CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

				1844	
Th	ne C/OH Instruction (Guide explains how to complet	te this form.		2 Total pages filed: 54
3	CANDIDATE / OFFICEHOLDER NAME		FIRST Jerry	MI	OFFICE USE ONLY Date Received
			LAST Davis	SUFFIX	RECEIVED
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / 5517 Pickfair	SUITE#; CITY;	ZIP CODE	Date End-delivered pr. Date Postmarked 5 2015 Red Color SPORE/Apy
	Change of Address	Houston, TX 77026			Date Princessen Date Imaged
5	CAMPAIGN TREASURER	MS/MRS/MR F	FIRST	MI	
	NAME		Rachel	А	
			ast Davis	SUFFIX	
6	CAMPAIGN TREASURER ADDRESS (Residence or Business)	5517 Pickfair Houston, TX 77026	OX PLEASE); APT	T / SUITE #; CITY;	STATE; ZIP CODE
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE 281-443-0513	NUMBER EXTENSION		
8	REPORT TYPE	January 15 X July 15	30th day before election 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9	PERIOD COVERED	Month Day Year 01/01/2015	THROUGH	Month Day 06/30/2015	Year
10	ELECTION	ELECTION DATE Month Day Year 11/03/2015	Primary X Géneral	ELECTION TYPE Runoff Special	Other
11	OFFICE	OFFICE HELD (if any) Houston City Council Distric	t B	12 OFFICE SOUGHT (Houston City Cou	
· Constant and a second and a second a			GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 54						
13 C / OH NAME Davis, Jerry 14 Filer ID										
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / Unicendider.	res made by political com the candidate's or officeho n only if they receive notic	alder's knowledge or							
Additional Pages	COMMITTEE TYPE									
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEE ADDRESS								
	S. Zenije									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00						
	2. TOTAL POLITIC (OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	·)	\$ 96,430.00						
EXPENDITURE TOTALS	3. TOTAL POLITICA	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 28,687.40						
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 161,587.40						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFADAVIT										
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the accor I information required to b	npanying report is e reported by me						
Alyce M Young My Commission Expires 11/08/2016 Signature of Candidate or Officeholder										
AFFIX NOTARY STAMP / SEAL ABOVE										
Sworn to and subsco	cribed before me, by the sa	rtify which, witness my hand and seal of office.	, this the	th_day						
Signature of office	M.C. Journ eer administering	A LYCE Ma Youn Printed name of officer administering	Title of officer ad	dministering oath						
Forms provided by Tay	vas Ethics Commission									

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 54 **18 FILER NAME** 19 Filer ID Davis, Jerry 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 96,430.00 \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ 5. Χ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 28,687.40 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

9.

10.

11.

TO FILER

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\$

\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/20 Rpt: 4/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2015 **AECOM PAC** \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/19/2015 Alexander, Willie \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) President W. J. Alexander & Associates, P.C. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Allen Boone Humphries Robinson LLP \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/18/2015 Andrews & Kurth Texas PAC \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/05/2015 **BAC PAC** \$250.00 Contributor address; City; State; Zip Code Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/20 Rpt: 5/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2015 Bibb, Christopher \$250.00 6 Contributor address; City; State; Zip Code Houston, TX 77025 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2015 Boswell, Edward \$250.00 Contributor address; City; State; Zip Code Jersey City, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Bracewell & Giuliani LLP \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Bradford, Sally \$250.00 Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Briscoe, Billy \$500.00 Contributor address; City; State; Zip Code Houston, TX 77021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney THE BRISCOE LAW FIRM, PLLC Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0.28256

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/20 Rpt: 6/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/24/2015 Bryan, Sandy \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77005 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Housemaker Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Burns, Ronald \$500.00 Contributor address; City; State; Zip Code New Orleans, LA 70128 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Global Parking Systems LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Burns, Ronald \$500.00 Contributor address; City; State; Zip Code New Orleans, LA 70128 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Global Parking Systems LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 C.C., Lee \$500.00 Contributor address; City; State; Zip Code Houston, TX 77036 Principal occupation / Job title (See Instructions) Employer (See Instructions) President/CEO STOA/Golemon/Bolullo Architects Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2015 CDM Smith Inc PAC \$500.00 Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/20 Rpt: 7/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/20/2015 CP & Y Inc PAC \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/22/2015 Canonico, Chris \$100.00 Contributor address; City; State; Zip Code Bellaire, TX 77401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 02/18/2015 Carter, Darryl \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Linebarger, Goggan, Blair & Sampson, L.L.P. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Centerpoint Energy Inc PAC \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77210 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/18/2015 Coleman, Garnet \$500.00 Contributor address; City; State; Zip Code Houston, TX 77004 Principal occupation / Job title (See Instructions) Employer (See Instructions) State Representative State of Texas

