

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

11

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
Mr.

FIRST
Phillip

MI
E.

NICKNAME

LAST
Davis

SUFFIX

OFFICE USE ONLY

Date Received

04/26/24

8:50 AM.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Austin, TX 78738

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

04/26/24

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR
Mrs.

FIRST
Tracie

MI
D

NICKNAME

LAST

SUFFIX

Davis

Receipt #

Amount \$

Date Processed

04/26/24

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

Austin, TX 78738

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

03

26

2024

THROUGH

Month

Day

Year

04

25

2024

11 ELECTION

ELECTION DATE

Month

Day

Year

05

04

2024

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Lake Travis ISD Trustee, Place 1

13 OFFICE SOUGHT (if known)

Lake Travis ISD Trustee, Place 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

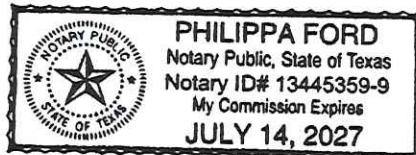
15 C/OH NAME Phillip E. Davis		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,455.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,118.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 124.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Phillip E. Davis
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by PHILLIP DAVIS this the 26 day of APRIL,

2024, to certify which, witness my hand and seal of office.

[Signature] PHILIPPA FORD ACCOUNTANT
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Phillip E. Davis

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,455.00
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 CONTRIBUTIONS	\$ 2,118.56
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	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Phillip E. Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/24	5 Full name of contributor Barry Schmidt ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Lakeway, TX 78734	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/24	Full name of contributor Jeff Lovering ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78738	Amount of contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/24	Full name of contributor Angela Thomas-Bethea ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Stone Mountain, GA 30087	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/24	Full name of contributor Lynn Davis ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Monroe, NC 28110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Phillip E. Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Beverly Davis 6 Contributor address; City; State; Zip Code Greenville, SC 29605	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/24 04/14/24	Full name of contributor ☐ out-of-state PAC (ID#: Margaret Schweitzer Contributor address; City; State; Zip Code Lakeway, TX 78738	Amount of contribution (\$) \$50.00 \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/24	Full name of contributor ☐ out-of-state PAC (ID#: Zuzana Polakova Contributor address; City; State; Zip Code Austin, TX 78738	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/24	Full name of contributor ☐ out-of-state PAC (ID#: Thomas Kubiszyn Contributor address; City; State; Zip Code Lakeway, TX 78734	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Phillip E. Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/24	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Marshall Eudy 6 Contributor address; City; State; Zip Code ██████████ Lakeway, TX 78734	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/24	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lynn Davis Contributor address; City; State; Zip Code ██████████ Monroe, NC 28110	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/24	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tracie Davis Contributor address; City; State; Zip Code ██████████ Austin, TX 78738	Amount of contribution (\$) \$275.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/24	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carlson Sharpless Contributor address; City; State; Zip Code ██████████ Dallas, TX 75243	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Phillip E. Davis		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Ryan Davis 6 Contributor address; City; State; Zip Code Greer, SC 29651	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/24	Full name of contributor ☐ out-of-state PAC (ID#: Jane Yorke Contributor address; City; State; Zip Code Austin, TX 78736	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/24	Full name of contributor ☐ out-of-state PAC (ID#: Annette Pepper Rookard Contributor address; City; State; Zip Code Piedmont, SC 29673	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/24	Full name of contributor ☐ out-of-state PAC (ID#: Joanmarie Famularo Contributor address; City; State; Zip Code Austin, TX 78738	Amount of contribution (\$) \$50.00
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Phillip E. Davis	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/24	5 Payee name Home Depot #6531	
6 Amount (\$) \$22.02	7 Payee address; City; State; Zip Code 3600 Ranch Road 620 S. Bee Cave, TX 78738	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Sign supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/30/24	Payee name Lowe's Home Improvement	
Amount (\$) \$70.97	Payee address; City; State; Zip Code 12611 Shops Pkwy, Ste 100 Bee Cave, TX 78738	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/01/24	Payee name CANVA	
Amount (\$) \$14.99	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St. Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Phillip E. Davis	3 Filer ID (Ethics Commission Filers)
4 Date 04/02/24	5 Payee name CANVA	
6 Amount (\$) \$580.00	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez St. Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printed materials
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/09/24	Payee name JG Media dba Community Impact	
Amount (\$) \$1,120.00	Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box #3 Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing print and digital ads
	☐ 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 04/11/24	Payee name USPS	
Amount (\$) \$121.00	Payee address; City; State; Zip Code 2110 Ranch Road 620 S. Lakeway, TX 78734	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Postage
	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Phillip E. Davis	3 Filer ID (Ethics Commission Filers)
4 Date 04/18/24	5 Payee name USPS	
6 Amount (\$) \$94.50	7 Payee address; City; State; Zip Code 2110 Ranch Road 620 S. Lakeway, TX 78734	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Postage
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/19/24	Payee name Dropbox	
Amount (\$) \$23.45	Payee address; City; State; Zip Code 1800 Owens St San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Digital Storage Fees
	☐ 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 04/20/24	Payee name Hostinger	
Amount (\$) \$14.92	Payee address; City; State; Zip Code 3 aukstas, Svitrigaliod g. 34 Vilnius 03228 Lithuania	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Hosting 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Phillip E. Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 04/25/24		5 Payee name Venmo			
6 Amount (\$) \$3.69		7 Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fees		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/25/24		Payee name Stripe			
Amount (\$) \$53.02		Payee address; City; State; Zip Code 354 Osyter Point BLVD San Francisco, CA 940080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Phillip MI E. NICKNAME LAST Davis SUFFIX	OFFICE USE ONLY Date Received 04/04/2024 4:04pm [Signature]									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; [Redacted] APT / SUITE #; Austin, TX 78738 CITY; Austin, TX 78738 STATE; TX ZIP CODE 78738										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ([Redacted]) PHONE NUMBER [Redacted] EXTENSION [Redacted]										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. FIRST Tracie MI D NICKNAME LAST Davis SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); [Redacted] APT / SUITE #; Austin, TX 78738 CITY; Austin, TX 78738 STATE; TX ZIP CODE 78738										
8 CAMPAIGN TREASURER PHONE	AREA CODE ([Redacted]) PHONE NUMBER [Redacted] EXTENSION [Redacted]										
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 02 06 2024 THROUGH Month Day Year 03 25 2024										
11 ELECTION	ELECTION DATE Month Day Year 05 04 2024 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) Lake Travis ISD Trustee, Place 1	13 OFFICE SOUGHT (if known) Lake Travis ISD Trustee, Place 1									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Phillip Davis</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,327.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,539.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 787.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

