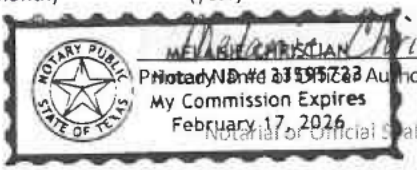


**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

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

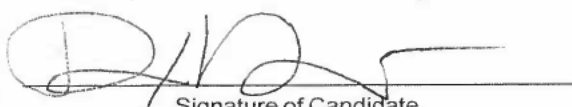
APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u>				GENERAL ELECTION BALLOT	
TO: City Secretary/Secretary of Board (name of election) I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place 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 VOID NUMBER ² (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 34 year(s) 0 month(s)		
			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 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 <u>[Signature]</u> 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)					
<u>[Signature]</u> Signature of Officer Authorized to Administer Oath ⁴		<u>[Signature]</u> Notary Public Title of Officer Authorized to Administer Oath			
					
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> Date Received		<u>2 / 20 / 2024</u> Date Accepted		(See Section 1.007) <u>[Signature]</u> Signature of Filing Officer or Designee	

Print

Reset

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 #		
3 CANDIDATE MAILING ADDRESS	NICKNAME		LAST	SUFFIX	Date Received		
			Davis		Date Hand-delivered or Postmarked		
4 CANDIDATE PHONE	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	P.O. Box 1484			Keller	TX	76244	
5 OFFICE HELD (if any)	AREA CODE		PHONE NUMBER	EXTENSION	Receipt #		
	(512)		961-9995		Amount \$		
6 OFFICE SOUGHT (if known)	Date Processed		Date Imaged				
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;"> <div style="text-align: center;">  Signature of Candidate </div> <div style="text-align: center;"> Feb 16, 2024 Date Signed </div> </div>						

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 1

Revised 11/15/2022

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8524.02

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4221.12

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 4189.57

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 250.00

18 SIGNATURE

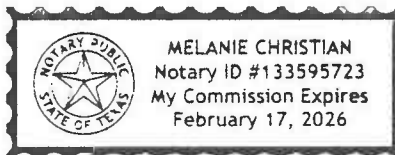
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dixie Davis

