

# 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: <u>13</u>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>C</u> FIRST <u>Bridgett</u> MI <u>B.</u> NICKNAME LAST SUFFIX <u>Davis</u>	<b>OFFICE USE ONLY</b> Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">DEC 21 2023</div> BY: <u>A. Boals</u> Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>4700 Arams Dr</u> <u>Arlington, TX 76016</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 271-5073</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>C</u> FIRST <u>Kenya</u> MI NICKNAME LAST SUFFIX <u>Mobley</u>	Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 902-7188</u>										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED <u>?</u>	Month Day Year    THROUGH    Month Day Year <u>5 / 6 / 23</u>										
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year    Primary Runoff Other Description <u>5 / 6 / 23</u> General Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Arlington ISD Place 7</u>									
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%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>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

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)

\$

3,98.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

10,068.18

CONTRIBUTION  
BALANCE

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

\$

4,158.47

OUTSTANDING  
LOAN TOTALS

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

\$

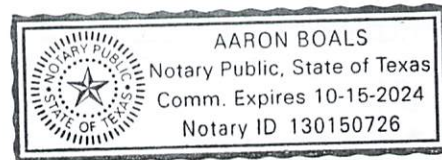
18 SIGNATURE

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.

*Bridgett Davis*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bridgett this the 21 day of December,

20 23, to certify which, witness my hand and seal of office.

*Aaron Boals*  
Signature of officer administering oath

Aaron Boals  
Printed name of officer administering oath

Paralegal  
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:
2 FILER NAME <i>Bridgett Davis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/28/23</i>	5 Full name of contributor <i>Cynthia Odum</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: <i>[REDACTED]</i> City: <i>[REDACTED]</i> State: <i>TX</i> Zip Code: <i>76001</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
8 Principal occupation / Job title (See Instructions) <i>CFD Girl Scouts</i>		9 Employer (See Instructions)
Date <i>4/28/23</i>	Full name of contributor <i>Aiyanna Anderson</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <i>[REDACTED]</i> City: <i>[REDACTED]</i> State: <i>TX</i> Zip Code: <i>76109</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions)
Date <i>4/28/23</i>	Full name of contributor <i>Morgan Mangana</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <i>[REDACTED]</i> City: <i>[REDACTED]</i> State: <i>TX</i> Zip Code: <i>75034</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>Manager Topps</i>		Employer (See Instructions)
Date <i>5/10/23</i>	Full name of contributor <i>Barbara Cabbil</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <i>[REDACTED]</i> City: <i>[REDACTED]</i> State: <i>TX</i> Zip Code: <i>76028</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Principal occupation / Job title (See Instructions) <i>Counselor/Educator</i>		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgett Davis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/3/23</i>	5 Full name of contributor <i>Jamie Davis</i> <input checked="" type="checkbox"/> out-of-state PAC (ID#) Contributor address: [Redacted] City: <i>Kansas City</i> State: <i>KS</i> Zip Code: <i>66103</i>	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions)
Date <i>5/3/23</i>	Full name of contributor <i>Sireh Davis</i> <input type="checkbox"/> out-of-state PAC (ID#) Contributor address: [Redacted] City: [Redacted] State: <i>TX</i> Zip Code: <i>76016</i>	Amount of contribution (\$) <i>\$200.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>5/3/23</i>	Full name of contributor <i>Doris Smith</i> <input type="checkbox"/> out-of-state PAC (ID#) Contributor address: [Redacted] City: [Redacted] State: <i>TX</i> Zip Code: <i>76134</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>5/3/23</i>	Full name of contributor <i>Kellie Newell</i> <input type="checkbox"/> out-of-state PAC (ID#) Contributor address: [Redacted] City: [Redacted] State: <i>TX</i> Zip Code: <i>76012</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <i>Bridgett Davis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/3/23</i>	5 Full name of contributor <i>Shirley Pace</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] <i>Ft Worth, TX 76112</i>	7 Amount of contribution (\$) <i>\$300.00</i>
8 Principal occupation / Job title (See Instructions) <i>Entrepreneur</i>		9 Employer (See Instructions)
Date <i>5/3/23</i>	Full name of contributor <i>James + Shirley Thomas</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] <i>Am. TX 76013</i>	Amount of contribution (\$) <i>\$200.00</i>
Principal occupation / Job title (See Instructions) <i>Entrepreneur</i>		Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <i>Jimmy Walker</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] <i>Am. TX 76017</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <i>Yaman Subei</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] <i>Am. TX 76005</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgett Davis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/23</i>	5 Full name of contributor <i>Cynthia McFarland</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address City: State: Zip Code <i>Crowley, TX 76036</i>	7 Amount of contribution (\$) <i>\$50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Higher Education</i>		9 Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <i>Ross Haynes Jr.</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address City: State: Zip Code <i>Edgecliff Village, TX 76134</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <i>Cra Spellman</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address City: State: Zip Code <i>Am. TX 76014</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions) <i>Production Lear Corp.</i>		Employer (See Instructions)
Date <i>5/4/23</i>	Full name of contributor <i>William Zedler</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address City: State: Zip Code <i>Dr. Am. TX 76017</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgett Danks</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/23</i>	5 Full name of contributor <i>Jakisha Jones</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>\$150.00</i>
8 Principal occupation / Job title (See Instructions) <i>Police Officer</i>		9 Employer (See Instructions)
Date <i>5/5/23</i>	Full name of contributor <i>Paulette Tutor</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Ft. Worth, TX 76112</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Property Tax UPTG</i>		Employer (See Instructions)
Date <i>5/5/23</i>	Full name of contributor <i>Sherri Smith</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Ft. Worth, TX 76134</i>	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions) <i>Sales Compensation Analyst</i>		Employer (See Instructions)
Date <i>5/5/23</i>	Full name of contributor <i>Cassandra Harris</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Grand Prairie, TX 75054</i>	Amount of contribution (\$) <i>\$150.00</i>
Principal occupation / Job title (See Instructions) <i>Federal Government DCM</i>		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <i>Bridgett Davis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/5/23</i>	5 Full name of contributor <i>Nicole Alexis</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: [REDACTED] City: [REDACTED] State: <i>TX</i> Zip Code: <i>76179</i>	7 Amount of contribution (\$) <i>\$25.00</i>
8 Principal occupation / Job title (See Instructions) <i>Unemployed</i>		9 Employer (See Instructions)
Date <i>5/5/23</i>	Full name of contributor <i>Ronetta Francis</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: [REDACTED] City: [REDACTED] State: <i>TX</i> Zip Code: <i>75052</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney Citibank</i>		Employer (See Instructions)
Date <i>5/5/23</i>	Full name of contributor <i>Mike Cerro</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: [REDACTED] City: [REDACTED] State: <i>TX</i> Zip Code: <i>76012</i>	Amount of contribution (\$) <i>\$300.00</i>
Principal occupation / Job title (See Instructions) <i>President Frost Bank</i>		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <i>Shawn Vogt</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: [REDACTED] City: [REDACTED] State: <i>MD</i> Zip Code: <i>21084</i>	Amount of contribution (\$) <i>\$5.00</i>
Principal occupation / Job title (See Instructions) <i>Clerk U.S. Postal Service</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Bridgett Davis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/24/23</i>	5 Full name of contributor <i>Lottie Graham</i> <input checked="" type="checkbox"/> out-of-state PAC (ID#: Contributor address: <i>[Redacted]</i> City: <i>Bowie</i> State: <i>MD</i> Zip Code: <i>20716</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>5/28/23</i>	Full name of contributor <i>Wesley Nite</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <i>[Redacted]</i> City: <i>Arl.</i> State: <i>TX</i> Zip Code: <i>76018</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgett Dicks</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/23</i>	5 Payee name <i>Fed Ex</i>	
6 Amount (\$) <i>\$36.00</i>	7 Payee address; <i>5220 S. State Hwy 30</i>	City; <i>Grand Pra, TX</i> State; <i>TX</i> Zip Code <i>75052</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Advertising Expense</i>	
(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>4/1/23</i>	Payee name <i>Xerox Business</i>		
Amount (\$) <i>\$150.00</i>	Payee address; <i>P.O. Box 205354</i>	City; <i>Dallas, TX</i> State; <i>TX</i> Zip Code <i>75320</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i></i>		
(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete ONLY 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	
	<i></i>		
(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS****SCHEDULE E**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Bridgett Davis</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/6/23</i>	<b>5</b> Payee name <i>Emiliano Gutierrez</i>	
<b>6</b> Amount (\$) <i>\$210.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Poll Worker</i>	
	<b>(b)</b> Description	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>5/6/23</i>	Payee name <i>Seema Hamdooni</i>	
Amount (\$) <i>\$180.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Poll Worker</i>	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>5/6/23</i>	Payee name <i>Taylor Maden</i>	
Amount (\$) <i>\$30.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Poll Worker</i>	
	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Bridgett Davis 3 Filer ID (Ethics Commission Filers)