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/20 Rpt: 8/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor x out-of-state PAC (ID#: C00248716 7 Amount of Contribution (\$) 03/20/2015 Comcast Corp PAC \$500.00 6 Contributor address; City; State; Zip Code Philadelphia, PA 19103 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/18/2015 Continental Airline Inc Emp. Fund \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Cortez, Robert \$500.00 Contributor address; City; State; Zip Code Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Linebarger, Goggan, Blair & Sampson LLP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Dannenbaum, James \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chairman & President Dannenbaum Engineering Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/15/2015 Dickerson, Zack \$50.00 Contributor address: City: State; Zip Code Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/20 Rpt: 9/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/01/2015 Douglas, Channell \$25.00 6 Contributor address; City; State; Zip Code Houston, TX 77073 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2015 Drake, Jack \$200.00 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/27/2015 Eaton, Samuel \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Founder JNE Green Team Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/18/2015 Foxhall, Irene \$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive United Airlines Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Franklin, Elvin \$100.00 Contributor address; City; State; Zip Code Houston, TX 77050 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/20 Rpt: 10/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 06/01/2015 Franks, Robin \$1,500.00 6 Contributor address; City; State; Zip Code Houston, TX 77040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Founder TGE Resources, Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/10/2015 Frazier, Jatarious \$5.00 Contributor address; City; State; Zip Code Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/18/2015 Fulbright & Jaworski Texas Committee \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/05/2015 Garver, C.M. \$1,500.00 Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Partner **BRH-Garver** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Garver, C.M. \$250.00 Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Partner **BRH-Garver**

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/20 Rpt: 11/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor X out-of-state PAC (ID#: C00266585 7 Amount of Contribution (\$) 02/27/2015 Greenberg Traurig PA Political Action Committee \$1,000.00 6 Contributor address; City; State; Zip Code Albany, NY 12207 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 HAA Better Government Fund PAC \$2,000.00 Contributor address; City; State; Zip Code Houston, TX 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00386029 Amount of Contribution (\$) 06/29/2015 HNTB Holdings LTD PAC \$1,000.00 Contributor address; City; State; Zip Code Kansas City, MO 64105 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 HOME PAC \$2,500.00 Contributor address: Citv: State: Zin Code Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Hall Attorneys PC \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/20 Rpt: 12/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2015 Haynes & Boone PAC \$1,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75219 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2015 Hildebrand, Jeffery \$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chairman & CEO Hilcorp Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 03/30/2015 Hildebrand, Melinda \$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77251 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President Hildebrand Foundation Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Houston Police Officers Union PAC \$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Houston Police Officers Union PAC \$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/20 Rpt: 13/54 FILER NAME 3 Filer ID Davis, Jerry 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2015 Houston Police Retired Officers Association PAC \$250.00 Contributor address; City; State; Zip Code Houston, TX 77252 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2015 IPR South Central LLC \$500.00 Contributor address; City; State; Zip Code Houston, TX 77061 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 James, Argentina \$500.00 Contributor address; City; State; Zip Code Pearland, TX 77581 Principal occupation / Job title (See Instructions) Employer (See Instructions) President/CEO HillDay Public Relations Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Johnson, Harry \$500.00 Contributor address; City; State; Zip Code Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Jones, Franklin \$250.00 Contributor address; City; State; Zip Code Houston, TX 77004 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/20 Rpt: 14/54 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/01/2015 Jones, James \$250.00 6 Contributor address; City; State; Zip Code Houston, TX 77057 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Jones, William \$250.00 Contributor address: Citv: State: Zip Code Spring, TX 77373 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2015 Jordan, Stephanie \$100.00 Contributor address; City; State; Zip Code Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Kennedy, Nathelyne \$250.00 Contributor address; City; State; Zip Code Houston, TX 77036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Knudson Joiner, Patricia \$250.00 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/20 Rpt: 15/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 LAN PAC \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2015 Laukien, Dirk \$500.00 Contributor address; City; State; Zip Code Spring, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Founder **Black Forest Ventures** Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 06/04/2015 Laura G Mitzner Trust \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2015 Lewis, Sherman \$100.00 Contributor address; City; State; Zip Code edmond, OK 73034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Linebarger, Goggan, Blair & Sampson LLP \$1,000.00 Contributor address: Citv: State; Zip Code Austin, TX 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/20 Rpt: 16/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2015 McConnell Jones Lanier & Murphy \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77056 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 McHam, Paula \$100.00 Contributor address; City; State; Zip Code Houston, TX 77095 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/25/2015 McHam, Paula \$100.00 Contributor address; City; State; Zip Code Houston, TX 77095 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/27/2015 McNiel, Kathryn \$200.00 Contributor address; City; State; Zip Code Houston, TX 77219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/04/2015 Mitzner, Ira \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) President RIDA Development

