der living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offic	ce held		
4 Date	5 Payee name				
10/13/2015	Michael Henderson				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
150.00	Requested Houston TX				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Salaries/Wages/Contract Labor	Check if travel outside of Texa Check if Austin, TX, officehold Blockwalking			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offic	ce held		

<ul> <li>2 FILER NAME Jerry V Davis</li> <li>5 Payee name James Young</li> <li>7 Payee address; City; 7510 Emma Lou</li> </ul>	State; Zip Code	3 Filer ID (Ethics Commission filers)
James Young       7 Payee address;     City;	State; Zip Code	
7 Payee address; City;	State; Zip Code	
	State; Zip Code	
7510 Emma Lou		
Houston TX 77088		
(a) Category	(b) Description	
	Check if travel outside	e of Texas, complete Schedule T
	Check if Austin, TX, o	fficeholder living expense
Salaries/Wages/Contract	Blockwalking	1
Labor		
Candidate / Officehoder name	office sought	office held
5 Payee name		
Teneisha Riles		
7 Payee address; City;	State; Zip Code	
6803 Utah S		
Houston TX 77091		
(a) Category	(b) Description	
	Check if travel outside	e of Texas, complete Schedule T
	Check if Austin, TX, o	fficeholder living expense
Salaries/Wages/Contract	Blockwalking	3
Labor		
Candidate / Officehoder name	office sought	office held
5 Payaa nama		
	State; Zip Code	
7738 Ashmole		
	(a) Category Salaries/Wages/Contract Labor Candidate / Officehoder name 5 Payee name Teneisha Riles 7 Payee address; City; 6803 Utah S Houston TX 77091 (a) Category Salaries/Wages/Contract Labor	(a) Category       (b) Description         Check if travel outside       Check if Austin, TX, c         Salaries/Wages/Contract       Blockwalking         Candidate / Officehoder name       office sought         5 Payee name

Houston TX 77088

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)		
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho Blockwalking			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date	5 Payee name				
10/10/2015	Cynthia Bailey				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
1,350.00	7830 Flintridge Houston TX 77245				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Salaries/Wages/Contract	Check if travel outside of Te Check if Austin, TX, officeho Blockwalking			
	Labor				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		

	The Instruction Guide	explains how to con	nplete this for	m.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis	\$		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
10/2/2015	Cynthia Bailey			
6 Amount (\$)	7 Payee address; City;	State; Zi	p Code	
1,550.00	7830 Flintridge			
	Houston TX 77245			
<b>B PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description		
		Check if tra	vel outside of T	Fexas, complete Schedule T
		Check if Au	stin, TX, officel	holder living expense
	Salaries/Wages/Contract Labor	Bic	ockwalking	
Complete ONLY if direct	Candidate / Officehoder name	office sought		office held
expendituree to benefit C/OH				
Date	5 Payee name			
9/29/2015	City of Houston			
S Amount (\$)	7 Payee address; City;	State; Zi	p Code	
16.15	901 Bagby			
	Houston TX 77002			
<b>B PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description		
		Check if tra	vel outside of T	Texas, complete Schedule T
		Check if Au	stin, TX, officel	holder living expense
	Food/Beverage Expense	Re	eimbursement f	or breakfast
<ul> <li>Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
9/28/2015	Cynthia Bailey			
6 Amount (\$)	7 Payee address; City;	State; Zi	p Code	

	, ,		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code
100.00	7830 Flintridge		
	Houston TX 77245		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis	3	3 Filer ID (Ethics Commission filers)	
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Texa Check if Austin, TX, officehold Little League Footbal	der living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offic	ice held	
4 Date	5 Payee name			
9/25/2015	Cynthia Bailey			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
1,400.00	7830 Flintridge Houston TX 77245			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Salaries/Wages/Contract	Check if travel outside of Texa Check if Austin, TX, officehold Blockwalking		
	Labor			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought offic	ice held	

#### POLITICAL EXPENDITURES FRC

FROM POLITICAL				SCI	HEDULE F1
	The Instruction Guide	explains how to c	omplete this form	1.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis	S		3 Filer ID (Ethics Commission	n filers)
4 Date	5 Payee name				
10/16/2015	Nick Suh				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code		
1,800.00	19310 Linden Meadow				
	Richmond TX 77407				
8 PURPOSE OF EXPENDITURE	(a) Category			exas, complete Schedule T older living expense	
	Printing Expense	F	Printing of push ca	rds	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	C	ffice held	
4 Date	5 Payee name				
10/15/2015	Alley Kat				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code		
500.00	3718 Main				
	Houston TX 77002				
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	Check if A		exas, complete Schedule T older living expense	
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name	office sought	c	ffice held	