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 <i>Dixie Davis</i>		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	\$ 4221.12
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)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: <u>27</u>
2 FILER NAME <u>Dixie Davis</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2-23-24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mary Anne Weatherred</u>	7 Amount of contribution (\$) <u>260.59</u>
6 Contributor address; City; State; Zip Code <u>12308 Water Oak Dr FW TX 76244</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2-25-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jennifer Miller</u>	Amount of contribution (\$) <u>52.37</u>
Contributor address; City; State; Zip Code <u>7528 Deerlodge Tr FW TX 76137</u>		
Principal occupation / Job title (See Instructions) <u>Systems Admin</u>		Employer (See Instructions) <u>US Govt</u>
Date <u>2-25-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>David Tran</u>	Amount of contribution (\$) <u>10.72</u>
Contributor address; City; State; Zip Code <u>4748 MistyRidge Dr FW TX 76137</u>		
Principal occupation / Job title (See Instructions) <u>unemployed</u>		Employer (See Instructions)
Date <u>2-25-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Michelle Cline</u>	Amount of contribution (\$) <u>52.37</u>
Contributor address; City; State; Zip Code <u>836 Keller Smithfield Rd S Keller TX 76248</u>		
Principal occupation / Job title (See Instructions) <u>Sales</u>		Employer (See Instructions) <u>American Red Cross</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 2-25-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debi Riggs 6 Contributor address; City; State; Zip Code 8016 Iris Circle FW TX 76137	7 Amount of contribution (\$) 21.13
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 Contributor address; City; State; Zip Code 1425 Melody Ln Keller TX 76262	Amount of contribution (\$) 52.37
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 Contributor address; City; State; Zip Code 1325 Robin Ct Keller TX 76262	Amount of contribution (\$) 52.37
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# _____) Dawn Lydic Contributor address; City; State; Zip Code 8005 Sitka St FW TX 76137	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Book Seller		Employer (See Instructions) Half price Books
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 3-1-24	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
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 3-3-27	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# _____) Dawn 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
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 3-1-24	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)
<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: 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 align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 Picciotti	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) Deer Creek 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 align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 3-3-27	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 Duncan Way FW TX 76244		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) KISD
Date 3-3-27	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 3-3-27	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 Stedman Trail FW TX 76244		
Principal occupation / Job title (See Instructions) Fitness instructor		Employer (See Instructions) YMCA
Date 3-4-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) [Blank]	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 align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 3-4-24	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
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: <u>21</u>
2 FILER NAME <u>Dixie Davis</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-5-24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Steve Graff</u>	7 Amount of contribution (\$) <u>104.42</u>
	6 Contributor address; City; State; Zip Code <u>2832 Cotswold Ct Keller TX 76248</u>	
8 Principal occupation / Job title (See Instructions) <u>unemployed</u>		9 Employer (See Instructions)
Date <u>3-8-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jennifer Gottlieb</u>	Amount of contribution (\$) <u>26.34</u>
	Contributor address; City; State; Zip Code <u>2205 Graystone Ct Keller TX 76248</u>	
Principal occupation / Job title (See Instructions) <u>unemployed</u>		Employer (See Instructions)
Date <u>3-9-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Adam Wright</u>	Amount of contribution (\$) <u>26.34</u>
	Contributor address; City; State; Zip Code <u>2214 New Mill Ln Arlington TX 76012</u>	
Principal occupation / Job title (See Instructions) <u>musician</u>		Employer (See Instructions) <u>Self</u>
Date <u>3-10-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Gennady Treyger</u>	Amount of contribution (\$) <u>100</u>
	Contributor address; City; State; Zip Code <u>5144 Ambergris Tr Keller TX 76244</u>	
Principal occupation / Job title (See Instructions) <u>Instructor</u>		Employer (See Instructions) <u>American Airlines</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 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#: Marala 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)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 3-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Catherine Schlebach 6 Contributor address; City; State; Zip Code 12004 Shadybrook Dr FW 76244	7 Amount of contribution (\$) 21.13
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 Contributor address; City; State; Zip Code 4128 River Birch Rd FW TX 76137	Amount of contribution (\$) 110.67
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 Contributor address; City; State; Zip Code 9633 Armour Dr FW TX 76244	Amount of contribution (\$) 53.00
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 Contributor address; City; State; Zip Code 10033 Cade Tr Keller TX 76244	Amount of contribution (\$) 27.90
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 6 Contributor address; City; State; Zip Code 7901 Klamath Mountain Rd FW TX 76137	7 Amount of contribution (\$) 53
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 Contributor address; City; State; Zip Code 5525 Montheaven Dr FW TX 76137	Amount of contribution (\$) 14.11
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 Contributor address; City; State; Zip Code 4209 Doe Creek Tr FW TX 76244	Amount of contribution (\$) 25
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 Contributor address; City; State; Zip Code 11617 Crystal Falls Dr Keller TX 76244	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) SVP Engineering		Employer (See Instructions) Buxton
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 Dennis		3 Filer ID (Ethics Commission Filers)
4 Date 3-16	5 Full name of contributor Lisa Reed <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 Mark Long <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 Ramya Jhand <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 Rachel Mecham <input type="checkbox"/> out-of-state PAC (ID#: _____)	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: 21
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)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 3-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Sherman 6 Contributor address; City; State; Zip Code 1034 Canterbury Ln Keller TX 76248	7 Amount of contribution (\$) 30.00
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 Contributor address; City; State; Zip Code 9612 Sindair St Keller TX 76244	Amount of contribution (\$) 21.13
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 Contributor address; City; State; Zip Code 6130 Haley Ln FW TX 76132	Amount of contribution (\$) 20
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 Contributor address; City; State; Zip Code 5320 Fort Concho Dr FW TX 76131	Amount of contribution (\$) 21.13
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 (\$) 106.00
	6 Contributor address; City; State; Zip Code 9749 Hathman Lane Fort Worth 76244	
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 (\$) 53.00
	Contributor address; City; State; Zip Code 1325 Robin Ct Keller 76262	
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 (\$) 55.49
	Contributor address; City; State; Zip Code 1335 South Lake Street Fort Worth 76104	
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 (\$) 27.90
	Contributor address; City; State; Zip Code 4228 Jenny Lake Trl Fort Worth 76244	
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 (\$) 27.90
	6 Contributor address; City; State; Zip Code 8920 Brook Hill Lane Fort Worth 76244	
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 (\$) 110.67
	Contributor address; City; State; Zip Code 9321 Niles Ct Fort Worth 76244	
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 (\$) 104.42
	Contributor address; City; State; Zip Code 365 Parkview Lane Keller 76248	
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 (\$) 208.54
	Contributor address; City; State; Zip Code 1108 Wickford Court Keller 76248	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) DSS
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 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 <hr/> 6 Contributor address; City; State; Zip Code 91 Barrett Dr New Windsor NY 12553	7 Amount of contribution (\$) 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 <hr/> Contributor address; City; State; Zip Code 8016 Iris Circle Fort Worth 76137	Amount of contribution (\$) 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 <hr/> Contributor address; City; State; Zip Code 804 Olympic Dr Keller 76248	Amount of contribution (\$) 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 <hr/> Contributor address; City; State; Zip Code 12332 Silver Maple Drive Fort Worth 76244	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
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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 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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03-30-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacob Squibbs	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 7725 Arcadia Trail Fort Worth 76137		52.37
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 (\$)
Contributor address; City; State; Zip Code 5304 Fort Concho Dr Fort Worth 76137		10.72
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 (\$)
Contributor address; City; State; Zip Code 9021 Wiggins Drive Fort Worth 76244		21.13
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 (\$)
Contributor address; City; State; Zip Code 11629 Winding Brook Drive Fort Worth 76244		21.13
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 ☐ out-of-state PAC (ID# _____)
Mary Anne Weatherred