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/20 Rpt: 17/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2015 Molander, Jarl \$200.00 6 Contributor address; City; State; Zip Code Magnolia, TX 77354 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/10/2015 Morrison, James \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Endodontist Moberi Endodontics Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/18/2015 Nathan Sommers Jacobs \$500.00 Contributor address: Citv: State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Noyes, Tammy \$1,000.00 Contributor address; City; State; Zip Code Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) General Manager J. Simmons Group, Inc Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Olivier, Raquel \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant Olivier, Inc.

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/20 Rpt: 18/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/30/2015 Olivier, Raquel \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77016 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountant Olivier, Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Palmer, Erma \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77049 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO autos r us Date Full name of contributor x out-of-state PAC (ID#: C00103549 Amount of Contribution (\$) 02/18/2015 Parsons Corp PAC \$1,500.00 Contributor address; City; State; Zip Code Pasadena, CA 91124 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Perkins, Danny \$250.00 Contributor address; City; State; Zip Code Houston, TX 77047 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Planned Parenthood Gulf Coast Action Fund PAC \$250.00 Contributor address; City; State; Zip Code Houston, TX 77023 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/20 Rpt: 19/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/27/2015 Plumbers Local Union No. 68 PAC Fund \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77249 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 RPH Consulting Group LLC \$500.00 Contributor address; City; State; Zip Code Houston, TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/09/2015 Rash, Jeanette \$500.00 Contributor address; City; State; Zip Code Houston, TX 77020 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Fast Tow Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Rea-Gaubert, Vesta \$500.00 Contributor address; City; State; Zip Code Spring, TX 77379 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Vesta Rea & Associates, L.L.C. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Rogers, Karen Elaine \$250.00 Contributor address; City; State; Zip Code Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/20 Rpt: 20/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/01/2015 Sander, Dennis \$50.00 6 Contributor address; City; State; Zip Code Houston, TX 77042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/18/2015 \$2,500.00 Simmons, James Contributor address: Citv: State: Zip Code Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) President & CEO J. Simmons Group, Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/10/2015 Simmons, James \$2,500.00 Contributor address; City; State; Zip Code Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) President/CEO J. Simmons Group, Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/27/2015 Simmons, Kevin \$250.00 Contributor address; City; State; Zip Code Pearland, TX 77581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Sreerama, Karun \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77059 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Espa Corp, Inc.

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/20 Rpt: 21/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/04/2015 Steven C Mitzner Trust \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77098 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2015 Szalkowski, Stephen \$500.00 Contributor address; City; State; Zip Code Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Latham & Watkins LLP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2015 **TREPAC** \$5,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/03/2015 Teamsters #988 \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77032 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/19/2015 Texas Taxi \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/20 Rpt: 22/54 2 FILER NAME Filer ID Davis, Jerry 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 06/30/2015 Thompson, Senfronia \$500.00 6 Contributor address; City; State; Zip Code Houston, TX 77016 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) State Representative State of Texas Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2015 Van Beck, Scott \$250.00 Contributor address; City; State; Zip Code Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/24/2015 Vela, Lee \$100.00 Contributor address; City; State; Zip Code Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2015 White, Andrew \$1,000.00 Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Sweat Equity Partners, LP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2015 Womack, Gerald \$250.00 Contributor address; City; State; Zip Code Houston, TX 77004 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/20 Rpt: 23/54 2 FILER NAME 3 Filer ID Davis, Jerry 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 02/27/2015 Zarinkelk, Giti \$250.00 6 Contributor address; City; State; Zip Code Houston, TX 77002 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) President Zarinkelk Engineering Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2015 Zieben, Lee \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Founder & President Zieben Group