4 Date	5 Payee name
10/7/2015	Edna Griggs
6 Amount (\$)	7 Payee address; City; State; Zip Code
175.00	6205 Maxrou St.
	Houston TX 77091
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)	
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho Phone banking		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought of	ffice held	
4 Date	5 Payee name			
10/23/2015	Piryx			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
11.25	649 Mission Street, #204 San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Online contribution	older living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought of	ffice held	

	The Instruction Guide e	explains how to complet	e this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/21/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de
229.5	649 Mission Street, #204		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel o	utside of Texas, complete Schedule T
		Check if Austin,	TX, officeholder living expense
	Fees	Online	contribution processing fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
10/12/2015	Piryx 7 Payee address; City;	State; Zip Co	da
6 Amount (\$)		State, Zip Co	
2.25	649 Mission Street, #204		
	0		
	San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
			utside of Texas, complete Schedule T
			TX, officeholder living expense
	Fees	Online	contribution processing fee
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH		Ū	
4 Date	5 Payee name		
10/9/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de
45.00	649 Mission Street, #204		
	San Francisco CA 94105		

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)	
	Fees	Check if travel outside of Te Check if Austin, TX, officeho Online contribution	Ider living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	fice held	
4 Date	5 Payee name			
10/8/2015	Piryx			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
8.55	649 Mission Street, #204 San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Fees	Check if travel outside of Te: Check if Austin, TX, officeho Online contribution	lder living expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	fice held	

	The Instruction Guide e	xplains how to comp	ete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission fi	ilers)
4 Date	5 Payee name			
10/7/2015	Piryx			
6 Amount (\$)	7 Payee address; City;	State; Zip C	Code	
58.5	649 Mission Street, #204			
	San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel	outside of Texas, complete Schedule T	
		Check if Austin	n, TX, officeholder living expense	
	Fees	Onlin	e contribution processing fee	
			- Wear hald	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
4 Date	5 Payee name			
10/6/2015	Piryx			
6 Amount (\$)	7 Payee address; City;	State; Zip C	Code	
366.76	649 Mission Street, #204			
	San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel	outside of Texas, complete Schedule T	
		Check if Austin	n, TX, officeholder living expense	
	Fees	Onlin	e contribution processing fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held	
4 Date	5 Payee name			
10/2/2015	Piryx			
6 Amount (\$)	7 Payee address; City;	State; Zip C	Code	
4.50	649 Mission Street, #204			
	San Francisco CA 94105			

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis	3 Filer ID (Ethics Commission filers)		
	Fees	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution processing fee		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought office held		
4 Date	5 Payee name			
9/30/2015	Piryx			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
4.50	649 Mission Street, #204 San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Fees	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online contribution processing fee		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought office held		

	The Instruction Guide	explains how to cor	nplete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		I
9/29/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Z	p Code
36.00	649 Mission Street, #204		
	San Francisco CA 94105		
PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if tra	vel outside of Texas, complete Schedule T
		Check if Au	stin, TX, officeholder living expense
	Fees	Or	line contribution processing fee
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
Date	5 Payee name		
9/28/2015	Piryx		
6 Amount (\$)	7 Payee address; City;	State; Z	p Code
4.50	649 Mission Street, #204		
	San Francisco CA 94105		
PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if tra	vel outside of Texas, complete Schedule T
		Check if Au	stin, TX, officeholder living expense
	Fees	Or	line contribution processing fee
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
Date	5 Payee name		
10/7/2015	Brenda Smith		
S Amount (\$)	7 Payee address; City;	State; Z	p Code
75.00	11100 crescent moon		

#111

Houston TX 77064

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeho Phone banking	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
10/7/2015	Debra Thomas		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
75.00	11100 crescent moon		
	#134		
	Houston TX 77064		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract Labor	Phone banking	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held

50.00

8 PURPOSE OF EXPENDITURE (a) Category

11100 crescent moon

Houston TX 77064

#228

	The Instruction Guide	explains how to com	plete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/7/2015	Paula Green		
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code
50.00	11100 crescent moon		
	#135		
	Houston TX 77064		
B PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if trav	vel outside of Texas, complete Schedule T
		Check if Aus	stin, TX, officeholder living expense
	Salaries/Wages/Contract		one banking
	Labor		Ŭ
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/7/2015	Nadune Williams		
6 Amount (\$)	7 Payee address; City;	State; Zip	o Code
50.00	11100 crescent moon		
	#201		
	Houston TX 77064		
B PURPOSE OF EXPENDITURE		(b) Description	
			vel outside of Texas, complete Schedule T
			stin, TX, officeholder living expense
	Salaries/Wages/Contract		one banking
	Labor		
Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH		ennee eeugint	
Late	5 Payee name		
-			
10/7/2015	Robin Davis		