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
12308 Water Oak Dr. Fort Worth 76244

260.59

8 Principal occupation / Job title (See Instructions)
unemployed

9 Employer (See Instructions)

Date
03-30-2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bonnie McLaughlin

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1617 Mountain Laurel Dr Keller 76248

21.13

Principal occupation / Job title (See Instructions)
IRS

Employer (See Instructions)
Gov't

Date
03-30-2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alyson Laurel

Amount of contribution (\$)

Contributor address; City; State; Zip Code
317 College Street South Keller 76248

26.34

Principal occupation / Job title (See Instructions)
Educator

Employer (See Instructions)
Keller ISD

Date
03-31-2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Heather Olsen

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4137 Duncan Way Fort Worth 76244

50.00

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 6 Contributor address; City; State; Zip Code 4913 ambrosia drive Fort worth 76244	7 Amount of contribution (\$) 21.13
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 Contributor address; City; State; Zip Code 9633 Armour Drive Fort Worth 76244	Amount of contribution (\$) 21.13
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 Contributor address; City; State; Zip Code 809 Magnolia Court Keller TX 76248	Amount of contribution (\$) 31.55
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 Contributor address; City; State; Zip Code 4749 Eddleman Dr Fort Worth TX 76244	Amount of contribution (\$) 26.34
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 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 6 Contributor address; City; State; Zip Code 620 Muirfield Road Keller TX 76248	7 Amount of contribution (\$) 50.00
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 Contributor address; City; State; Zip Code 6008 Kary Lynn Drive South Watauga TX 76148	Amount of contribution (\$) 10.72
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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 Waterloo 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)			
<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>			

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME <u>DIXIE DAVIS</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>Mar 14, 2024</u>		5 Payee name <u>Kroger</u>			
6 Amount (\$) <u>53.05</u>		7 Payee address: <u>3300 Texas Sage Trail</u>		City: <u>FW</u>	State: <u>TX</u>
				Zip Code: <u>76244</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event/Food/Bev</u>		(b) Description <u>Candy & supplies for 2 neighborhood Easter events</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					
Date <u>Mar 15, 2024</u>		Payee name <u>NGP VAN</u>			
Amount (\$) <u>1100.00</u>		Payee address: <u>PO Box 15707</u>		City: <u>Austin</u>	State: <u>TX</u>
				Zip Code: <u>78761</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees/Advertising</u>		Description <u>Access to voter mailing lists</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					
Date <u>Mar 17, 2024</u>		Payee name <u>Park Glen Neighborhood Easter Egg Hunt</u>			
Amount (\$) <u>53.05</u>		Payee address: <u>2696 S Colorado Blvd</u>		City: <u>Denver</u>	State: <u>CO</u>
				Zip Code: <u>80222</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Vendor tent @ Easter event, meeting voters</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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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;	City;	State;	Zip Code
		1520 Belle View Blvd #4106	Alexandria	VA	22307
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Fees		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	
9 Complete <u>ONLY</u> 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;	City;	State;	Zip Code
		1520 Belleview Blvd #4106	Alexandria	VA	22307
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Fees		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 <u>ONLY</u> 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Adv Exp		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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME <u>Dixie Davis</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>Mar 23</u>		5 Payee name <u>VistaPrint</u>			
6 Amount (\$) <u>138.52</u>		7 Payee address; <u>275 Wyman St</u>		City; <u>Waltham</u>	State; <u>MA</u> Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Adv Exp</u>		(b) Description <u>Push cards</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>Mar 23</u>		Payee name <u>Amazon, com</u>			
Amount (\$) <u>15.12</u>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Adv Exp</u>		Description <u>Address labels</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 28</u>		Payee name <u>USPS</u>			
Amount (\$) <u>373.35</u>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Adv Exp</u>		Description <u>Stamps</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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>	2 FILER NAME <u>Dixie Davis</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>Mar 29</u>	5 Payee name <u>Imprint.com</u>	
6 Amount (\$) <u>413.38</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Exp</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>Apr 2</u>	Payee name <u>Loves</u>	
Amount (\$) <u>90.67</u>	Payee address; City; State; Zip Code <u>600 N. Tarrant Keller TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Adv Exp</u>	
	Description <u>stakes for large roadside signage</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	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Duke Davis	3 Filer ID (Ethics Commission Filers)
4 Date 2-23-21	5 Payee name Bluehost, Inc	
6 Amount (\$) 85.99 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5335 Gate Parkway Jacksonville FL 32256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv Exp	(b) Description Website Hosting
	(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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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			