4 Date 6/21/23 5 Payee name Act Blue

6 Amount (\$) \$197.00 7 Payee address; City; State; Zip Code

P.O. Box 44146 Somerville, MA 02144-6031

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Fees (\$197.00) Processing fees  
(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 5/2/23 Payee name Westlake Ace Hardware

Amount (\$) \$20.00 Payee address; City; State; Zip Code 4400 Little Road Art. TX 76016

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Advertising Expense (\$20.00)  
☐ 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 5/2/23 Payee name Patriot Print Fulfillment, LLC

Amount (\$) \$1,208.07 Payee address; City; State; Zip Code 106 AE Petsche Ct. Ste 120 (\$1,208.07)

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Advertising Exp. Art. TX 76012 US  
☐ 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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Bridgett Davis</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/23</i>	5 Payee name <i>Wholesale Depot</i>	
6 Amount (\$) <i>\$129.00</i>	7 Payee address; City, State, Zip Code <i>11311 Harry Hines, Dallas 75229</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	(b) Description <i>Advertising Expense</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>5/4/23</i>	Payee name <i>Park Place Promotional Imprints</i>	
Amount (\$) <i>\$77.13</i>	Payee address; City, State, Zip Code <i>1000 Ballpark Way #310, Arl. 76011</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	Description <i>Advertising Expense</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>2/11/23</i>	Payee name <i>Heaven Sent Strategies</i>	
Amount (\$) <i>\$400.00</i>	Payee address; City, State, Zip Code <i>On line Services</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	Description <i>Advertising Expense</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME *Bridgett Davis* 3 Filer ID (Ethics Commission Filers)

4 Date *4/22/23* 5 Payee name *Johnston Campaigns*

6 Amount (\$) *\$7430.98* 7 Payee address; City; State; Zip Code

*1415 S. Voss Ste. 110-217 Houston Tx, 77057*

8 (a) Category (See Categories listed at the top of this schedule) (b) Description

PURPOSE  
OF  
EXPENDITURE

*Advertisement Mailer + Robo Calls*

(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 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 ONLY 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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