(b) Description

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	Check if travel outside of Te Check if Austin, TX, officeh Phone banking	
<ul> <li>9 Complete ONLY if direct expendituree to benefit C/OH</li> </ul>	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
10/7/2015	Deborah Boone		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
75.00	11100 crescent moon		
	#229		
	Houston TX 77064		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Salaries/Wages/Contract Labor	Phone banking	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held

	The Instruction Guide	explains how to complete this fo	orm.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/7/2015	Cassandra Gee		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
50.00	11100 crescent moon		
	#348		
	Houston TX 77064		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of	Texas, complete Schedule T
		Check if Austin, TX, office	eholder living expense
	Salarias/Magas/Contract	Phone banking	
	Salaries/Wages/Contract Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

E	EXPENDITURES MADE BY CREDIT CARD							
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2         FILER NAME Jerry V Davis         3         Filer ID (Ethics Commission filers)						
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$0.00						
5	Date	6 Payee name						
	10/21/2015	Mayo's Printing						
7	Amount (\$)	8 Payee address; City; State; Zip Code						
	1,000.00							
		4920 Kelley St						
		Houston TX 77026						
9	TYPE OF EXPENDITURE	X Political Non-Political						
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
		Check if travel outside of Texas, complete Sched	ule T					
		Check if Austin, TX, officeholder living expense						
		Printing Expense Printing campaign materials						
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought offic	e held					

E	XPENDITURES MA	D	E BY CREDIT CARD				SCHEDULE F4
			The Instruction Guide explains	s hov	v t	o complete this form.	
1	Total pages Schedule F4:	2	FILER NAME Jerry V Davis			3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDI	ITURES CHARGED TO A CREDIT CAR	D		\$\$0.00	
5	Date	6	Payee name				
	10/19/2015		Maryz Lebanese Cuisine				
7	Amount (\$)	8	Payee address; City;	S	ta	te; Zip Code	
	53.73		5825 Richmond Ave,				
			Houston TX 77057				
9	TYPE OF EXPENDITURE		X Political			Non-Political	
10	PURPOSE OF EXPENDITURE	1 ` '	) Category (See Categories listed at the top of this nedule)	(b)	D	escription	
				ſ		Check if travel outside of Texas, complete Sched	ule T
						Check if Austin, TX, officeholder living expense	
			Food/Beverage Expense			Food for volunteers	
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder name			office sought offic	ce held
5	Date	6	Payee name				
	10/19/2015		FedexOffice				
7	Amount (\$)	8	Payee address; City;	S	ta	te; Zip Code	
	59.25		315 North Sam Houston Pkw	/y E			
			Houston TX 77060				
9	TYPE OF EXPENDITURE		X Political			Non-Political	
10	PURPOSE OF EXPENDITURE	1	) Category (See Categories listed at the top of this nedule)	(b)	D	escription	
				ſ		Check if travel outside of Texas, complete Sched	ule T
						Check if Austin, TX, officeholder living expense	
			Office Overhead/Rental			Office supplies	
			Expense				
11	Complete ONIL V if direct		andidate / Officehoder name			office courset	a hald
11	Complete ONLY if direct expendituree to benefit C/OH		andidate / Officenduel Hame			office sought offic	ce held
5	Date	6	Payee name				
	10/15/2015		Hillary for America				

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME Jerry V Davis 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$0.00	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	1,000.00	PO Box Box 5256	
		New York NY 10185	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
		Check if travel outside of Texas, complete Sc	hedule T
		Check if Austin, TX, officeholder living expens	se
		Contributions/Donations Donation to campaign	
		Made By Candidate/Officeholder/Politi	
		cal Committee	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought of	office held
	expendituree to benefit C/OT		
5	Date	6 Payee name	
	10/13/2015	Harris County Tejano Democrats	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	110.00	3715 North Main	
		Houston TX 77009	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description schedule)	
		Check if travel outside of Texas, complete Sc	hedule T
		Check if Austin, TX, officeholder living expension	se
		Event Expense Ad in Roast & Toast booklet	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought of	office held
-			
5	Date	6 Payee name	
	10/13/2015	Burn's Original BBQ	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	70.24	8307 De Priest St	

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## EXPENDITURES MADE BY CREDIT CARD