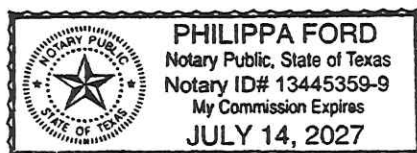
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Phillip Davis

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *PHILLIP DAVIS* this the *4* day of *APRIL*,

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

Philippa Ford *PHILIPPA FORD* *ACCOUNTANT*

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

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: Tracie Davis 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2024	Full name of contributor ☐ out-of-state PAC (ID#: Tracie Davis Contributor address; City; State; Zip Code Austin, TX 78738	Amount of contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/29/2024	Full name of contributor ☐ out-of-state PAC (ID#: Carolyn Nichols Contributor address; City; State; Zip Code Lakeway, TX 78738	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2024	Full name of contributor ☐ out-of-state PAC (ID#: Joanmarie Famularo Contributor address; City; State; Zip Code Austin, TX 78738	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2024	5 Full name of contributor Tausha Davis ☐ out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Tucker, GA 30084	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2024	Full name of contributor Annie Bland ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code Austin, TX 78738	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2024	Full name of contributor Kay Wolking Bratton ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code Austin, TX 78750	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2024	Full name of contributor Andrea Hayes ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code Charlotte, NC 28216	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: Lela McKnight 6 Contributor address; City; State; Zip Code Greenville, SC 29605	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2024	Full name of contributor ☐ out-of-state PAC (ID#: Tracie Davis Contributor address; City; State; Zip Code Austin, TX 78738	Amount of contribution (\$) \$1,063.23 1,063.23
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2024	Full name of contributor ☐ out-of-state PAC (ID#: Inez Thomas Contributor address; City; State; Zip Code Decatur, GA 30034	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2024	Full name of contributor ☐ out-of-state PAC (ID#: Stan Davis Contributor address; City; State; Zip Code Greer, SC 29680	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2024	5 Full name of contributor Marie Whitner ☐ out-of-state PAC (ID#: 6 Contributor address; Greenville, SC 29605	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/16/2024	Full name of contributor Jason Steed ☐ out-of-state PAC (ID#: Contributor address; Austin, TX 78738	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2024	Full name of contributor Lynn Davis ☐ out-of-state PAC (ID#: Contributor address; Monroe, NC 28110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2024	Full name of contributor Ashley Conrad ☐ out-of-state PAC (ID#: Contributor address; Austin, TX 78734	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2024	5 Full name of contributor Amy Beckstead ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78738	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor Tracie Davis ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78738	Amount of contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2024	Full name of contributor Dana Rockey ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Bee Cave, TX 78738	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2024	Full name of contributor Kim Tucker ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78738	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2024	5 Full name of contributor Rachel Camina ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78738	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
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)
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)
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 02/26/2024		5 Payee name JP Morgan Chase Bank N.A.			
6 Amount (\$) \$4.95		7 Payee address; City; State; Zip Code P.O. Box 182051 Columbia, OH 43218-2051			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Service Fee		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 02/28/2024		Payee name Venmo			
Amount (\$) \$0.11		Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 03/02/2024		Payee name Venmo			
Amount (\$) \$2.00		Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 03/04/2024		5 Payee name Venmo			
6 Amount (\$) \$2.00		7 Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fees		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/04/2024		Payee name Venmo			
Amount (\$) \$2.00		Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/04/2024		Payee name Venmo			
Amount (\$) \$2.00		Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/2024		5 Payee name Venmo			
6 Amount (\$) \$0.64		7 Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fees		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/06/2024		Payee name Venmo			
Amount (\$) \$2.00		Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/07/2024		Payee name Venmo			