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		10	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in Obstrict Travel Out of District OTHER (enter a category not listed above)				
7.58			The Instruction Guide explains h	now to cor	nple	ete this form.					
1	Total pages Schedule F1: Sch: 1/30 Rpt: 24/54	2	FILER NAME Davis, Jerry				3	Filer ID			
4	Date	5	Payee name								
	02/23/2015		24 Seven Taxi								
6	Amount (\$)	7	LE CENTRO SCIENTIFICADO SE SECURIO MONTO SE	Zip Co	de						
	\$10.05		5606 N Western Ave								
		Chicago, IL 60659									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Transportation Equipment & Related					de of Texas. Complete Schedule T.			
			Expense			Cab ride in Ch		officeholder living expense			
						Cab nac in Ci	110	ago.			
9	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	aht			Office held			
	expenditure to benefit C/OI				J. 10			Silve flow			
	Date		Payee name								
	05/11/2015		9ers Grill								
	Amount (\$)		Payee address; City; State; Zip Code								
\$11.93 9865 Blackhawk Blvd											
Houston, TX 77075											
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
						Meeting with					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought					Office held			
H	Data	_	Davis and a series								
	Date 02/23/2015		Payee name ATI Inc								
L	To the region of a property interpretation of the control of the c	-		7in C-	de						
	Amount (\$) \$50.00		Payee address; City; State; 2138 W Cermak Rd	Zip Co	ae						
	φ50.00		2130 W Celliar Ru								
			Chicago, IL 60608								
	PURPOSE	(a	Category (See Categories listed at the top of this scho	edule)	(b)	Description					
	OF EXPENDITURE		Fees					side of Texas. Complete Schedule T. (, officeholder living expense			
						Bank transfer					
								: <u>-</u> :			
一	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	<u>l</u> ight			Office held			
	expenditure to benefit C/O				J						
H											
L											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Office Overhead/Rental Export O					Travel in District Travel Out of District OTHER (enter a category not listed above)				
				The Instruction Guide 6	explains how	to comple	ete this form.						
1	Total pages Schedule F1:	2 F	ILER NAME					3	Filer ID				
	Sch: 2/30 Rpt: 25/54	D	avis, Jerry										
4	Date	5 P	ayee name										
	02/06/2015	А	cres Home	es Center for Busine	ess & Econ	omic De	velopment						
6	Amount (\$)	7 P	ayee addres	ss; City;	State; Zi	p Code							
	\$660.00	6:	112 Whea	tley St		• 50							
		Н	louston, T	C 77091									
8	PURPOSE				10000000 85 00 00 00	(b)	D						
٦	OF		alegory (se Advertising	ee Categories listed at the top	of this schedule	e) (b)	Description Check if travel	outsid	le of Texas, Complete Schedule T.				
	EXPENDITURE		avertising	Lyperise			<u></u>		officeholder living expense				
							Ad in program	n.					
9	Complete ONLY if direct		ndidate/Offi	ceholder name	Office	e sought			Office held				
	expenditure to benefit C/OI	d											
	Date	P	ayee name							_			
	03/17/2015	Α	lley Kat Ba	ar & Lounge									
	Amount (\$)	P	ayee addres	ss; City;	State; Zi	ip Code							
	\$54.50	3	718 Main 9	St									
Houston, TX 77002													
H	PURPOSE	(a) C	Category (se	ee Categories listed at the top	of this schodule	(b)	Description						
	OF			age Expense	or this scrieduje	, ,		outsic	de of Texas. Complete Schedule T.				
	EXPENDITURE			0 1					officeholder living expense				
		l					Meeting with	con	sultant.				
L													
	Complete ONLY if direct expenditure to benefit C/O		ındidate/Offi	ceholder name	Offic	e sought			Office held				
L	experialitare to beliefit G/O												
	Date	Р	ayee name										
	01/29/2015	Α	Alliance On	е									
Г	Amount (\$)	Р	ayee addre	ss; City;	State; Zi	ip Code							
l	\$192.95	4	850 East S	Street Rd									
		S	Suite 300										
		Т	revose, PA	19053									
H	PURPOSE	(a) C	Category (se	ee Categories listed at the top	of this schedule	a) (b)	Description						
	OF EXPENDITURE		ees	g	or and derivation	,		outsid	de of Texas. Complete Schedule T.				
l	EXPENDITORE							n, TX,	officeholder living expense				
							Bank fees.						
L			- 1000 to 10000										
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	Offic	e sought			Office held				
L	, , , , , , , , , , , , , , , , , , , ,												