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A CREDIT CAR	D	\$\$0.00				
		Houston TX 77088						
9	TYPE OF EXPENDITURE	X Political		Non-Political				
10	PURPOSE OF EXPENDITURE	Food/Beverage Expense	(b) [	Description Check if travel outside of Texas, complete So Check if Austin, TX, officeholder living expen Food for community event				
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		office sought	office held			
5	Date	6 Payee name						
	10/9/2015	Triple J's						
7	Amount (\$)	8 Payee address; City;	Sta	ate; Zip Code				
	112.53	6715 Homestead Rd						
		Houston TX 77028						
9	TYPE OF EXPENDITURE	X Political		Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description Check if travel outside of Texas, complete So Check if Austin, TX, officeholder living expen				
		Food/Beverage Expense		J Food for community event				
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	1	office sought	office held			
5	Date	6 Payee name						
	10/7/2015	Kroger						
7	Amount (\$)	8 Payee address; City;	Sta	ate; Zip Code				
	36.62	12555 Briar Forest Dr						
		Houston TX 77077						
9	TYPE OF EXPENDITURE	X Political		Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description				

E	EXPENDITURES MADE BY CREDIT CARD SCHEDULE						
		The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME Jerry V Davis 3 Filer ID (Ethics Commission filers)					
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$0.00					
11	Complete ONLY if direct	Food/Beverage Expense       Check if travel outside of Texas, complete Schedule         Check if Austin, TX, officeholder living expense         Food/Beverage Expense         Food for volunteers         Candidate / Officehoder name					
	expendituree to benefit C/OH						
5	Date	6 Payee name					
	10/6/2015	InFocus Campaigns					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	3,355.30	PO Box 10726					
		PO Box 10726 TX 76114					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Phone call system	eΤ				
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	held				

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	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2	FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDITU	IRES CHARGED TO A CREDIT CARD	)	\$\$0.00		
5	Date	6	Payee name				
	10/6/2015		InFocus Campaigns				
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code		
	200.34		PO Box 10726				
			PO Box 10726 TX 76114				
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	I` '	ategory (See Categories listed at the top of this	(b) D	escription		
		schedu	le)		Check if travel outside of Texas, complete Schedule T		
					Check if Austin, TX, officeholder living expense		
			Advertising Expense		Phone call system		
			· · · · · · · · · · · · · · · · · · ·				
11	Complete ONLY if direct	Cand	idate / Officehoder name		office sought office held		
	expendituree to benefit C/OH						
5	Date	6	Payee name				
	10/5/2015		Bouncin Bins Rental				
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code		
	869.05		8622 Daffodil				
			Houston TX 77063				
9	TYPE OF EXPENDITURE	X	Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Ca schedu	ategory (See Categories listed at the top of this	(b) D	escription		
				Г	Check if travel outside of Texas, complete Schedule T		
					Check if Austin, TX, officeholder living expense		
			Event Expense		Bouncy castle for community event		
			·				
11	Complete ONLY if direct expendituree to benefit C/OH	Cand	idate / Officehoder name		office sought office held		
5	Date	6	Payee name				
	10/5/2015		Bouncin Bins Rental				
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code		

E	<b>KPENDITURES MA</b>	DE BY CREDIT CARD			SCHEDULE F
		The Instruction Guide explains	how	o complete this form.	
1	Total pages Schedule F4:	2 FILER NAME Jerry V Davis		3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD	)	\$\$0.00	
	847.80	8622 Daffodil			
		Houston TX 77063			
9	TYPE OF EXPENDITURE	X Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Bouncy castle for community event	le T
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		office sought office	e held
5	Date	6 Payee name			
	9/30/2015	Fiesta			
7		8 Payee address; City;	Sta	te; Zip Code	
	92.71	5815 Lockwood Dr Houston TX 77026			
9	TYPE OF EXPENDITURE	X Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription Check if travel outside of Texas, complete Schedul Check if Austin, TX, officeholder living expense Food for volunteers	le T
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		office sought office	held
5	Date	6 Payee name			
	9/28/2015	Triple J's			
7	Amount (\$)	8 Payee address; City;	Sta	te; Zip Code	
	21.54	6715 Homestead Rd			
		Houston TX 77028			

## EXPENDITURES MADE BY CREDIT CARD

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2         FILER NAME Jerry V Davis         3         Filer ID (Ethics Commission filers)					
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$0.00					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description					
		schedule) Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
		Food/Beverage Expense Food for community event					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held					
5	Date	6 Payee name					
	9/28/2015	Office Depot					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	40.66	3443 Kirby Dr					
		Houston TX 77098					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
		Office Overhead/Rental Office supplies					
		Expense					
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office held					
5	Date	6 Payee name					
	9/28/2015	Fiesta					
7	Amount (\$)	8 Payee address; City; State; Zip Code					
	7.37	5815 Lockwood Dr					
L		Houston TX 77026					
9	TYPE OF EXPENDITURE	X Political Non-Political					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description schedule)					
		Check if travel outside of Texas, complete Schedule T					