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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			

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 <div style="text-align: center; font-size: 1.2em;">RBFCU</div>	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 <div style="text-align: center; font-size: 1.1em;">checking account interest</div>		

Date	Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
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 <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
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 <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <div style="font-size: 1.5em; text-align: center;">13</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST Dixie MI </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST Davis SUFFIX </div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-family: cursive;">April 25, 2024</div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="font-size: 1.5em; font-family: cursive;">4-25-24</div> </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1484 Keller TX 76244 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 961-9995		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST Dixie MI </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST Davis SUFFIX </div>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9144 Farmer Dr Fort Worth TX 76244 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 961-9995		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 4 / 3 / 2024 </div> <div>THROUGH</div> <div> Month Day Year 4 / 25 / 2024 </div> </div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 5 / 4 / 2024 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Keller ISD School Board Place 7	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2094.98

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5596.08

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 842.38

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 250.00

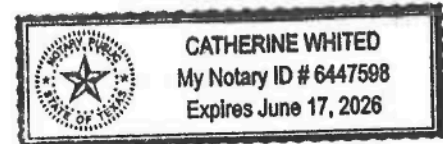
18 SIGNATURE

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

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 25th day of April

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

Catherine Whited

Catherine Whited

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dixie Davis, and my date of birth is 4-11-87

My address is 9144 Farmer Dr, FT Worth, TX, 76244 USA

(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of TX, on the 25 day of April, 20 24

Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 4-8-24	5 Payee name Communityimpact.com		
6 Amount (\$) \$300	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv exp		(b) Description Digital ad
	(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			
Date 4-11-24	Candidate / Officeholder name Office sought Office held		
Payee name Vistaprint.com			
Amount (\$) \$116.89	Payee address; City; State; Zip Code 275 Wyman St Waltham MA		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing exp		Description postcards
	<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			
Date 4-15-24	Candidate / Officeholder name Office sought Office held		
Payee name 2 Zero 8 LLC			
Amount (\$) \$3218.00	Payee address; City; State; Zip Code 102 Olympic Drive Moore OK 73160		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv exp		Description Mailers
	<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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Dixie Davis	3 Filer ID (Ethics Commission Filers)
4 Date 4-21-24	5 Payee name Imprint.com	
6 Amount (\$) \$369.83	7 Payee address; City; State; Zip Code 14550 Beechnut st Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing exp	(b) Description Yard signs
	(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 4-24,25-24	Payee name Facebook/Meta	
Amount (\$) \$125	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv exp	Description Digital ads
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Dixie Davis	3 Filer ID (Ethics Commission Filers)
4 Date April 1-25	5 Payee name Donorbox.org	
6 Amount (\$) \$41.69	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees for online fundraising platform
	(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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 4-4, 4-9, and 4-16-24	Payee name USPS	
Amount (\$) 229.80	Payee address; City; State; Zip Code PO 4 530 E Vine Keller Tx 76244	
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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 4-5-24	Payee name Amazon.com	
Amount (\$) \$46.05	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv Exp	Description Address labels, envelopes, printer paper
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Dixie Davis	3 Filer ID (Ethics Commission Filers)
4 Date 4-5-24	5 Payee name Edward and Patterson Signs	
6 Amount (\$) \$303.45	7 Payee address; 203 S Beltline Rd Irving TX City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv exp, printing exp	(b) Description Roadside signs
	(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 4-5 and 4-21-24	Payee name Print Place	
Amount (\$) \$842.20	Payee address; 1130 Ave H East City; State; Zip Code Arlington, Texas 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing exp	Description door hangers and push cards
	<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 4-6-24	Payee name Harbor Freight	
Amount (\$) 3.17	Payee address; 8420 Parkwood Hill Fort Worth TX City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Zip ties for mounting roadside signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 6
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# _____) Gabrielle Gordon 6 Contributor address; City; State; Zip Code 76 Corral Drive North Fort Worth TX 76244	7 Amount of contribution (\$) 130.45
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04-03-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Miller Contributor address; City; State; Zip Code 9849 Broiles Ln Fort Worth TX 76244	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) DSS
Date 04-03-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Miller Contributor address; City; State; Zip Code 9849 Broiles Ln Fort Worth TX 76244	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) FAA
Date 04-04-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Constance Buran Contributor address; City; State; Zip Code 12332 Silver Maple Dr Fort Worth 76244	Amount of contribution (\$) 21.13
Principal occupation / Job title (See Instructions) German teacher		Employer (See Instructions) KISD
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:
6**2** FILER NAME

Dixie Davis

3 Filer ID (Ethics Commission Filers)**4** Date
04-05-2024**5** Full name of contributor ☐ out-of-state PAC (ID# _____)
Lisa Lara**7** Amount of contribution (\$)
10.00**6** Contributor address; City; State; Zip Code

537 Northwyck Lane Keller TX 76248

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
04-05-2024Full name of contributor ☐ out-of-state PAC (ID# _____)
Tom HallfordAmount of contribution (\$)
25.00

Contributor address; City; State; Zip Code

4209 Doe Creek Trail Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04-06-2024Full name of contributor ☐ out-of-state PAC (ID# _____)
Marci ElliottAmount of contribution (\$)
21.13

Contributor address; City; State; Zip Code

4857 Grinstein Drive Fort Worth 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04-07-2024Full name of contributor ☐ out-of-state PAC (ID# _____)
Andrew SternkeAmount of contribution (\$)
250.00

Contributor address; City; State; Zip Code

1108 Wickford Court Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

DDS

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: 6
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04-10-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Novak 6 Contributor address; City; State; Zip Code 5109 Merced Dr Fort Worth TX 76137	7 Amount of contribution (\$) 10.72
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Dorn Contributor address; City; State; Zip Code 4305 Old Grove Way Keller 76244	Amount of contribution (\$) 21.13
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) self
Date 04-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maneck Bharucha Contributor address; City; State; Zip Code 1705 Apollo Road Richardson TX 75081	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ta inc
Date 04-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah DelGrosso Contributor address; City; State; Zip Code 1316 Carriage Lane Keller TX 76248	Amount of contribution (\$) 21.13
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Lifehealth
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: 6
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04-13-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlson Sharpless 6 Contributor address; City; State; Zip Code 8965 Vantage Point Dr. Apt. 4309 Dallas TX 75243	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions) IT Development Program		9 Employer (See Instructions) Texas Instruments Incorporated
Date 04-18-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristen Taylor Contributor address; City; State; Zip Code 9405 Ellison St Keller 76244	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04-19-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jared Williams Contributor address; City; State; Zip Code PO Box 34002 Fort Worth TX 76162	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 04-19-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frederick Gay Contributor address; City; State; Zip Code FORT WORTH TX 76244	Amount of contribution (\$) 26.34
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 6
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04-21-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maureen Hagan 6 Contributor address; City; State; Zip Code 1005 Oakwood Drive Keller TX 76248	7 Amount of contribution (\$) 52.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piper Ogan Contributor address; City; State; Zip Code 11407 Manitoba Drive Northeast Albuquerque NM 87111	Amount of contribution (\$) 520.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patt Gibbs Contributor address; City; State; Zip Code 1104 Garden Lane ROANOKE 76262-7310	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) OPEIU
Date 04-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Robinson Contributor address; City; State; Zip Code 4275 Lake Bluff Drive Fort Worth TX 76137	Amount of contribution (\$) 52.37
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.		