Amount (\$) \$2.00		Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ✓		2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2024		5 Payee name Stokes Sign Company			
6 Amount (\$) \$1,061.23		7 Payee address; 1909 Ranch Road, 620 South		City; Austin, TX	State; 78734
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs for advertising		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/15/24		Payee name Stokes Sign Company			
Amount (\$) \$1,061.23		Payee address; 1909 Ranch Road, 620 South		City; Austin, TX	State; 78734
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs for advertising		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/16/2024		Payee name Venmo			
Amount (\$) \$4.85		Payee address; 117 Barrow Street		City; New York, NY	State; 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 03/18/2024		5 Payee name Canva			
6 Amount (\$) \$87.50		7 Payee address; 3212 E. Cesar Chavez St. Austin, TX 78702 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printed materials		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/19/2024		Payee name Dropbox			
Amount (\$) \$23.45		Payee address; 1800 Owens St. San Francisco, CA 94158 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Digital Storage Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/20/2024		Payee name Marc Duchon			
Amount (\$) \$1,237.50		Payee address; Type text here 4711 Spicewood Springs Rd. Unit 227 Austin, TX 78759 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Marketing strategy		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>		2 FILER NAME Phillip Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2024		5 Payee name Venmo			
6 Amount (\$) \$2.95		7 Payee address; City; State; Zip Code 117 Barrow Street New York, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fees		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/25/2024		Payee name Hostinger			
Amount (\$) \$20.24		Payee address; City; State; Zip Code 3 aukstas, Svitrigailos g. 34 Vilnius 03228 Lithuania			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Hosting website		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Phillip

E.

NICKNAME

LAST

SUFFIX

Davis

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Austin, TX 78738

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Traci

D.

NICKNAME

LAST

SUFFIX

Davis

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

Austin, TX 78738

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

4 / 26 / 24

THROUGH

Month

Day

Year

6 / 30 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 4 / 24

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Lake Travis ISD PLace 1

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 114.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Phillip E. Davis

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

OR

(2) Unsworn Declaration

My name is Phillip E Davis, and my date of birth is [REDACTED].
 My address is [REDACTED], Austin, TX, 78738, USA.
 (street) (city) (state) (zip code) (country)
 Executed in Travis County, State of Texas, on the 2 day of April, 20 25.
 (month) (year)
Phillip E Davis
 Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Phillip MI E. NICKNAME LAST Davis SUFFIX	OFFICE USE ONLY Date Received RECEIVED APR 02 2025 By <u>SCW</u> Date Hand-delivered or Date Postmarked <u>4-2-2025</u> Receipt # Amount \$ Date Processed <u>4-2-2025</u> Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; [REDACTED] APT / SUITE #; Austin, TX CITY; 78738 STATE; ZIP CODE										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ([REDACTED]) PHONE NUMBER [REDACTED] EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. FIRST Traci MI D. NICKNAME LAST Davis SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); [REDACTED] APT / SUITE #; Austin, TX CITY; 78738 STATE; ZIP CODE										
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED] PHONE NUMBER [REDACTED] EXTENSION										
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☒ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 7 / 1 / 24 THROUGH Month Day Year 12 / 31 / 24										
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 24 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) Lake Travis ISD PLace 1	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

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

\$

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

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

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

\$ 84.76

OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

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

Phillip E Davis

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Phillip E Davis, and my date of birth is [REDACTED]

My address is [REDACTED], Austin, TX, 78738, USA.
(street) (city) (state) (zip code) (country)

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

Phillip E Davis
Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

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

1 C/OH NAME

Phillip E Davis

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Phillip E Davis

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Phillip E Davis

Signature of Officeholder