SCHEDULE F1

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		ımittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Pollir Printi	e Overhe ng Expen ting Expe		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
				The Instruction Guide exp	plains how t	o comp	olete this form.					
1	Total pages Schedule F1:	2	FILER NAME	Ŧ				3 Filer ID				
	Sch: 3/30 Rpt: 26/54		Davis, Jerry	1								
4	Date	5	Payee name	§				•				
	05/05/2015		Awakenings									
6	Amount (\$)	7	Payee addre	ess; City;	State; Zip	Code	1					
	\$500.00		151	n St Ste. #214	5. ····································							
	- Andrew Control (Control (Con											
			Houston, T	X 77003								
8	PURPOSE			——————————————————————————————————————	this -	1/1-	D) Description					
	OF			ee Categories listed at the top of ns/Donations Made By		\ \\'\'		outside of Texas. Complete	Schedule T.			
	EXPENDITURE			Officeholder/Political C		,		n, TX, officeholder living exp				
							Contribution.					
9	Complete ONLY if direct		Candidate/Offi	iceholder name	Office	sough	ıt	Office held				
	expenditure to benefit C/OF	1							<u></u>			
	Date		Payee name	9								
	04/09/2015		Barnaby's (Cafe								
	Amount (\$)		Payee addre	ess; City;	State; Zip	Code	è					
	\$27.52		801 Congre	ess Ave								
			Houston, T	X 77002								
	PURPOSE	(a)	Category (s	See Categories listed at the top of	this schedule)	(t	Description					
	OF EXPENDITURE			rage Expense	Judie)	- [Check if travel	outside of Texas. Complete				
	EN ENDITORE							n, TX, officeholder living exp	pense			
							District B sta	ir meeting.				
L	Complete CMLV 'C P	_	landides to c	iochalder	~~		.+					
	Complete ONLY if direct expenditure to benefit C/OF		∠aı ıuıuate/Off	ficeholder name	Office	e sough	IL	Office held				
L		_	1000									
	Date		Payee name									
L	02/23/2015	_		ime Chophouse								
	Amount (\$)		Payee addre		State; Zip	p Code	е					
1	\$132.71		444 N Wab	ash Ave								
	l de la companya de											
			Chicago, IL	60611								
Γ	PURPOSE	(a)	Category (S	See Categories listed at the top of	f this schedule)) (1	b) Description					
	OF EXPENDITURE			rage Expense			Check if travel	l outside of Texas. Complet				
1								n, TX, officeholder living ex				
	i						ווווים meet	ing after convention	л.,			
\vdash	Complete ONLY if direct	Ц,	Candidate/Off	ficeholder name	Office	e sough	nt	Office held	<u> </u>			
	expenditure to benefit C/O		oanuiudle/UI	nocholuci name	Onice	o sougl	1116	Office nela				
\vdash								-				