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: 6
2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04-23-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander Radcliffe 6 Contributor address; City; State; Zip Code 8405 Forest Glenn Court North Richland Hills 76182	7 Amount of contribution (\$) 21.13
8 Principal occupation / Job title (See Instructions) Data Science		9 Employer (See Instructions) Elevate
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2094.98
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5596.08
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dixie	MI
	NICKNAME	LAST Davis	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 9144 Farmer Dr, Fort Worth, TX 76244		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 961-9995	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dixie	MI
	NICKNAME	LAST Davis	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 9144 Farmer Dr, Fort Worth TX 76244		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 961-9995	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 5 / 6 / 24 THROUGH 1 / 30 / 25		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 5 / 6 / 24		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Keller ISD School Board Place 7
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

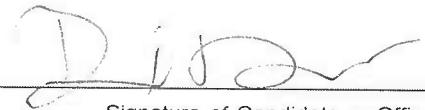
GO TO PAGE 2

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 387.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

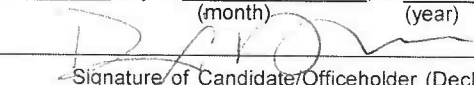
NOTARY STAMP / SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dixie Davis, and my date of birth is 4-11-1987.
My address is 9144 Farmer Dr, Fort Worth, TX, 76244, USA.
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 31 day of January, 2024.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Dixie Davis	3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2025	5 Payee name Keller ISD United PAC	
6 Amount (\$) 387.37	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Final report, disposal of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204
	(c) Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder 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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Dixie Davis

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">16</div>																																			
3 COMMITTEE NAME Keller ISD United		<div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="font-size: 1.5em; text-align: center;">4/3/2025</div> Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; text-align: center;">4/3/2025</div> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> </table> Date Processed Date Imaged </div>		Receipt #	Amount \$																																	
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4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">ADDRESS / PO BOX;</td> <td style="border: none; width: 20%;">APT / SUITE #;</td> <td style="border: none; width: 20%;">CITY;</td> <td style="border: none; width: 20%;">STATE;</td> <td style="border: none; width: 20%;">ZIP CODE</td> </tr> <tr> <td style="border: none;">PO Box 148</td> <td style="border: none;"></td> <td style="border: none;">Keller</td> <td style="border: none;">TX</td> <td style="border: none;">76248</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 148		Keller	TX	76248																									
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6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="border: none; width: 20%;">APT / SUITE #;</td> <td style="border: none; width: 20%;">CITY;</td> <td style="border: none; width: 20%;">STATE;</td> <td style="border: none; width: 20%;">ZIP CODE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																														
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8 CAMPAIGN TREASURER PHONE	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">AREA CODE</td> <td style="border: none; width: 40%;">PHONE NUMBER</td> <td style="border: none; width: 40%;">EXTENSION</td> </tr> <tr> <td style="border: none;">(512)</td> <td style="border: none;">961-9995</td> <td style="border: none;"></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(512)	961-9995																														
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9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;"><input type="checkbox"/> January 15</td> <td style="border: none; width: 33%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="border: none; width: 33%;"><input type="checkbox"/> Dissolution Report (Attach PAC-DR)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> July 15</td> <td style="border: none;"><input type="checkbox"/> 8th day before election</td> <td style="border: none;"><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Runoff</td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution Report (Attach PAC-DR)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination		<input type="checkbox"/> Runoff																											
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10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">Month</td> <td style="border: none; width: 10%;">Day</td> <td style="border: none; width: 10%;">Year</td> <td style="border: none; width: 20%;"></td> <td style="border: none; width: 20%;">Month</td> <td style="border: none; width: 10%;">Day</td> <td style="border: none; width: 10%;">Year</td> </tr> <tr> <td style="border: none;">2</td> <td style="border: none;">/</td> <td style="border: none;">3</td> <td style="border: none;">/</td> <td style="border: none;">25</td> <td style="border: none;">THROUGH</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">4</td> <td style="border: none;">/</td> <td style="border: none;">3</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">25</td> </tr> </table>			Month	Day	Year		Month	Day	Year	2	/	3	/	25	THROUGH													4	/	3							25
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2	/	3	/	25	THROUGH																																	
				4	/	3																																
						25																																
11 ELECTION	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%;">ELECTION DATE</td> <td style="border: none; width: 60%;">ELECTION TYPE</td> </tr> <tr> <td style="border: none;">Month</td> <td style="border: none;">Day</td> </tr> <tr> <td style="border: none;">Year</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">5 / 3 / 25</td> <td style="border: none;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____ </td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month	Day	Year		5 / 3 / 25	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____																											
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5 / 3 / 25	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____																																					

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME

Keller ISD United

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE
ACTIVITY

(Attach lists on plain
paper to complete this
report if necessary.)

1. Candidates
(Identify by name or, if
applicable, classify by party.)

A. Supported

B. Opposed

2. Measures
(Describe by date and
location of election and
nature of issue.)

A. Supported

KISD Petition for single-member districts, May 2, 2026

B. Opposed

3. Officeholders
Assisted
(Identify by name or, if
applicable, classify by party.)

15 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 250.00

☐ Check here if this report qualifies for the higher itemization threshold

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2298.37

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1162.03

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

16 SIGNATURE

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

Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dixie Davis, and my date of birth is 4-11-87

My address is 9704 Forman Ct, FW, TX, 76244, USA
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 3rd day of April, 20 25.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17 COMMITTEE NAME Keller ISD United		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2048.37
2. <input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 250.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE C3 : MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE C4 : NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
9. <input type="checkbox"/> SCHEDULE E: LOANS		\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1162.05
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center;">10</div>
2 FILER NAME <div style="font-family: cursive;">Keller ISD United</div>		3 Filer ID (Ethics Commission Filers)
4 Date 2-4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixie Davis	7 Amount of contribution (\$) 387.37
	6 Contributor address; City; State; Zip Code 9704 Furman Ct FW, TX 76244t, FW TX 76244	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixie Davis	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 9704 Furman Ct FW, TX 76244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Beth McCormack	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 2213 Graystone Court Keller TX 76248-8362	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasmine Cluck	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1145 Melissa Dr Keller TX 76262	
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.		

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: <div style="text-align: center;">10</div>	
2 FILER NAME Keller ISD United				3 Filer ID (Ethics Commission Filers)	
4 Date 2-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tori Marshall			7 Amount of contribution (\$) 25.00	
	6 Contributor address; City; State; Zip Code 5205 Yampa Trl Fort Worth TX 76137				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date 2-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hannah Riddle			Amount of contribution (\$) 25.00	
	Contributor address; City; State; Zip Code 6924 Wooddale Drive Watauga TX 76148				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date 2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Long			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 321 Calais Drive Keller TX 76248				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date 2-28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nick Trzeciak			Amount of contribution (\$) 25.00	
	Contributor address; City; State; Zip Code 3808 AppleSprings DriveFort Worth TX 76244				
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.