## EXPENDITURES MADE BY CREDIT CARD

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2	FILER NAME Jerry V Davis	3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CAP			D \$\$0.00			
			Food/Beverage Expense		Check if Austin, TX, officehold Drinks for volunte			
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held		
5	Date	6	Payee name					
	9/28/2015		Fiesta					
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code			
	20.36		5815 Lockwood Dr					
			Houston TX 77026					
9	TYPE OF EXPENDITURE	X	Political		Non-Political			
10	PURPOSE OF EXPENDITURE	(a) ( sched	Category (See Categories listed at the top of this dule)	(b) [	Description	eo eorrelato Sabadula T		
			Food/Beverage Expense		Check if Austin, TX, officehold	der living expense		
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held		

XPENDITURES MA	D	E BY CREDIT	CARD			SCHEDULE F4			
The Instruction Guide explains how to complete this form.									
Total pages Schedule F4:	2	FILER NAME Je	erry V Davis		3 Filer ID (Ethics Commission filers)				
TOTAL OF UNITEMIZED EXPE									
Date	6	Payee name							
9/25/2015		Office Depot							
Amount (\$)	8	Payee address;	City;	Sta	ite; Zip Code				
46.67		3443 Kirby Dr							
		Houston TX 77	098						
TYPE OF EXPENDITURE		K Political			Non-Political				
PURPOSE OF EXPENDITURE	()		sted at the top of this	(b) D	Description				
		sure)			Check if travel outside of Texas, complete Sch	hedule T			
					Check if Austin, TX, officeholder living expens	se			
		Office Overhead Expense	l/Rental		Office supplies				
Complete ONLY if direct expendituree to benefit C/OH	Ca	ndidate / Officehoder na	me		office sought c	office held			
	Total pages Schedule F4: TOTAL OF UNITEMIZED EXPE Date 9/25/2015 Amount (\$) 46.67 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	Total pages Schedule F4: 2   TOTAL OF UNITEMIZED EXPENDI   Date 9/25/2015   Amount (\$) 46.67   TYPE OF EXPENDITURE 2   PURPOSE OF EXPENDITURE (a)   Sched (a)   Complete ONLY if direct Cal	Total pages Schedule F4:       2       FILER NAME Jetter         TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO       Date       6       Payee name         9/25/2015       Office Depot       Amount (\$)       8       Payee address;         Amount (\$)       8       Payee address;       3443 Kirby Dr         46.67       Houston TX 77       Houston TX 77         TYPE OF EXPENDITURE       X       Political         PURPOSE OF EXPENDITURE       (a) Category (See Categories list schedule)         Office Overhead Expense       Office Overhead Expense	Total pages Schedule F4:       2       FILER NAME Jerry V Davis         TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARE         Date       6       Payee name         9/25/2015       Office Depot         Amount (\$)       8       Payee address; City;         46.67       3443 Kirby Dr         Houston TX 77098       Houston TX 77098         TYPE OF EXPENDITURE       X       Political         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)         Office Overhead/Rental Expense       Office Overhead/Rental         Complete ONLY if direct       Candidate / Officehoder name	The Instruction Guide explains how         Total pages Schedule F4:       2       FILER NAME Jerry V Davis         TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD       Date       6       Payee name         9/25/2015       Office Depot       Amount (\$)       8       Payee address;       City;       State         46.67       3443 Kirby Dr       Houston TX 77098       Houston TX 77098       Image: Colspan="2">(b) D         TYPE OF EXPENDITURE       X       Political       Image: Colspan="2">(b) D         041       Office Overhead/Rental       City;       State         051       Office Overhead/Rental       Complete ONLY if direct       Candidate / Officehoder name	The Instruction Guide explains how to complete this form.         Total pages Schedule F4:       2       FILER NAME Jerry V Davis       3 Filer ID (Ethics Commission filers)         TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD       \$\$0.00       \$\$0.00         Date       6       Payee name       \$\$0.00         9/25/2015       Office Depot       \$\$0.00         Amount (\$)       8       Payee address; City; State; Zip Code         46.67       3443 Kirby Dr       Houston TX 77098         TYPE OF EXPENDITURE       X       Political       Non-Political         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Office Overhead/Rental       Office Supplies       Office supplies         Office OVErhead/Rental       Office supplies       Office supplies			

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## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED