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

APPLICATION FOR A PLACE	ED UN	Kelle	er ISD Boa	rd of Tru	stees		RAL ELECTIO	
APPLICATION FOR A PLACE	ON	THE TOTAL	1	(- (+))		GENE	KAL ELECTIO	IN BALLOT
TO: City Secretary/Secretary of Board	ra a bra		•	f election)	to for the office	a indicated h	olow	
I request that my name be placed on the							elow.	
OFFICE SOUGHT (Include any place nur			anguisning nur	nber, ii any				
Keller ISD Board of Trustees	Pla	ice /			FULL		UNEXPIRE	
FULL NAME (First, Middle, Last)						ANT IT TO AF	PPEAR ON THE BA	ALLOT*
Dixie Victoria Davis				Dixie D	avis			
			- 10	DI IDI I C I	ALUNIC ADDRE	CC (Ontinual	V (A dalana fa surbia	h way sasaiya
PERMANENT RESIDENCE ADDRESS (Do not you do not have a residence address, describe					related correspor		(Address for whice	n you receive
9144 Farmer Dr	locatic	on or residence	e.,	20	Pox 1	ua 4	acic.,	
CITY	ST	ATE	ZIP	CITY	· V·A	70	STATE	ZIP
Fort Worth	T		76244		120 -		71	
1 Oit Worth	1/	`	7 02	Ke	Mer		1 X	7624
PUBLIC EMAIL ADDRESS (Optional) (Addre	ss for	OCCUPAT	ION (Do not lea	ve blank)	DATE OF BIR	TH	VOTER REGIS	TRATION VUID
which you receive campaign related emails, if availab votefordixiedavis@gmail.com				,			NUMBER ² (Or	otional)
votefordixiedavis@gmail.com		Parent						
TELEPHONE CONTACT INFORMATION (O	ptiona	al)						
Home:		Office	9:			Cell:		
FELONY CONVICTION STATUS (You MUS	T chec			H OF CONTIN	IUOUS RESIDEN	CE AS OF DAT	E THIS APPLICATI	ON WAS SWORN
I have not been finally convicted of			IN	THE STATE	OF TEXAS	IN TERRIT	ORY/DISTRICT/F	PRECINCT FROM
				0.4		WHICH TH	HE OFFICE SOUG	HT IS ELECTED
I have been finally convicted of a fel			en	34	year(s)		y	ear(s)
disabilities of that felony conviction		_	bd	0			8	
proof of this fact with the submission				month(s)		month(s)		
*If using a nickname as part of your name	to ap	pear on the	ballot, you are a	also signing	and swearing to	the followin	g statements: If	further swear that
my nickname does not constitute a sloga	n or c	contain a titl	e, nor does it in	ndicate a po	litical, economi	ic, social, or i	religious view or	affiliation. I have
been commonly known by this nickname	for at	least three y	ears prior to th	is election.	Please review s	ections 52.03	31, 52.032 and 52	2.033 of the Texas
Election Code regarding the rules for how	v name	es may be lis	ted on the offic	ial ballot.				
Before me, the undersigned authority, or	this o	day nersonal	ly anneared (na	me of candi	idate) Dixie [Davis		, who
being by me here and now duly sworn, u	pon oa	ath savs:	ny oppeared (no		,			
"I, (name of candidate) Dixie Davis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			of Tarr	ant		Count	y, Texas,
	ler IS	D Board	of Trustees P	Tace 7	swoar that	L will support		Constitution and
being a candidate for the office of laws of the United States and of the State								
this state. I have not been determined b	v a fir	exas. Tanna nal indoment	of a court exe	rcising proba	ate jurisdiction	to be totally	mentally incapac	itated or partially
mentally incapacitated without the right	to vot	te. I am awa	re of the nepot	ism law, Cha	apter 573, Gove	ernment Code	e. I am aware th	nat I must disclose
any prior felony conviction, and if so conv	victed,	, must provid	de proof that I h	ave been pa	ardoned or other	erwise release	ed from the resu	lting disabilities of
any such final felony conviction. I am aw	are th	hat knowing	ly providing fals	se information	on on the appli	cation regard	ding my possible	felony conviction
status constitutes a Class B misdemeanor	. I fur	ther swear t	hat the foregoin	ng statemen	ts included in n	ny application	n are in all things	true and correct."
			V)_/.	/	1	
			^		7			
				SIGNATUI	RE OF CANDID	DATE		
Sworn to and subscribed before me this	the	6 day of	Febro	ary	2024 by	DIX	ie Dav	1.2
SWOTT to and subscribed before the this		day)	(month)		(year)		(name of candida	ate)
, 21 - 21	10	auy)	9		بمجمود		,	
I Kilanie / Aviotia	ث			RY PU	MEVARIERARIS	CIAN POPE	stran	
Signature of Officer Authorized to Admin	ister C	Dath ⁴	- (S)	PH	otadyNan#d all	95723 Au Ho	rized to Administ	er Oath
nr / 11-			1/2	M IS W	y Commission 8			
Notary Public			_ (\^	E OF The	February 11757	Official Spat		
Title of Officer Authorized to Administer			~	~~~				
TO BE COMPLETED BY FILING OFFICER	: THIS	S APPLICAT	ION IS ACCOM	PANIED BY	THE REQUIRE	D FILING FEE	(If Applicable)	PAID BY:
CASH CHECK MONEY ORDER	3 [CASHIERS CI	HECK OR 🗀 PI	ETITION IN	LIEU OF A FILIN			
This document and \$ NA filing f	ee or	a nominatir	ng petition of]	NA page	es received.	✓ Vote	Registration S	tatus Verified
				'	makalil	100 711/	1.1.1	j
2/14/2024 2/	20	12024	(See Sectio	n 1.007)	william	WILL	me	
Date Received Date Acce	pted				Signature of F	iling Officer	or Designee	
							Print	Reset

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

-				310-31111			
	See CTA Instruction Guide for detailed instructions.				1 Total pages fil	led:	
2	CANDIDATE	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
	NAME	Ms	Dixie			Filer ID #	
		NICKNAME	LAST		SUFFIX	Date Received	
			Davis				
3	CANDIDATE	ADDRESS / PO BOX.	APT / SUITE #,	CITY.	STATE; ZIP CODE	1	
	MAILING ADDRESS	00 Box		1/4).	TX 76244		
		P.O. BOX	(Keller	1 1 1 2 2	Date Hand-delivered	d or Postmarked
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION	Receipt#	Amount S
		(512)	961-9995			Date Processed	
5	OFFICE HELD (if any)					Date Imaged	
6	OFFICE SOUGHT (if known)	Keller ISD Schoo	l Board Place 7	,			
7	CAMPAIGN	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	TREASURER NAME	Ms	Dixie			Davis	
8	CAMPAIGN	STREET ADDRESS,		APT / SUITE #	CITY:	STATE;	ZIP CODE
	TREASURER STREET	9144 Farmer Dr			Fort Worth	TX	76244
	ADDRESS	9144 Familer Dr			Fort Worth	T.A.	70244
(residence or business)						
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION		
	TREASURER PHONE	(512) 96	1-9995				
		()					
10	CANDIDATE SIGNATURE	I am aware	of the Nepot	ism Law, Cl	napter 573 of the Te	exas Govern	ment Code.
		I am aware the Election		nsibility to f	ile timely reports a	s required b	y title 15 of
		l am aware of			15 of the Election (Code on con	tributions
			Signature of Ca		F	Cb lb Date Sign	, 2024
			G	O TO PAGE	Ξ 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

J. 1.1.1 1.10.						
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages fil Ц O	ed.
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		МІ		USE ONLY
NAME	NICKNAME	LAST	5	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	APT / SUITE #,	CITY, STATE;	ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (517)	PHONE NUMBER 9101-9995	EXTENS	ION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Dovis			Date Imaged	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE). APT / S	SUITE #; CITY	,	STATE,	ZIP CODE
ADDRESS	9144 Fa	rmer Or	FM	/	TX	76244
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	ION		
TREASURER PHONE		1-9995				
9 REPORT TYPE	January 15	30th day before	election Ru	noff		fter campaign appointment er Only)
	July 15	8th day before el	ection	ceeded Modified porting Limit	Final Repo	ort (Altach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 202	4 THROUGH	Month 4	Day Yea	2024
11 ELECTION	ELECTION DA			ELECTION TYPE	Ī	
	Month Day 5 / 4	Year Primary 2024 Genera		Other Description		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE	SOUGHT (IF KNOW	hool Boar	d P17
14 NOTICE FROM POLITICAL	THE OANDIDATE LOCKIE	EE OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURS AND OFFICEHOLDERS ARE REQU	EC MAY HAVE REEN MADE	WITHOUT THE CAN	VUIDATES OR OFFICERO	LUCK 3 KNOWLLDGE ON
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
	I	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	DYXIL Davis	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 85 24.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4221,12
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 4189.57
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 250.00
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	82410	
	Signature of Can	didate or Officeholder
	Please complete either option below	•
•		
(1) Affidavit	MELANIE CHRISTIAN Notary ID #133595723 My Commission Expires February 17, 2026	
NOTARY STAMP/SE	AL.	A
i	d before me by DIXIE Davis this the	4 day of April.
20 24 to certif	which, witness my hand and seal of office. Melanie Christian Brinted name of officer administering oath	Notary Public Title of officer administering oath
	OR	
(2) Unsworn Declara	ion	
My name is	, and my date of birth is	
	,	1
	(Silver)	state) (zip code) (country)
Executed in	County, State of, on the day of (month	(year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35 24.02
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 390.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.
4.	SCHEDULE E: LOANS	\$ 250,00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4221.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 85.99
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0,15

SCHEDULE A1

The I	instruction Guide explains how to complete this f	form.	Total pages Schedule A1
2 FILER NAME	Dixie Davis	3	Filer ID (Ethics Commission Filers)
4 Date 2-22-24		State; Zip Code	Amount of contribution (\$)
	eation / Job title (See Instructions) employeb	9 Employer (See Instruction	is)
Date 2-22-24	Full name of contributor out-of-state PAC (Tori Marshall Contributor address; City: 5205 Yampa Trl FW	State; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruction Marriott	
Date 2-23-24	Full name of contributor out-of-state PAC (Jillian Bog35 Contributor address; City; 10320 Gray Hawk Ln FW	State; Zip Code 7X 76244	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruction	
Date 24	Full name of contributor out-of-state PAC (Piper Ogan Contributor address: Gitv:	(ID#)	Amount of contribution (\$)
.11	Contributor address; City:	State: Zip Code ergre NM \$7111	50
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

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

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	ie Davis		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Mary Anne Weatherre 6 Contributor address; City; 12308 Water Oak Or FW	State, Zip Code	7 Amount of contribution (\$) 260.59	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date 7.75.27	Jennifer Miller	State, Zip Code TX 76137	Amount of contribution (\$)	
	eation / Job title (See Instructions)	Employer (See Instruct	,	
Date 2:25'24	Full name of contributor out-of-state PAC Devoid Tran Contributor address: City:	State; Zip Code	Amount of contribution (\$)	
	pation / Job title (See Instructions) wewployed	Employer (See Instruct	cions)	
Date VS: 24	Michaelle Cline	State; Zip Code State: 7/162	Amount of contribution (\$) 52. 37	
	pation / Job title (See Instructions)		n Red Cross	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

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

·			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Debi Rigg 5 6 Contributor address; City; 8016 Tris Circle FW	State; Zip Code	7 Amount of contribution (\$) 21.13
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct YELLER	
Date 25,24	Full name of contributor out-of-state PACA pril Shiflett Contributor address: City: 1925 Melody Ln Keller	State; Zip Code	Amount of contribution (\$) 5 2.37
Principal occup	ation / Job title (See Instructions) Teacher	Employer (See Instruct	ovthlake
Date 2	Full name of contributor out-of-state PACE Shannon Edwards Contributor address: City: 1325 Robin Ct Keller	State; Zip Code TX 76262	Amount of contribution (\$) 52,37
200	ration / Job title (See Instructions)	Employer (See Instruct	tree Service
Date 24		State; Zip Code TX 76/37	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruct Half Price	ions) R Books
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

n ine requee	ned information is not applicable, 50 not in	naao ano pago m aro i	Sport
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Jasmine Cluck 6 Contributor address; City; 1145 Melissa Dr Keller	State; Zip Code	7 Amount of contribution (\$) 21.13
	<u> </u>	9 Employer (See Instructi	
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
5	Patty Martin Contributor address; City: 148 Mt. Gilead Dr Kell	State: Zip Code er TX 76248	21.13
	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 3224	Full name of contributor out-of-state PAC Maryonn books account of Contributor address; City; 925 Cat Hollow Ct Kelly		Amount of contribution (\$)
Principal occup	Pation / Job title (See Instructions)	Employer (See Instructi	
Date 3-2-1	Full name of contributor out-of-state PAC Andrea Allshowse City; 7929 8 Meffield Ct NR b	State; Zip Code	Amount of contribution (\$)
Principal occup	Sales	Employer (See Instruction Daiki	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Dixic Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Andrew Sternke 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
,	1108 Wickford Ct Keller	11 76248	
	pation / Job title (See Instructions) LSS OWWU	9 Employer (See Instruc	
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
3-3-29	Becky Oltmanns Contributor address; City. 1575 Nightingale Circle	State: Zip Code	100
Principal occup	nation / Job title (See Instructions)	Employer (See instruc	T and I
(B)	1804014	W(1113	loners watson
Date	Den Williams	(ID#) State; Zip Code	Amount of contribution (\$)
3	7425 Lowline & FW	TX 76131	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
3324	Jennifer Enicksor Contributor address; City; 13341 Padre Ave FW	State; Zip Code	104.42
, ,	nation / Job title (See Instructions) MMUNI catures S	Employer (See Instruc	Resources
	ATTACH ADDITIONAL COPIES C		

SCHEDULE A1

		, , ,	•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC POLLY TO 6 Contributor address; City; 9749 Hathman Ln FW	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu		9 Employer (See Instruct	tions)
Date		(ID#)	Amount of contribution (\$)
221	Greta Bergman Contributor address; City; 9709 Furman Ct FW	State; Zip Code	100 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Boyler Sc	ott J-White
Date 22 Y	Full name of contributor out-of-state PAC Katheryn Maxwell Contributor address; City; 7436 Bear Lake Dr FW	State; Zip Code 77 76137	
	pation / Job title (See Instructions)	Employer (See Instruc	
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
3-2-29	Full name of contributor out-of-state PAC Randall T Campbell Contributor address; City; 49 Stage Coach Rd FW		500.00
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Ann Potts 6 Contributor address; City; State; Zip Code 535 Big Bend Dr. Keller 7X 76248	7 Amount of contribution (\$)
O. Frankrich (Controlled Institute)	(nulstruen ts
Date Full name of contributor out-of-state PAC (ID#) Lavely Cahoon	Amount of contribution (\$)
Lauren Cahoon Contributor address; City: State, Zip Code 1622 Kings mill Cf Heller 7X 76248	52,37
Drivering Leasuration / Joh title (Con Instructions)	nsulation
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 428 Roy Ct Keller TX 76248	21.13
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 12845 Palancar Dr FW TX 76244	
Principal occupation / Job title (See Instructions) Employer (See Instructions) K (50)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1.
2 FILER NAME	Dixie Dans		3 Filer ID (Ethics Commission Filers)
4 Date 3 24	5 Full name of contributor out-of-state PACE out	State; Zip Code	7 Amount of contribution (\$) 5 2. 37
	hatographer	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PACH	(ID#)	Amount of contribution (\$)
3/3/	Contributor address; City; 9208 Odeum Or FW		21.13
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
3.3.24		State; Zip Code	21.13
Principal occup	language Pathologist	Employer (See Instruct	the Carlyle
Date	Full name of contributor		Amount of contribution (\$)
(5)	Tiffany Shaver Contributor address; City; 2936 Hollan Valley Dr FW	State; Zip Code TX 76244	21.13
	ation / Job title (See Instructions)	Employer (See Instruct	tions)
0	oordinater	Rodeo	Dental
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instri		

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME DAVIS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Heather Olsch 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 4137 Duncan Way FW TX 76244	21.17
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) (15]	etions)
Date Full name of contributor out-of-state PAC (ID#) Allan Davis	Amount of contribution (\$)
Contributor address; City; State; Zip Code 506 Bear Ridge Heller TX 76248	26.34
Principal occupation / Job title (See Instructions) Employer (See Instructions) Body Co	·
Date Full name of contributor Out-of-state PAC (ID#) Out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 3934 Stedmontrail FW TX 7624	52.37
Principal occupation / Job title (See Instructions) Employer (See Instructions) Y./	ctions) UCA
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 9320 Granger Ln FW TX 76244	52.37
Principal occupation / Job title (See Instructions) Employer (See Instructions) Advocate	tions) L Health
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

SCHEDULE A1

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

	If the requested information is not applicable, DO NOT include this page in the report.					
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1			
2	FILER NAME	D'XIC Davis	3 Filer ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
	4.24	A Lex Llonard 6 Contributor address; City; State; Zip Code	20			
	3	815 Victoria Dr Keller 7x 76248				
8	Principal occu	Dation / Job title (See Instructions) 9 Employer (See Instru Google	1			
	Date	Full name of contributor	Amount of contribution (\$)			
	24	Melissa Muenz Ler				
1	2-4-	Contributor address: City: State, Zip Code	31.55			
)	7701 Marble Canyon Ct FW TX 7613	7			
		7701 Marble Canyon C+ FW 7X 7613 ation / Job title (See Instructions) Search associate Employer (See Instructions)	Ftibps)SC			
	Date	Full name of contributor out-of-state PAC (ID#)				
	4.27	Kimberly Bodley Contributor address; City; State; Zip Code				
/	3					
		7904 Shady Oaks Dr NRH 7X7618				
		ation / Job title (See Instructions) Employer (See Instru	ctions)			
	Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)			
	124	Nicole Hollrah	-2 24			
1	2/5	Contributor address; City; State; Zip Code	54.31			
	/	2014 Bradley Ct Keller TX 76248				
	_	ation / Job title (See Instructions) Employer (See Instru	ctions)			
	K	5K Manager 10°	9 0 9 0 1			
1						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Dixie Davis	3 Filer ID (Ethics Commission Filers)		
4 Date 3-5-24	5 Full name of contributor out-of-state PAC (ID#. SHULG raff 6 Contributor address; City; State, Zip Code	7 Amount of contribution (\$)		
3,0	2832 Cotswold Ct Keller TX 76242			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)		
	unemployed			
Date	Full name of contributor out-of-state PAC (10#	Amount of contribution (\$)		
3-8-24	Contributor address; City; State; Zip Code 2205 Graystane Cf Keller TX 76248	26.34		
Principal occup	pation / Job title (See Instructions) Employer (See Instru			
	nemployed	,		
Date	Full name of contributor	Amount of contribution (\$)		
3-9-24	Adam Wright Contributor address: City: State: Zip Code 2214 New Mill Ln Arlington TX 76012	26.34		
	Self			
Date	Full name of contributor out-of-state PAC (ID#	_) Amount of contribution (\$)		
3-10,24	Gennadry Treyger Contributor address; City; State; Zip Code 5144 Ambergris Tr Keller 7x 76244	100		
	pation / Job title (See Instructions) MStructor America	A 1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

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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 41:				
2 FILER NAME XIE DeIVIS	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor	7 Amount of contribution (\$)				
5 Full name of contributor out-of-state PAC (ID#: Jennifer Willis 6 Contributor address; City; State; Zip Code 4228 Jenny Laketrail FW TX 76244	21.13				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self					
Date Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)				
31124 Marcia Dyer Contributor address; City; State; Zip Code 9321 Niles C+ FW TX 76244	52.37				
9321 Niles Ct PW 7k 76244					
Principal occupation / Job title (See Instructions) Reviewer Accurate	ctions)				
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)				
31-27 Allison Estolas Contributor address: City; State; Zip Code	41.96				
12412 Yellow Wood PiFW TX 76244					
Principal occupation / Job title (See Instructions) Sr Admin Asst. Employer (See Instructions) Garfre					
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)				
311 27 Scott White Contributor address: City: State, Zip Code 2861 Placed Ct Gropevine TX 76051	104.42				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)				
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 27	
2 FILER NAME	DIXIC Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Catherne Schle bach 6 Contributor address; City; State; Zip Code 12 DH Shady brook or FW774244			7 Amount of contribution (\$)	
•	pation / Job title (See Instructions)	9 Employer (See Instruct	ing Acaderix	
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)	
3-15	Contributor address; City; 4128 River Birch Rd Fh	State; Zip Code 7 6137	110.67	
	for of Communications	Employer (See Instruct Northwest 15	ions) D Education Foundation	
Date	Full name of contributor out-of-state PAR		Amount of contribution (\$)	
3/15	Contributor address; City; 9633 Armour Or FW	State: Zip Code TX 76244	53.00	
	pation / Job title (See Instructions) Wer/ Broker	Employer (See Instruct	y Real Estate	
Date		C (ID#)	Amount of contribution (\$)	
312	Contributor address: City: 10033 Cade Tr Keller	State: Zip Code	27.90	
^	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL CODIES	OF THE COUEDING A C N	FERE	

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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	1 Total pages Schedule A1: 27				
2	FILER NAME	Dixue Devis	3 Filer ID (Ethics Commission Filers)				
4	315	5 Full name of contributor out-of-state PAC Pyan Martin 6 Contributor address; City; 7901 Klamath Mountain 6	7 Amount of contribution (\$)				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct Heartt	o Heart Hospice			
	Date	Liersten Dean	(ID#)	Amount of contribution (\$)			
	316	Contributor address; City; 5525 Monthaven Dr FW		14.11			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instruct	ions)			
	Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)			
,	3-16	Ton Hallford Contributor address; City; 4209 Doe Creek Tr FW	State; Zip Code	25			
		eation / Job title (See Instructions)	Employer (See Instruct	ions)			
	Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)			
	3-16	Contributor address; City; 11617 Crystal Falls Dr K	52.37				
		ation / Job title (See Instructions) Engineering	Employer (See Instruct	ions)			

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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 Devis	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 0 Code 244			
	(See Instructions) + MC Covip.			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Contributor address; City; State; Zij 321 Calais Or Keller TX 76	50.71			
Principal occupation / Job title (See Instructions) Employer	ral Gardent Pet			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Contributor address; City; State; Zing 3-17 4640 Vista Meadens Dr FW TX				
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#				
3/7 Contributor address; City; State; Zip 7704 Black Bear Ct FW TX 761	11.10			
Principal occupation / Job title (See Instructions) Employee	r (See Instructions)			
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SCHEDULE A1

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if the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 27		
2 FILER NAME DIXIE DON'S			3 Filer ID (Ethics Commission Filers)		
4 Date		State; Zip Code	7 Amount of contribution (\$)		
7	9841 Stripling Or FW	77 76244			
	pation / Job title (See Instructions) 9 Vention Counsolor	Employer (See Instructi	ions)		
Date	Full name of contributor		Amount of contribution (\$)		
,9	Contributor address; City;				
3-19			100.00		
	7848 Rushmore Ct FW	TX 76137			
Principal occup	ation / Job title (See Instructions) Or of Accounting	Employer (See Instructi	ons)		
			reactions		
Date	Full name of contributor	D# ⁻)	Amount of contribution (\$)		
3-19	Lara Ingrando Contributor address; City; State; Zip Code		55.49		
	8925 Belvedore Dr FW-	TX 76244			
Principal occup	ration / Job title (See Instructions)	Employer (See Instructi			
Date		D#:)	Amount of contribution (\$)		
3-19		State; Zip Code 7 76262	104.42		
	977 Elkin Ln Keller 7				
	ation / Job title (See Instructions) NEWP GY-Ed	Employer (See Instructi	ons)		
	V				

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 27				
2 FILER NAME	Dixie Davis	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)			
3-20	Caroline Sherman 6 Contributor address; City; State; Zip Code 1034 Canterbry Ln Keller TX 76248	30. cae			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	itions)			
Date	Full name of contributor	Amount of contribution (\$)			
3-20	Melody Meeler Contributor address; City; State; Zip Code 9612 Sindair St Keller 7776244	21.13			
	9612 Sindair St Keller 7/176244				
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	o Grumman			
Date	Full name of contributor	Amount of contribution (\$)			
3-21	Ruld Bilz Contributor address; City; State; Zip Code 6130 Haley Ln FW TX 76132	20			
	pation / Job title (See Instructions) Employer (See Instruc	etions)			
	memployed				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
	KristenkDean	1.17			
3-22	Contributor address; City; State; Zip Code	21.13			
>	5320 Fort Concho Or FW TX 76137				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Siplast					
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SCHEDULE A1

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

The	Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1: 27
2 FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta	te PAC (ID#:)	7 Amount of contribution (\$)
03-22-2024	Polly jo		
	6 Contributor address; City;	State; Zip Code	
	9749 Hathman Lane Fort Worth	76244	106.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
School	ol nurse	Keller iso	1
Date	Full name of contributor out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
03-22-2024	Shannon Edwards		
	Contributor address; City;	State; Zip Code	50.00
	1325 Robin Ct Keller	76262	53.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Office Manager		All Star Tree Service	
Date	Full name of contributor	te PAC (ID#)	Amount of contribution (\$)
03-23-2024	Aaron Case		
	Contributor address; City;	State; Zip Code	
	1335 South Lake Street Fort Worth	76104	55.49
Principal occup Learning Progra	nation / Job title (See Instructions) m Specialist	Employer (See Instruct	tions)
Date	Full name of contributor	te PAC (ID#)	Amount of contribution (\$)
03-23-2024	Jennifer Willis	(100)	. ,
30 20 202 /			
	Contributor address; City;	State; Zip Code 76244	27.90
	4228 Jenny Lake Trl Fort Worth	70244	27.30
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Thera	pist	Self	

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SCHEDULE A1

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	The	Instruction Guide explains how	v 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 Joanna Hildebrand	out-of-state PAC			7	Amount of contribution (\$)
		6 Contributor address;	City;	State;	Zip Code 76244		27.90
		8920 Brook Hill Lane F	ort Worth		70244		27.90
8	Principal occu	pation / Job title (See Instructions))	9 Empl	oyer (See Instruct	tions)
	Date 03-23-2024	Full name of contributor Chad Dyer	out-of-state PAC				Amount of contribution (\$)
		Contributor address;	City;		Zip Code		
		9321 Niles Ct	Fort Worth		76244		110.67
Principal occupation / Job title (See Instructions)		Emple	oyer (See Instruct	ions)		
		GIS Specialist		Ne	wEdge Services,	LLC	
	Date	Full name of contributor	out-of-state PAC	(ID#)		Amount of contribution (\$)
	03-23-2024	Leslie Horn					
		Contributor address;	City;	State;			
		365 Parkview Lane	Keller		76248		104.42
	Principal occup	pation / Job title (See Instructions) Office Manager			oyer (See Instruction of the Court of the Co		5)
	Date	Full name of contributor	out-of-state PAC	(ID#:)		Amount of contribution (\$)
(03-23-2024	Andrew Sternke					
		Contributor address;	City;		Zip Code		
		1108 Wickford Court	Keller		76248		208.54
	Principal occup	l pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions	3)
CEO			a-common archive	DSS			
		•					

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SCHEDULE A1

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The	Instrucțion Guide explains how	1 Total pages Schedule A1: 27		
2 FILER NAME	Dixie Davis			3 Filer ID (Ethics Commission Filers)
4 Date 03-23-2024	 Full name of contributor Mary Beth McCormack Contributor address; 2213 Graystone Court 		State; Zip Code	7 Amount of contribution (\$)
8 Principal occu unemp	pation / Job title (See Instructions)		9 Employer (See Instruction unemployed	tions)
Date 03-24-2024	Full name of contributor Jason Remmenga Contributor address; 1801 Mason Court		(ID#) State; Zip Code 76248	Amount of contribution (\$) 520.87
Principal occup	pation / Job title (See Instructions) Sales		Employer (See Instruc Cisco	tions)
Date 03-25-2024	Full name of contributor Melanie Rummel Contributor address; 10708 Grayhawk Lane		State; Zip Code	Amount of contribution (\$) 104.42
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03-25-2024	Full name of contributor Kim Tran Contributor address; 802 Hidden Woods Drive	out-of-state PAC City; Keller	(ID#) State; Zip Code 76248	Amount of contribution (\$) 208.54
	l pation / Job title (See Instructions)		Employer (See Instruc	ctions)

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SCHEDULE A1

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	The	Instruction Guide explains h	1	Total pages Schedule A1: 27		
2	FILER NAME	Dixie Davis			3	Filer ID (Ethics Commission Filers)
	Date 03-27-2024	5 Full name of contributor Christina Lara	out-of-state PAC			7 Amount of contribution (\$)
		6 Contributor address;	City;			
		91 Barrett Dr	New Windsor	NY	12553	10.72
8	Principal occu	pation / Job title (See Instruction	ens)	9 Employer (See Instruction	ns)
	unem	ployed				
	Date 03-27-2024	Full name of contributor Debi Riggs	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address,	City;	State; Zip C		
		8016 Iris Circle	Fort Worth		76137	21.13
	Principal occup Librar	ation / Job title (See Instruction	ns)	Employer (\$ Keller IS	See Instruction	ns)
	Date 03-28-2024	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
			City; Keller	State; Zip C		20.00
	Principal occup	nation / Job title (See Instruction	ns)	Employer (\$	See Instruction	ns)
	Date 03-29-2024	Full name of contributor Michael Buran	out-of-state PAC			Amount of contribution (\$)
		Contributor address; 12332 Silver Maple Drive	City; Fort Worth	State; Zip C		20.00
	•	pation / Job title (See Instruction ployed	ns)	Employer (See Instruction	ns)

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SCHEDULE A1

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The	Instruction Guide explains how	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 Christina Lara	out-of-state PAC	(ID#·)	7 Amount of contribution (\$)
	6 Contributor address;		State; Zip		
	91 Barrett Dr Ne	w Windsor	NY	12553	10.72
8 Principal occur	pation / Job title (See Instructions)		9 Employer	(See Instructi	ions)
unemp	ployed				
Date 03-27-2024	Full name of contributor Debì Riggs	out-of-state PAC			Amount of contribution (\$)
	Contributor address;	City;	State; Zip		
	8016 Iris Circle	Fort Worth		76137	21.13
Principal occup Librar	ation / Job title (See Instructions) ian		Employer Keller	(See Instructi	ons)
Date 03-28-2024	Full name of contributor amanda roy	out-of-state PAC			Amount of contribution (\$)
	Contributor address; 804 Olympic Dr	City; Keller	State; Zip		20.00
Principal occup Healthcare rep	ation / Job title (See Instructions)		Employer Ehea	(See Instructi	ions)
Date 03-29-2024	Full name of contributor Michael Buran	out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address; 12332 Silver Maple Drive	City; Fort Worth	State; Zip	Code 76244	20.00
	ation / Job title (See Instructions)		Employer	(See Instructi	ions)
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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 contributorJacob Squibbs6 Contributor address;	City;		Zip Code	7 Amount of contribution (\$)	
	7725 Arcadia Trail Foi	t Worth		76137	52.37	
8 Principal occup retired	8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions)					
Date 03-30-2024	Full name of contributor Cindy Epting Contributor address;				Amount of contribution (\$)	
	5304 Fort Concho Dr	Fort Worth		76137	10.72	
Principal occup unemp	pation / Job title (See Instructions) ployed		Emplo	oyer (See Instruc	tions)	
Date 03-30-2024	Full name of contributor Audra Collins	_			Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code		
	9021 Wiggins Drive	Fort Worth		76244	21.13	
Principal occup	pation / Job title (See Instructions) unemployed		Empl	oyer (See Instruc	tions)	
Date 03-30-2024	Full name of contributor Elizabeth Brown	out-of-state PAC	; (ID#)	Amount of contribution (\$)	
	Contributor address; 11629 Winding Brook Drive	City; Fort Worth		Zip Code 76244	21.13	
· · · · · · · · · · · · · · · · · · ·	pation / Job title (See Instructions) rinarian			oyer (See Instruc -Animal Clinic	tions)	
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SCHEDULE A1

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

The	Instruction Guide explains how t		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 Mary Anne Weatherred	out-of-state PAC			7 Amount of contribution (\$)
	6 Contributor address; 12308 Water Oak Dr.		State;	Zip Code 76244	260.59
	12300 Water Oak Dr.	T OIL VVOILI		70244	200.39
	pation / Job title (See Instructions) ployed		9 Emplo	yer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
03-30-2024	Bonnie McLaughlin				
	Contributor address;	City;		Zip Code	
	1617 Mountain Laurel Dr	Keller		76248	21.13
Principal occup	ation / Job title (See Instructions)		Employ	yer (See Instructi	ons)
	IRS			Gov't	
Date 03-30-2024	Full name of contributor Alyson Laurel	out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
	317 College Street South	Keller		76248	26.34
Principal occup Educa	ation / Job title (See Instructions) itor			yer (See Instructi ller ISD	ons)
Date 03-31-2024	Full name of contributor Heather Olsen	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; 4137 Duncan Way	City; Fort Worth		Zip Code 76244	50.00
Principal occupa	ation / Job title (See Instructions) Teacher		Employ	ver (See Instructi Keller ISD	ons)

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SCHEDULE A1

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The	Instruction Guide explains how to co	1 Total pages Schedule A1: 27		
2 FILER NAME	Dixie Davis			3 Filer ID (Ethics Commission Filers)
4 Date 03-31-2024	David Wall			7 Amount of contribution (\$)
		City; Fort worth	State; Zip Code 76244	21.13
	pation / Job title (See Instructions) ne controller		9 Employer (See Instruc SilverCreek Midst	
Date 03-31-2024	Full name of contributor	ut-of-state PA(C (ID#)	Amount of contribution (\$)
00 01 2021	Contributor address;	City; Fort Worth	State; Zip Code 76244	21.13
Principal occup Owner/broker	ation / Job title (See Instructions)		Employer (See Instruct Relocity Real Estate	tions)
Date 04-01-2024	Diane Castro	City;	State; Zip Code TX 76248	Amount of contribution (\$) 31.55
	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 04-03-2024	Kim Ashton	 Dity;	State; Zip Code	Amount of contribution (\$) 26.34
Principal occup unemployed	ation / Job title (See Instructions)		Employer (See Instruc	tions)

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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	1 Total pages Schedule A1:			
2	FILER NAME	Dixie Davis		3 Filer ID (Ethics Commission Filers)		
4	Date 04-03-2024	5 Full name of contributor ☐ out-of-state PAC Crystal Herrera 6 Contributor address; City; 4221 Judith Way Haltom C	State; Zip Code	7 Amount of contribution (\$) 10.72		
8	Principal occu Teacher	pation / Job title (See Instructions)	9 Employer (See Instruct Keller ISD	ions)		
	Date 04-03-2024	Dan Williams	State; Zip Code	Amount of contribution (\$) 52.37		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct UPS	ions)		
	Date 04-03-2024	Full name of contributor	State; Zip Code TX 76104	Amount of contribution (\$) 52.37		
	Principal occup Attorney	eation / Job title (See Instructions)	Employer (See Instruct Law Offices of Jason Smith	ions)		
	Date 04-03-2024	Full name of contributor	State; Zip Code TX 76244	Amount of contribution (\$) 50.00		
		pation / Job title (See Instructions) parning Developer	Employer (See Instruct The Trevor Projec			
			OF THE COUEDING A C. V.	FEDED		
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Revised 11/15/2022

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 5 Full name of contributor out-of-state PAC (ID#) 04-03-2024 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) 9 Employer (See Instructions) unemployed	ions)
Date Full name of contributor O4-03-2024 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	ions)
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributorout-of-state PAC (ID#) Contributor address; City; State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not a	pplicable, DO NOT include t	his page	in the report.	
The Instruction Guide explain	ns how to complete this form.		1 Total pages Sched	ule A2:
2 FILER NAME D'XI'L Davis			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIN	ND POLITICAL CONTRIBU	TIONS	\$	
5 Date 6 Full name of contributor Favah Jan 7 Contributor address; 400 Bennington) Code 76248		In-kind contribution I description I Head Shots I description I Head Shots I description
10 Principal occupation / Job title (FOR NON Photographer 12 Contributor's principal occupation (FOR JU	, (Farah	J Photogr	AL)(See Instructions) - ap h y JDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUD)14 Contributor's employer/law firm (FOR JUD)16 If contributor is a child, law firm of parent(s)	DICIAL) 1:			ise (if any) (FOR JUDICIAL)
Date Full name of contributor Marry Anne Contributor address; 12308 Wayter Of Principal occupation / Job title (FOR NON	Weathered City; State; Zi aKDr FW TX 70		Check if travel outs	In-kind contribution description Fee for VOWS Wishborhood Hent Reaster Even Ide of Texas. Complete Schedule T. AL) (See Instructions)
Contributor's principal occupation (FOR JI			,	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUD	DICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS

SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the rep	oort.		
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:		
2 FILER NAME	2 FILER NAME DIXIC Davis				
4 TOTAL OF UN	IITEMIZED LOANS		\$ 250.00		
5 Date of loan Feb 21, 2024	7 Name of lender out-of-state	PAC (ID#)	9 Loan Amount (\$) 00		
6 Is lender a financial Institution? Y	8 Lender address; City; 9144Farmer & FW	State; Zip Code 7X 76 244	10 Interest rate 11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
	vore				
14 Description of Coll	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If Ia		PIES OF THIS SCHEDULE AS NEE			
1 11	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Candidate/Officeholder/Political Committee

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)

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME DIXIC Davis		3 Filer ID (Ethics Commission Filers)		
4 Date 2-25-24	5 Payee name (wprint.com				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
286.87	14550 Beechnut st House	ston TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing expense	Yaro	signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2-29-24	Vista print				
Amount (\$)	Payee address;	City;	State; Zip Code		
106.59	275 Wyman St	Walthan	MA		
	Category (See Categories listed at the top of this schedule)	Description	22 - 11		
PURPOSE	Printing	Business	Caras,		
OF EXPENDITURE	\$4(MI)	Busi'ness	banner		
	Check if travel outside of Texas, Complete Schedule T.		, 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				
32-24	Party City				
Amount (\$)	Payee address;	City;	State; Zip Code		
36.91	7612 Denton Hwy	Wataugs	a TX		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event	Ballouns,	plases, nappins		
	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/OF	Candidate / Officeholder name	Office sought	Office held		
100	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printfing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME DIXIE	avis	3 Filer ID (Ethics Commission Filers)			
4 Date 3-4-24	5 Payee name workt, Co	, m				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
656.04	14550 Beechno	t St Houst	on TX			
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Printing	yard	sign 5			
	(c) Check if travel outside of Texas. Complete Sch	neduleT Check if Austin.	TX. officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 3-8-24	Payee name Vista Print					
Amount (\$)	Payee address;	City;	State; Zip Code			
178.49	25 Wyman St	Waltham	MA			
	Category (See Categories listed at the top of this sol	nedule) Description				
PURPOSE OF EXPENDITURE	Printing	door L	angers			
	Check if travel outside of Texas. Complete Sch	nedule T Check if Austin,	TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Mar 14, 2024	Vista frint	*				
Amount (\$)	Payee address;	City;	State; Zip Code			
114.30	275 Wyman St	Walthan	n MA			
	Category (See Categories listed at the top of this sch					
PURPOSE OF EXPENDITURE	Printing	Post	cards			
	Check if travel outside of Texas Complete Sch	edule 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			

SCHEDULE F1

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

II the requested in	Difficultion to the	t application = -		1 3		
		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo y Git Il Committee Le	ent Expense es od/Beverage Expense t/Awards/Memorials Exp gal Services The Instruction Guid	Office Ov Polling E: pense Printing E Salanes/	xpense Wages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1.	2 FILER NAM		0	ė	3 Filer ID (Ethic	s Commission Filers)
(9		DIXIC	Davi	3		
4 Date Mar 14, 2024	5 Payee name	oser				
6 Amount (\$)	7 Payee addre	ss;		City;	State;	Zip Code
53.05	3300	Texas	lage T.	real Fh	TX	76244
8	(a) Category (S	ee Categories listed at the	e top of this schedule)	(b) Description	a pales	for 2
PURPOSE OF EXPENDITURE	Eve	nt/Food/	Bev	ruighborl	supplies	revents
	(c) Che	ck if travel outside of Texas.	Complete Schedule T.		tin, TX officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name	9	Office sought		Office held
Date CanZV	Payee name					
Mar 15, 2024	NGP	VAN				
Amount (\$)	Payee addre	ss; - 707		City;	State;	Zip Code
1100.00	PO BO	x 15707		Austin	TX	78761
	Category (Se	e Categories listed at the	top of this schedule)	Description	. Water	mailing
PURPOSE OF EXPENDITURE	Fees/	Advertisi	ne	Access to		J
	Che	ck if travel outside of Texas.	Complete Schedule T.	Check if Aus	stin, TX. officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		/ Officeholder name	9	Office sought		Office held
Date ,	Payee name					
Mar 17, 2027	Park	Glen	Neighb	food void	Easter E	39 Hunt
Amount (\$)	Payee addre	ss;	,	City:	State;	Zip Code
53.05	2696	S Colora	de Blud		iver Co	80222
	Category (Se	e Categories listed at the	top of this schedule)	Description	ent a E	aster event,
PURPOSE OF EXPENDITURE	FLLS			meeti	ng voter	S '
	Che	ck if travel outside of Texas	Complete Schedule T	Check if Aus	itin. TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		/ Officeholder nam	ne	Office sought		Office held

SCHEDULE F1

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

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement c Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME DIXIE Da	VIJ	3 Filer ID (Ethics Commission Filers)
March 2024	5 Payee name Donor Bo X		
6 Amount (\$)	7 Payee address: 1520 Belle View Blud #4106	, , , ,	State; Zip Code 1'a VA 22307
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	(b) Description Fundraisi	ng platform fees
	(c) Check if travel outside of Texas Complete Schedule	T. Check if Aus	in. TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date Feb 2024	Payee name Donor Box		Olympia Tip Code
Amount (\$)	Payee address; 1520 Belle View Blud #	4106 City; Alexano	State; Zip Code In a WA 22307
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Fundraisi	ma VA 22307 ng Platform fees
	Check if travel outside of Texas, Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date Mar 23	Payee name USPS		
424.35	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Adv Exp	sta	nbs
	Check if travel outside of Texas Complete Schedule	T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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
Class (Section 2016)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Zip Code 6 Amount (\$) 7 Payee address: (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Push cards **PURPOSE** OF **EXPENDITURE** Check if Auslin TX, officeholder living expense Check if travel outside of Texas Complete Schedule T Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code State City; Amount (\$) Payee address; 15.12 Category (See Categories listed at the top of this schedule) Address labels PURPOSE ALV EXP EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX. officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Mar 28 USRS State; Zip Code City: Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Adv EXP **PURPOSE** EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Accounting/Banking Travel In District Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Zip Code State: 7 Payee address: 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Yard Signs **PURPOSE** Printing OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Lones Apr 2 Zip Code State: City; 1000 N. Tarrount Keller 917 67 stakes for large readside Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State; Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 (patter a category not listed shows)

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category)	tot iisted above)
1 Total pages Schedule G:	2 FILER NAME DEVIS	5	3 Filer ID (Ethics C	ommission Filers)
4 Date 23-24	5 Payee name Bluchos	t, Inc		
Amount (\$) S Reimbursement from political contributions intended	7 Payee address; Gate Park w	ray Jackson	State;	Zip Code 32256
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv Ex C (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description WebsiTe	Hosting exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		ffice held
Date	Payee name			
Amount (\$) 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		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin.	TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$) 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		
	Check if travel outside of Texas Complete Schedule T	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	

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:
2 FILER NAME	DIXIP Davis	3 Filer ID (Ethics Commission Filers)
4 Date Feb 29 Marr 31	5 Name of person from whom amount is received RRCU 6 Address of person from whom amount is received; City; Sta	8 Amount (\$) \$ 0 5 ate; Zip Code
Man	7 Purpose for which amount is received Check if	f political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; St	tate; Zip Code
	Purpose for which amount is received Check if	f political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
,	Address of person from whom amount is received; City; St	rate; Zip Code
	Purpose for which amount is received Check it	f political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; S	State; Zip Code
	Purpose for which amount is received Check i	if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed. 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS MRS / MR 3 CANDIDATE / Dixie OFFICE USE ONLY **OFFICEHOLDER** NAME April 25, 2024 SUFFIX Davis ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #, CITY. STATE: OFFICEHOLDER PO Box 1484 Keller TX 76244 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 4-25-24 (512 961-9995 PHONE Receipt # Amount \$ MI MS / MRS / MR FIRST 6 CAMPAIGN Dixie TREASURER Date Processed NAME SUFFIX NICKNAME LAST Davis Date Imaged ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: 7 CAMPAIGN TREASURER 9144 Farmer Dr Fort Worth TX 76244 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 961-9995 (512 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Month Day COVERED THROUGH 2024 2024 **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Year Description x General Special 2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Keller ISD School Board Place 7 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. 14 NOTICE FROM POLITICAL. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$ 842.38
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	HE \$ 250.00
	Please complete either option below:	idate or Officeholder
(1) Affidavit		CATHERINE WHITED My Notary ID # 6447598 Expires June 17, 2026
NOTARY STAMP/SEA	Divie Davic	Str day of april
1 the W	Which, witness my hand and seal of office.	Notary
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	and my date of birth is	4-1(-87 7 76244 115A
My address is((14 Farmer Dr Ft Worth, 7; (street) (star)	(zip code) (country)
Executed in Tarns	(street) (start) (city) (start) (city) (start) (city) (start)	21.6
	0	- (Office helder (Deels))
	Signature of Candidate	e/Officeholder (Declarant)

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 Git/Awards/Memonals 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)

credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filers
Date 4-8-24	5 Payee name Communityimpact.com		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$300			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adv exp	Digital ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austr	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4-11-24	Vistaprint.com		
Amount (\$)	Payee address;	City;	State; Zip Code
\$116.89	275 Wyman St Waltham MA		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing exp	postcard	s
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4-15-24	2 Zero 8 LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3218.00	102 Olympic Drive Moore OK 73160		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adv exp	Mailer	rs
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense
	The state of the s		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

edit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME Dixie Davis		3 Filer ID (Ethics Commission Filer
Date 4-21-24	5 Payee name Imprint.com		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$369.83	14550 Beechnut st Houston TX		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing exp		Yard signs
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4-24,25-24	Facebook/Meta		
Amount (\$)	Payee address;	City;	State; Zip Code
\$125	1601 Willow Rd Menlo Park, CA 94025		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adv exp	Dig	gitial ads
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, 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	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE		Check if Austi	in, TX, officeholder living expense
	Check if travel outside of Texas Complete Schedule T	One on it made	

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 (output a category not listed above)

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dixie Davis 4 Date 5 Payee name April 1-25 Donorbox.org State: Zip Code 6 Amount (\$) 7 Payee address; City: \$41.69 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Fees for online fundraising platform OF Fees EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-4, 4-9, and 4-16-24 USPS Zip Code City; State: Amount (\$) Payee address; 229.80 PO 4 530 E Vine Keller Tx 76244 Description Category (See Categories listed at the top of this schedule) PURPOSE Adv Exp Stamps EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-5-24 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$46.05 Category (See Categories listed at the top of this schedule) Description PURPOSE Address labels, envelopes, printer paper Adv Exp **EXPENDITURE** Check if travel outside of Texa's Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

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

SCHEDULE A1

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

Gabrielle Gordon Contributor address; City;	PAC (ID#:)	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 130.45	
Gabrielle Gordon Contributor address; City;	PAC (ID#=)		
Gabrielle Gordon Contributor address; City;	PAC (ID#)		
76 Corral Drive North Fort Worth	State; Zip Code TX 76244		
ion / Job title (See Instructions)	9 Employer (See Instru	ctions)	
Full name of contributor	PAC (ID#)	Amount of contribution (\$) 52.37	
Contributor address; City;	State; Zip Code		
		ctions)	
NIT JOB MIC (GGG MIGHELITE)	DSS		
Full name of contributor out-of-state	Amount of contribution (52.37		
Contributor address; City;	State; Zip Code		
on / Job title (See Instructions)		ictions)	
t	FAA		
Full name of contributor uut-of-state	: PAC (ID#)	Amount of contribution (\$) 21.13	
Contributor address; City;	State; Zip Code		
		ictions)	
on 7 Job title (See Instructions)	KISD	Chons	
8 0 1	Full name of contributor David Miller Contributor address; City; 349 Broiles Ln Fort Worth TX 76 David Miller Full name of contributor David Miller Contributor address; City; 849 Broiles Ln Fort Worth TX 76 On / Job title (See Instructions) t Full name of contributor Contributor address; City; Full name of contributor Contributor address; City; Constance Buran Contributor address; City; 2332 Silver Maple Dr Fort Worth Ton / Job title (See Instructions)	Full name of contributor David Miller Contributor address; City; State; Zip Code 849 Broiles Ln Fort Worth TX 76244 On / Job title (See Instructions) Full name of contributor David Miller Contributor address; City; State; Zip Code 849 Broiles Ln Fort Worth TX 76244 On / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) The contributor of the con	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Dixie Davis			
4 Date 04-05-2024	5 Full name of contributor		7 Amount of contribution (\$) 10.00
	6 Contributor address; City;	State; Zip Code	
3 Principal occu	537 Northwyck Lane Keller TX 7624 upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 04-05-2024	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$) 25.00
	Contributor address; City;	State; Zip Code	
	4209 Doe Creek Trail Fort Worth TX	76244	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 04-06-2024	Full name of contributor		Amount of contribution (\$) 21.13
	Contributor address; City; 4857 Grinstein Drive Fort Worth 762	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	(tions)
Date 04-07-2024	Full name of contributor out-of-state PAC Andrew Sternke Contributor address; City;	State; Zip Code	Amount of contribution (\$) 250.00
	1108 Wickford Court Keller TX 7624		
		Employer (See Instru	ctions)
Principal occu	ipation / Job title (See Instructions)	i -	

SCHEDULE A1

			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete th	is form.	6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Dixie Davis			
4 Date 04-10-2024	5 Full name of contributor ut-of-state P/ Nancy Novak	AC (ID#	7 Amount of contribution (\$) 10.72
	6 Contributor address; City;	State; Zip Code	
	5109 Merced Dr Fort Worth TX 761	T	
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date 04-11-2024	Full name of contributor	AC (ID#:	Amount of contribution (\$) 21.13
	Contributor address; City;	State; Zip Code	
	4305 Old Grove Way Keller 76244		
	pation / Job title (See Instructions) Photographer	Employer (See Instru	uctions)
Date 04-11-2024	Full name of contributor	AC (ID#	Amount of contribution (\$) 100.00
	Contributor address; City;	State; Zip Code	
Deinsiaal assu	1705 Apollo Road Richardson TX 7 pation / Job title (See Instructions)	Employer (See Instru	uctions)
Principal occu	Engineer	Ta in	
Date 04-12-2024	Full name of contributor	AC (ID#:	Amount of contribution (\$) 21.13
	Contributor address; City;	State; Zip Code	
	1316 Carriage Lane Keller TX 7624	48	
Principal occu	1316 Carriage Lane Keller TX 7624	Employer (See Instru	uctions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

SCHEDULE A1

	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME Dixie Davis			3 Filer ID (Ethics Commission Filers)
4 Date 04-13-2024	5 Full name of contributor		7 Amount of contribution (\$) 104.42
	6 Contributor address; City;		
	8965 Vantage Point Dr. Apt. 43		
8 Principal occup	pation / Job title (See Instructions) nt Program	9 Employer (See Instru Texas Instruments I	
Date 04-18-2024	Full name of contributor		Amount of contribution (\$) 50.00
	Contributor address; City;	State; Zip Code	•
	9405 Ellison St Keller 76244	E valeurs (Can Instru	(')
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	ictions)
Date 04-19-2024	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; City;		
Dringing occur	PO Box 34002 Fort Worth TX 7	76162 Employer (See Instru	uctions)
self	pation / Job title (See Instructions)	self	ictions
Date 04-19-2024	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$) 26.34
	Contributor address; City;	State; Zip Code	
	FORT WORTH TX 76244	Family on (See Jacks	uctions)
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)
ixie Davis			
Date 04-21-2024	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$) 52.37
	6 Contributor address; City;	State; Zip Code	
	1005 Oakwood Drive Keller TX 7624	48	
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 04-22-2024	Piper Ogan	C (ID#)	Amount of contribution (\$) 520.87
	Contributor address; City;	State; Zip Code	
	11407 Manitoba Drive Northeast Alb	ouquerque NM 8711	11
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 04-22-2024	Patt Gibbs	.C (ID#)	Amount of contribution (\$) 104.42
	Contributor address: City: 1104 Garden Lane ROANOKE 762	State; Zip Code	
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Attorney		OPEIU	
Date)4-22-2024	Full name of contributor	State; Zip Code	Amount of contribution (\$) 52.37
	4275 Lake Bluff Drive Fort Worth TX		
Delectional	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Principal occi			

SCHEDULE A1

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

4-23-2024 6 8	Full name of contributor Alexander Radcliffe Contributor address; 3405 Forest Glenn Court tion / Job title (See Instructions) Full name of contributor	City; North Rich	State; Zip Code	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 21.13
Date 4-23-2024 6 8 Principal occupate ata Science	Alexander Radcliffe Contributor address; 405 Forest Glenn Court tion / Job title (See Instructions)	City; North Rich	State; Zip Code land Hills 76182 9 Employer (See Instruc	21.13
Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Full name of contributor	1	Elevate	
Date	Full name of contributor			
			(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupat	ion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State, Zip Code	
Principal occupat	ion / Job title (See Instructions)		Employer (See Instruc	I ctions)

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Revised 11/15/2022

SUBTOTALS - C/OH

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Dixie	MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST Davis	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 9144 Farmer	22/22/22			
Change of Address			CYTCHOLON	03/03/2025	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	961-9995°	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Tuneday Tuneday	
TREASURER NAME		Dixie		Date Processed	
	NICKNAME	Davis Davis	SUFFIX	Date Imaged 02/03/2025	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE), APT / S Dr, Fort Worth T		STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 961-9995				
9 REPORT TYPE	January 15 South day before election treasurer appointment (Officeholder Only)				
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED					
11 ELECTION	ELECTION DA Month Day	Year Primary	Runoff Other Description		
	5 / 6 /	24 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Keller ISD Scho	ool Board Place 7	
14 NOTICE FROM POLITICAL	THE CANDIDATE / DEELC	THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
	.!	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Dixie Davis			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		LITICAL CONTRIBUTIONS (OTHER THAN GUARANTEES OF LOANS, OR ELECTRONICALLY)	N \$
	2. TOTAL POLITICAL COI (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXP	PENDITURES	\$ 387.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTI OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LA	ST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS AS O	F THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perj uired to be reported by me under Title	ury, that the accompanying report is tru	e and correct and includes all information
104	area to be reported by the under the	15, Election Code.	
		100	
		Signature of Ca	andidate or Officeholder
	Placea co	omplete either option below	•••
	riease co	mplete either option below	V.
IAN ASST. L. M			
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by	this the	day of,
20, to certify v	vhich, witness my hand and seal of offi	ce.	
Signature of officer administer	ing oath Printed name	of officer administering oath	Title of officer administering oath
fine		OR	
(2) Unsworn Declaration	n		
My name is Dixie Davi	S	, and my date of birth is	4-11-1087
My address is 9144 Fai		Fort Worth T	
,	(street)		state) (zip code) (country)
Executed in Tarrant	County, State of Texas	on the 31 day of Januar	ry ₂₀ 24
		(month	(year)
		Signature of Candid	date/Officeholder (Declarant)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

1 [Date 9 01/31/2025 Amount (\$)	2 FILER NAME Dixie Davis 5 Payee name		3 Filer ID (Ethics	Commission Filers)
01/31/2025 Amount (\$)	5 Payee name			
	Keller ISD United PAC			
387.37	7 Payee address;	City;	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		ione and unexpended
PURPOSE OF EXPENDITURE	Other 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 Aust	in. TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		Allerin	
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, 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		Al Francisco	
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 Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

AMANUA W	The Instruction Guide explains how to comple	ete this form.
	•• Complete only if "Report Type" on page 1 is man	ked "Final Report" ••
1 C/C	DH NAME	2 Filer ID (Ethics Commission Filers)
Dixi	ie Davis	
SIG	GNATURE	
des	o not expect any further political contributions or political expenditures in connect signating a report as a final report terminates my campaign treasurer appointment of mpaign contributions or make any campaign expenditures without a campaign to	nt. I also understand that I may not accept any
	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
С	Check only one:	
V	I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.
	I have unexpended contributions or unexpended interest or income earner may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political this final report. Further, I understand that I must dispose of unexperinterest or income earned on political contributions in accordance with the	est or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after nded political contributions and unexpended
B.	ASSETS	
С	Check only one:	
~	I do not retain assets purchased with political contributions or interest or o	other income from political contributions.
	I do retain assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	rest or other income from political contributions to
	FICEHOLDER Complete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeh file. I am also aware that I will be required to file reports of unexpended coman officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	tributions if, after filing the last required report as political contributions, or assets purchased with
		Signature of Officeholder

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Gui	de explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME			OFFICE USE ONLY
Keller ISD United			Date Received
4 COMMITTEE ADDRESS Change of Address	DO D 440	ty, state; zip code eller TX 76248	43/2025
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked
TREASURER NAME	Dixie		Receipt # Amount \$
	NICKNAME LAST	SUFFIX	Date Processed
	Davis		Date Imaged
6 CAMPAIGN TREASURER STREETADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT	TE #; CITY, STATE;	ZIP CODE
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX, APT / SUIT	te#; city; state; Keller TX	ZIP CODE 76248
MAILING ADDRESS Change of Address	PO Box 148	Keller 17	70240
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(₅₁₂) 961-9995		
9 REPORTTYPE	July 15 8t	Oth day before election	Dissolution Report (Attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
	2 /3 / 25	THROUGH	4 / 3 / 25
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 5 3 25 Second	Runoff Ot	her
	5/ 3 / 25 X General	Special D	escription————————————————————————————————————
	GO TO P	AGE 2	

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)				
Keller ISD United					
14 COMMITTEE 1. Candidates A. Supported (Identify by name or, if					
(Attach lists on plain paper to complete this report if necessary.)	applicable, classify by party.)	B. Opposed			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Measures (Describe by date and	A. Supported KISD Petition for single-member	er districts, May 2, 2026		
location of election and nature of issue.) B. Opposed					
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF CONTRIBUTIONS MAI	POLITICAL CONTRIBUTIONS (OTHER THAI R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ 250.00		
	Check here if this repo	ort qualifies for the higher itemization thre	shold		
	2. TOTAL POLITICAL ((OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS	\$ 2298.37		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$		
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COL OF THE REPORTING F	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS PORTING PERIOD	OF THE \$		
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 /	SEALABOVE				
Sworn to and subscrib	ed before me, by the said		, this the		
day of	, 20, to certify whi	ich, witness my hand and seal of offic	ce.		
Signature of officer adm	inistering oath Printed r	name of officer administering oath	Title of officer administering oath		
_		OR			
(2) Unsworn Declarati	on Duis		14 11 - 87		
My name is	IXIE JAMES	and my date of birth is	s <u>9-11-0</u>		
My address is9	(street)	, and my date of birth is $\frac{1}{1000}$, $\frac{1}{1000}$, $\frac{1}{1000}$, on the $\frac{3}{1000}$ day of $\frac{1}{1000}$	s 4-1(-87 TX 76244 USA state) (zip code) (country)		
Executed in	County, State of	on the Sra day of Figure	anth) (year)		
			y C)		
		\$ignature of C	ampaign Treasurer (Declarant)		

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Cor	mmission Filers)	
	Keller ISD United			
19	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250,00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR	LABOR ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORGANIZATION	RPORATION OR LABOR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR	ORGANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR L	\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LA	\$		
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 1162.03	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	JTIONS RETURNED	\$	

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1			
2 FILER NAME	1(1)	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
2-4	6 Contributor address; City; State; Zip Code	387.37			
8 Principal occu	pation / Job title (See Instructions) 9704 Furman Ct FW, TX 76244t, FW TX 76244 pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)			
Date	Full name of contributor	Amount of contribution (\$)			
2-14	Contributor address; City; State; Zip Code	50.00			
	9704 Furman Ct FW, TX 76244				
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)			
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)			
	Contributor address; City; State; Zip Code	25.00			
	2213 Graystone Court Keller TX 76248-8362				
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)			
Date 2-22	Full name of contributor out-of-state PAC (ID#:				
	Contributor address; City; State; Zip Code	50.00			
	1145 Melissa Dr Keller TX 76262				
Principal occu	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.

SCHEDULE A1

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

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2	FILER NAME		3 Filer ID (Ethics Commission Filers)				
K	Keller ISD United						
4	Date	Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)				
		Tori Marshall					
	2-22		25.00				
		6 Contributor address; City; State; Zip Code					
		5205 Yampa Trl Fort Worth TX 76137					
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ructions)				
	Date	Full name of contributor	Amount of contribution (\$)				
		Hannah Riddle					
	2-22						
		Contributor address; City; State; Zip Code	25.00				
		6924 Wooddale Drive Watauga TX 76148					
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	Date	Full name of contributor	Amount of contribution (\$)				
		Mark Long					
	2-24						
		Contributor address; City; State; Zip Code	50.00				
		321 Calais Drive Keller TX 76248					
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
		Nick Trzeciak					
	2-28		25.00				
		Contributor address; City; State; Zip Code					
		3808 AppleSprings DriveFort Worth TX 76244					
		7 TOZ-14					
	Principal occup	pation / Job title (See Instructions) Employer (See Instru	ructions)				

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	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Keller ISD Uni	ted			
	Full name of contributor			
4 Date	U out-or-state PAC	(ID#)	7 Amount of contribution (\$)	
	Edie Trammel			
2-28			10.00	
	6 Contributor address; City;	State; Zip Code		
	9101 Rose CT Fort Worth TX	X 76244		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor uut-of-state PAC	(ID#)	Amount of contribution (\$)	
	Jason Sibley			
2-28				
2-20	Contributor address; City;	State; Zip Code	100.00	
	9853 Sinclair St Fort Worth T	TX 76244		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#)	Amount of contribution (\$)	
	Catherine Smith			
2-28				
2-20			10.00	
	Contributor address; City;	State; Zip Code		
	11717 Merlotte Ln Fort Worth TX	76244		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	,		,	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
Date	Ryan Martin)	, and are of contribution (4)	
3-1	rtyan Marun			
3-1			10.00	
	Contributor address; City;	State; Zip Code	10.00	
	7901 Klamath Mountain Rd Fort Worth	TX 76137		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
i ilitoipai oocup	and the foce mendential	Employer (oce matruct	,	
			· · · · · · · · · · · · · · · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1.
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
Ke	eller ISD Uni	ted		
4	Date	Full name of contributor out-of-state PAC Sujan Gautam	(ID#)	7 Amount of contribution (\$)
	3-1	·		100.00
	0 .	6 Contributor address; City;	State; Zip Code	
			TX 76244	
		4000 ON THE PROPERTY OF THE PR	70211	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Date	Sharon Gleitz		, and an extra data. (4)
	3-1			25.00
	3-1	O to the second		
		Contributor address; City;	State; Zip Code	
		5512 Greenview Ct North Richland Hills	TX 76148-4028	
_	Billing	ation / Joh title (Con Instructions)	Familiary (See Instruct	(app)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ulis)
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)
		Vinu Singh		
	3-1			00.00
		Contributor address; City,	State; Zip Code	20.00
		7051 Platt tri Fort worth TX		
		7051 Platt til Fort wortin 17	70137	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Silvia A Maynez	/	
	3-2			50.00
	U-Z	Contributor address: City:	State; Zip Code	56.00
		Contributor address; City;		
		9021 Mcfarland Way Keller T	X 76244-5384	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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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	1 Total pages Schedule A1:	
2 FILER NAME Keller ISD Uni	ted		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC Kimberly Ross	(ID#)	7 Amount of contribution (\$)
3-3	6 Contributor address; City;	State; Zip Code	25.00
	1925 OLD YORK DRIVE KELLER T	TX 76248	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
3-4			56.00
	Contributor address; City;	State; Zip Code	
	1705 Marshall Ct Unit A Los Altos CA	94024	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
3-5			100.00
	Contributor address; City;	State; Zip Code	
	9320 Granger Lane Fort Worth	TX 76244	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
3-6	Contributor address; City;	State; Zip Code	50.00
	2001 Yosemite Ln Keller TX 76	248	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	1 Total pages Schedule A1:	
2 FILER NAME Keller ISD Uni	ted		3 Filer ID (Ethics Commission Filers)
4 Date	Cathy Roesch	AC (ID#)	7 Amount of contribution (\$) 50.00
3-20	6 Contributor address; City; 1817 N Lincoln Park West Chicag	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$)
3-22	Contributor address; City;	State; Zip Code	28.00
	9021 Mcfarland Way Keller	TX 76244-5384	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Date	Full name of contributor out-of-state P Melanie Rummel	AC (ID#)	Amount of contribution (\$)
3-23	Contributor address; City; 10708 Grayhawk Ln Fort Wor	State; Zip Code	56.00
Principal occup	tions)		
Date	Full name of contributor out-of-state P Andrew Sternke	AC (ID#,)	Amount of contribution (\$)
3-26	Contributor address; City; 1108 Wickford Ct Keller TX	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete the	1 Total pages Schedule A1:			
2 FILER NAME Keller ISD Uni	3 Filer ID (Ethics Commission Filers)				
4 Date	Full name of contributor out-of-state PAC (ID#) Marcia Dyer		7 Amount of contribution (\$)		
3-26	6 Contributor address; City;	State; Zip Code	100.00		
	9321 Niles Ct Fort Worth	TX 76244			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
3-26	Contributor address; City;	State; Zip Code	50.00		
	9336 Niles Ct Fort Worth	TX 76244			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
3-27	Contributor address; City; 2131 Crimson Ln Keller TX	State; Zip Code	50.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)		
Date		AC (ID#:)	Amount of contribution (\$)		
3-27	Edie Trammel Contributor address; City; 9101 Rose CT Fort Worth	State; Zip Code TX 76244	50.00		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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

SCHEDULE A1

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

	The	Instruction Guide explains ho	w to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
K	eller ISD Uni	ted			
4	Date	te Full name of contributor out-of-state PAC (ID#) Claire Goerner			7 Amount of contribution (\$)
	3-27	6 Contributor address;	City;	State; Zip Code	10.00
		409 Harmony Way	Keller TX	76248	
8	Principal occu	pation / Job title (See Instructions	;)	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Cristina Feletto			
	3-27				
		Contributor address;	City;	State; Zip Code	50.00
		1405 Thistlewood Ln	Grapevine	TX 76051-497	
	Principal occup	ation / Job title (See Instructions))	Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
	3-27	Deborah Lee			
		Contributor address;	City;	State; Zip Code	50.00
		Control address,	Oity,	State, Esp Sous	
		4937 Great Divide Dr	Fort Wo	rth TX 76137	
	Principal occup	ation / Job title (See Instructions))	Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Jason Sibley			
	3-27	Contributor address;	City;	State; Zip Code	100.00
		9853 Sinclair St	Fort Worth	TX 76244	
	Principal occup	ation / Job title (See Instructions))	Employer (See Instruc	ctions)

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Keller ISD Uni	ted	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
3-28	6 Contributor address; City; State; Zip Code 3733 Monica Ln Fort Worth TX 76244	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
3-28	Contributor address; City; State; Zip Code	50.00
	2014 bradley Ct Keller TX 76248	
Principal occup	ation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
3-29	Contributor address; City; State; Zip Code 7911 Rogue River Trail Fort Worth TX 76137	23.97
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor	Amount of contribution (\$)
3-30	Contributor address; City; State, Zip Code 5016 Holliday Dr Keller TX 76244	30.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	uctions)

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

SCHEDULE A1

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

The	Instruction Guide explains how to	1 Total pages Schedule A1:		
2 FILER NAME Keller ISD Uni	ted			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Heather Olsen	out-of-state PAC	(ID#)	7 Amount of contribution (\$)
3-30	6 Contributor address;	City;	State; Zip Code	50.00
	4137 Duncan Way Fort \	North TX	76244	
8 Principal occu	pation / Job title (See Instructions)	:	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)		
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:		
2 FILER NAME Keller ISD United			3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 250.00		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State;	Zip Code	! Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code	i i i l i l i l i l i l i l i l i l i l		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED		

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

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,	
1 Total pages Schedule F1:	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			
Amount (\$) 104/52 Expenditure from corporate funds 7 Payee address;		City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule) Printing expense, other	(b) Description Printer paper a	nd ink, office supplies	
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austi	n. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 2-12,2-14	Payee name Bluehost.com			
Amount (\$) 219 32	Payee address;	City;	State; Zip Code	
Expenditure from corporate funds	1958 South 950 East	Provo UT		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	Website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-8	Print Place			
Amount (\$) 191.60	Payee address;	City;	State; Zip Code	
Expenditure from corporate funds	8000 Haskell Ave Van Nuys CA			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing expense	post cards		
	Check if travel outside of Texas Complete Schedule T	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)	
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		- III	
6 Amount (\$) 338.28	7 Payee address;	City;	State; Zip Code	
Expenditure from corporate funds	203 S Beltline Rd Irving, TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	44-74	
PURPOSE OF	printing expense	SIG	gnage	
EXPENDITURE	F			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Data	Payee name			
Date 3-12	Home Depot			
MANUAL PROPERTY OF THE PROPERT		O:4	Chala: Zin Codo	
Amount (\$) 140.30	Payee address;	City;	State; Zip Code	
Expenditure from	3200 W Irving Blvd Irving TX			
corporate funds				
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
DUDDOCE				
PURPOSE OF	advertising exprense	fence posts for signs		
EXPENDITURE				
	Check if travel outside of Texas_Complete Schedule T_	Check if Austin	n, 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		hand de	
3-13	USPS			
Amount (\$) 168.00	Payee address;	City;	State; Zip Code	
Expenditure from corporate funds	520 E Vine St Keller TX 76248			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	advertising exprense	stamp	os	
OF EXPENDITURE	-			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	