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Transportation Equipment & Related Exportance Travel in District Travel Out of District OTHER (enter a category not listed above			
			The Instruction Guide explains	s how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	
	Sch: 4/30 Rpt: 27/54	Davis, Jer	у				
4	Date	5 Payee nam	9				
	02/09/2015	Bryant, Ph					
6	Amount (\$)	7 Payee addr		e; Zip Code			
Ĭ	\$16.23	10 00. July 40. Company (10. Dec. 10. D	nwestern St	c, Zip Couc			
	Ψ10.20	0002 14011	Western of				
		Houston,	X 77005				
8	PURPOSE	80		[/h	Description		-
ľ	OF		See Categories listed at the top of this so ons/Donations Made By	chedule)	The state of the s	outside of Texas. Complete Schedule T.	
	EXPENDITURE		Officeholder/Political Com	mittee		n, TX, officeholder living expense	
				C-1000000000000000000000000000000000000	Contribution	to book event.	
9	Complete ONLY if direct	Candidate/O	ficeholder name	Office sough	:	Office held	
	expenditure to benefit C/OF	1					
	Date	Payee nam					
	03/09/2015	Cavender'	s Boots				
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Code			
	\$402.67	2505 S Lo	op W				
Houston, TX 77054							
H	PURPOSE			(h) Description		
	OF	0.0000000000000000000000000000000000000	See Categories listed at the top of this s s/Memorials Expense	chedule)		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Silurwaic	Simemonals Expense			n, TX, officeholder living expense	
					Gift for const	tituents.	
Г	Complete ONLY if direct		fficeholder name	Office sough	t	Office held	
	expenditure to benefit C/OI	1					
F	Date	Payee nam	Δ				
l	01/28/2015	Chevron	C				
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l	Amount (\$)	Payee addr		te; Zip Code			
l	\$45.00	5505 Lock	wood Dr				
1							
		Houston,	TX 77026				
Г	PURPOSE	(a) Category	See Categories listed at the top of this s	schedule) (b) Description		
l	OF EXPENDITURE		ation Equipment & Related			l outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Expense		1		n, TX, officeholder living expense	
1					Gas for cam	paign vehicle.	
L							
	Complete ONLY if direct		fficeholder name	Office sough	t	Office held	
1	expenditure to benefit C/O	Н					
Г			(
1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense
Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 5/30 Rpt: 28/54 Davis, Jerry 4 Date Payee name 06/15/2015 DC Taxi 6 Amount (\$) Payee address; City; State; Zip Code \$110.01 1636 Bladensburg Rd NE Washington, DC 20002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Expense Check if Austin, TX, officeholder living expense Taxi from airport for Legislative Roundtable. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/08/2015 Fiesta Amount (\$) Payee address; City; State; Zip Code \$24.81 5815 Lockwood Dr Houston, TX 77026 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule ${\sf T.}$ Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/08/2015 Free Press Summer Fest Amount (\$) Payee address; City; State; Zip Code \$30.00 Best efforts Houston, TX PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Ticket for District B staff member. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
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Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for						Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	
					le explains l	how to co	mple	te this form.	_		
1	Total pages Schedule F1:	2							3	Filer ID	
L	Sch: 7/30 Rpt: 30/54		Davis, Jerry								
4	SACRETARY AND ADMINISTRATION OF THE SACRETARY OF THE SACRETARY AND ADMINISTRATION OF THE SACRETARY AND	5	Payee name								
L	06/16/2015		Grillfish								
6	Amount (\$)	7	Payee addre			Zip Co	de				
	\$206.70		1200 New F	Hampshire Av. NV	V						
			Washington	i, DC 22036							
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description		0.2	
	EXPENDITURE		Food/Bever	age Expense						de of Texas, Complete Scheo	dule T.
						Check if Austin, TX, officeholder living expense Dinner after Legislative Roundtable.					
									9		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/OI	Н			5					::::::::::::::::::::::::::::::::::::::	
F	Date		Payee name								
	02/25/2015		HCC Found	lation							
Г	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de				
l	\$250.00 3100 Main, Suite 12B12, MC 1148										
l											
l			Houston, TX	X 77002							
Н	PURPOSE	(a	Category (Se	ee Categories listed at the	ton of this sch	edule)	(b)	Description			
l	OF EXPENDITURE			ns/Donations Mad		oudio)		10 September 1 2 March 1981	outsi	de of Texas. Complete Sche	dule T.
l	EXPENDITORE		Candidate/0	Officeholder/Politic	cal Comm	ittee		_		officeholder living expense	
l								Contribution.			
⊢	Complete ONLY if direct	L	Candidata/Off			D.(f					
l	Complete ONLY if direct expenditure to benefit C/O		Candidate/Oni	ceholder name	C	Office sou	ght			Office held	
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l	Date		Payee name		_						
L	02/09/2015			afood and Oyster							
ı	Amount (\$)		Payee addre	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	State;	; Zip Co	de				
l	\$37.94		3201 Louisi	ana St							
L			Houston, T	X 77002							
	PURPOSE OF	(a		ee Categories listed at the	top of this sch	nedule)	(b)	Description		996 55	
١	EXPENDITURE		Food/Bever	age Expense				The second control of		ide of Texas. Complete Sche	dule T.
١								District I staff		, officeholder living expense	
F	Complete ONLY if direct	_	Candidate/Off	iceholder name	-	Office sou	ght			Office held	
	expenditure to benefit C/O					2010-00 D ZERA	-				
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SCHEDULE F1

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense	Office Ove Polling Exp Printing Ex	rhead bense pense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	W			The Instruction Guide	explains h	ow to co	mple	te this form.						
1		2	FILER NAME	=					3	Filer ID				
	Sch: 8/30 Rpt: 31/54		Davis, Jerry	/										
4	Date	5	Payee name											
	02/23/2015		Hotel Zaza											
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de							
	\$30.78		5701 Main	St		350								
			Houston, T.	X 77005										
8	PURPOSE	(a)		ee Categories listed at the top	n of this set -	dula)	(b)	Description						
	OF			rage Expense	p or uns sche	uule)	·~/		outsi	de of Texas. Complete Sci	hedule T.			
	EXPENDITURE									officeholder living expense	е			
	9							Meeting with	cor	nsultant.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	Of	ffice sou	ght		1000	Office held				
	Date		Payee name											
	03/27/2015		Houston 8	Team LLC										
Г	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de							
	\$1,000.00		1939 West	Gray, Suite 201										
			Houston, T	X 77019										
\vdash	PURPOSE	(a)	Category (s	see Categories listed at the to	p of this sche	dule)	(b)	Description						
	OF EXPENDITURE	sedal.	Accounting					Check if travel		de of Texas. Complete Sc				
	LAFLINDITURE									officeholder living expens	e			
								Returned cor	ntrik	oution.				
_	Complete ONLY if alice	L	Candid-t-10"	iaahalda.		£6:	1- *			000				
	Complete ONLY if direct expenditure to benefit C/O		Carididate/Off	iceholder name	0	ffice sou	gnt			Office held				
L		_												
ı	Date		Payee name											
L	03/09/2015	L	J&J Loung							elkinesus				
	Amount (\$)		Payee addre	1.5	State;	Zip Co	de							
	\$88.48		3303 Lee S	St										
			Houston, T	X 77026										
Γ	PURPOSE	(a	Category (s	See Categories listed at the to	pp of this sche	edule)	(b)	Description						
1	OF EXPENDITURE		Food/Beve	rage Expense						ide of Texas. Complete So				
										, officeholder living expens	se			
								District B sta	ui II	icetting				
\vdash	Complete ONLY if direct		Candidato/Of	ficeholder name		office sou	laht			Office held				
	expenditure to benefit C/O		Cariuldate/Of	ncendidei name	Ü	mice SOL	igill			Onice neid				
\vdash														
		-												