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: <div style="border: 1px solid black; display: inline-block; padding: 2px;">10</div>
2 FILER NAME Keller ISD United		3 Filer ID (Ethics Commission Filers)
4 Date 2-28	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edie Trammel</div> <hr/> <div>6 Contributor address; City; State; Zip Code 9101 Rose CT Fort Worth TX 76244</div>	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Sibley</div> <hr/> <div>Contributor address; City; State; Zip Code 9853 Sinclair St Fort Worth TX 76244</div>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catherine Smith</div> <hr/> <div>Contributor address; City; State; Zip Code 11717 Merlotte Ln Fort Worth TX 76244</div>	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Martin</div> <hr/> <div>Contributor address; City; State; Zip Code 7901 Klamath Mountain Rd Fort Worth TX 76137</div>	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		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: 10
2 FILER NAME Keller ISD United		3 Filer ID (Ethics Commission Filers)
4 Date 3-1	Full name of contributor Sujan Gautam <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 4833 CARROTWOOD DR KELLER TX 76244	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-1	Full name of contributor Sharon Gleitz <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5512 Greenview Ct North Richland Hills TX 76148-4028	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1	Full name of contributor Vinu Singh <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7051 Platt tri Fort worth TX 76137	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-2	Full name of contributor Silvia A Maynez <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 9021 Mcfarland Way Keller TX 76244-5384	Amount of contribution (\$) 56.00
Principal occupation / Job title (See Instructions)		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: <u>10</u>
2 FILER NAME Keller ISD United		3 Filer ID (Ethics Commission Filers)
4 Date 3-3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberly Ross <hr/> 6 Contributor address; City; State; Zip Code 1925 OLD YORK DRIVE KELLER TX 76248	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor Moen <hr/> Contributor address; City; State; Zip Code 1705 Marshall Ct Unit A Los Altos CA 94024	Amount of contribution (\$) 56.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Misty Otto <hr/> Contributor address; City; State; Zip Code 9320 Granger Lane Fort Worth TX 76244	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) nadine hutcheson <hr/> Contributor address; City; State; Zip Code 2001 Yosemite Ln Keller TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		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: 10
2 FILER NAME Keller ISD United		3 Filer ID (Ethics Commission Filers)
4 Date 3-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathy Roesch <hr/> 6 Contributor address; City; State; Zip Code 1817 N Lincoln Park West Chicago IL 60614	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silvia A Maynez <hr/> Contributor address; City; State; Zip Code 9021 Mcfarland Way Keller TX 76244-5384	Amount of contribution (\$) 28.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melanie Rummel <hr/> Contributor address; City; State; Zip Code 10708 Grayhawk Ln Fort Worth TX 76244-6340	Amount of contribution (\$) 56.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Sterne <hr/> Contributor address; City; State; Zip Code 1108 Wickford Ct Keller TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		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: 10	
2 FILER NAME Keller ISD United				3 Filer ID (Ethics Commission Filers)	
4 Date 3-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcia Dyer			7 Amount of contribution (\$) 100.00	
	6 Contributor address; City; State; Zip Code 9321 Niles Ct Fort Worth TX 76244				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 3-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Clem			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 9336 Niles Ct Fort Worth TX 76244				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zane Kupper			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 2131 Crimson Ln Keller TX 76248				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edie Trammel			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 9101 Rose CT Fort Worth TX 76244				
Principal occupation / Job title (See Instructions)			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: <div style="text-align: center;">10</div>	
2 FILER NAME Keller ISD United				3 Filer ID (Ethics Commission Filers)	
4 Date 3-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire Goerner			7 Amount of contribution (\$) 10.00	
	6 Contributor address; City; State; Zip Code 409 Harmony Way Keller TX 76248				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 3-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristina Feletto			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 1405 Thistlewood Ln Grapevine TX 76051-4971				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Lee			Amount of contribution (\$) 50.00	
	Contributor address; City; State; Zip Code 4937 Great Divide Dr Fort Worth TX 76137				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Sibley			Amount of contribution (\$) 100.00	
	Contributor address; City; State; Zip Code 9853 Sinclair St Fort Worth TX 76244				
Principal occupation / Job title (See Instructions)			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: 10
2 FILER NAME Keller ISD United		3 Filer ID (Ethics Commission Filers)
4 Date 3-28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Mucker <hr/> 6 Contributor address; City; State; Zip Code 3733 Monica Ln Fort Worth TX 76244	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Hollrah <hr/> Contributor address; City; State; Zip Code 2014 bradley Ct Keller TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Weatherington <hr/> Contributor address; City; State; Zip Code 7911 Rogue River Trail Fort Worth TX 76137	Amount of contribution (\$) 23.97
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sofia Escajeda <hr/> Contributor address; City; State; Zip Code 5016 Holliday Dr Keller TX 76244	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		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: 10
2 FILER NAME Keller ISD United		3 Filer ID (Ethics Commission Filers)
4 Date 3-30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Olsen <hr/> 6 Contributor address; City; State; Zip Code 4137 Duncan Way Fort Worth TX 76244	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A2

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Keller ISD United	3 Filer ID (Ethics Commission Filers)
4 Date 2-11, 2-16, 2-22	5 Payee name Amazon.com	
6 Amount (\$) 104/52 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense, other	(b) Description Printer paper and ink, office supplies
	(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		
Date 2-12, 2-14	Payee name Bluehost.com	
Amount (\$) 219.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1958 South 950 East Provo UT	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Website
	<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		
Date 3-8	Payee name Print Place	
Amount (\$) 191.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description post cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Keller ISD United		3 Filer ID (Ethics Commission Filers)	
4 Date 3-11		5 Payee name Edward and Patterson Signs			
6 Amount (\$) 338.28 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 203 S Beltline Rd Irving, TX			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense		(b) Description signage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3-12		Payee name Home Depot			
Amount (\$) 140.30 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 3200 W Irving Blvd Irving TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description fence posts for signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3-13		Payee name USPS			
Amount (\$) 168.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 520 E Vine St Keller TX 76248			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		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

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