SCHEDULE F1

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Office Over Polling Exp Printing Ex	rhead ense pens			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	· · · · · · · · · · · · · · · · · · ·			The Instruction Guide	e explains h	ow to cor	nple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID				
	Sch: 9/30 Rpt: 32/54		Davis, Jerry	1										
4	Date	5	Payee name											
	05/11/2015		KIPP Inc											
6	Amount (\$)	7	Payee addre	7										
	\$50.00		Dept. 963 I	P. O. Box 4346										
			Houston, T	X 77210										
8	PURPOSE	(a	Category (s	ee Categories listed at the to	op of this sche	dule)	(b)	Description						
	OF EXPENDITURE		Event Expe							ide of Texas. Complete Schedule T.				
	EXI ENDITORE									, officeholder living expense				
								Auction item	at 1	fundraising gala.				
_					2000		2 10							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	0	ffice sou	ght			Office held				
Г	Date		Payee name	3										
	03/06/2015		Kashmere (Gardens High Scho	ool Class	of 1965								
Т	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de							
	\$150.00 6900 Wileyvale Rd													
			17.5											
			Houston, T.	X 77028										
Г	PURPOSE	(a	Category (s	ee Categories listed at the to	op of this sche	edule)	(b)	Description						
l	OF EXPENDITURE		Advertising		\$15.4					ide of Texas. Complete Schedule T.				
ı	EXI ENDITORE									, officeholder living expense				
								Ad in reunior	ı pr	rogram.				
⊢	Complete ONII V if disease		Cdid-t-10#	inghaldar aras						015 1-11				
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	O	office sou	gnt			Office held				
H		_					_							
	Date		Payee name											
L	04/13/2015	L	Kroger								-			
	Amount (\$)		Payee addre		State;	Zip Co	de							
l	\$60.28		12555 Bria	r Forest Dr										
ı		l												
l			Houston, T	X 77077										
Г	PURPOSE	(a) Category (s	See Categories listed at the t	top of this sche	edule)	(b)	Description						
l	OF EXPENDITURE		Food/Beve	rage Expense						side of Texas. Complete Schedule T.				
l	EXI ENDITORE									K, officeholder living expense				
								⊢ood and dr	inks	s for volunteers.				
L			0 11 : 1	- F 101	72									
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	C	Office sou	ght			Office held				
L														

SCHEDULE F1

Advertising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee L	Fees Office Overhead/Rental Expense Polling Expense Finting Expense Printing Expense Salaries/Wages/Contract Labor					Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
				The Instruction Guide explain	s how to co	mple	ete this form.					
1	Total pages Schedule F1: Sch: 10/30 Rpt: 33/54	2	FILER NAME Davis, Jerry					3	Filer	ID		
4	Date	5	Payee name									
	04/13/2015		Kroger									
6	Amount (\$)	7	Payee address		te; Zip Co	ode						
	\$50.71		12555 Briar I	Forest Dr								
			Houston, TX	77077								
8	PURPOSE	(a)	Category (see	e Categories listed at the top of this s	ahadula)	(b)	Description					
	OF	, ,		e categories listed at the top of this s lead/Rental Expense	schedule)	~,	The same than the same than the	outs	ide of T	Texas. Complete Schedule T.		
	EXPENDITURE			Parente Marcata (1904) et monte allema et comincia (1907)		1			, office	holder living expense		
							Office supplie	es.				
Ļ						L	***					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	Office sou	ught				Office held		
Г	Date		Payee name									
	06/29/2015		Kroger									
Г	Amount (\$)		Payee addres	s; City; Sta	te; Zip Co	ode						
	\$159.94	\$159.94 12555 Briar Forest Dr										
		Houston, TX 77077										
Г	PURPOSE	(a)	Category (See	e Categories listed at the top of this	schedule)	(b)	Description					
l	OF EXPENDITURE		Food/Bevera		onouale)		The state of the s	outs	side of	Texas. Complete Schedule T.		
l	LAFLINDITORL									holder living expense		
l							Food and dri	inks	s for	the office.		
\vdash	Consolete ONII V '/ I'		0	- L- L-1	0.00	<u> </u>				~		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenolaer name	Office sou	ught				Office held		
L		_										
	Date		Payee name									
L	05/18/2015	L	Kroger	V								
	Amount (\$)		Payee addres	0	te; Zip C	ode						
	\$200.00		12555 Briar	Forest Dr								
			Houston, TX	(77077								
Γ	PURPOSE	(a	Category (Se	e Categories listed at the top of this	schedule)	(b)	Description					
1	OF EXPENDITURE		Event Exper							Texas. Complete Schedule T.		
1							Supplies for			cholder living expense		
							Supplies 101	COI	minu	rinty event.		
\vdash	Complete ONLY if direct	_	Candidate/Offic	reholder name	Office so	ught.				Office held		
	expenditure to benefit C/O		Januare/Offic	CHOIDE HAITE	Onice S0	ugrit				Office field		
\vdash											-	
L												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By - **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 11/30 Rpt: 34/54 Davis, Jerry 4 Date Payee name 01/14/2015 Kroger 6 Amount (\$) Payee address; City; State; Zip Code \$121.00 12555 Briar Forest Dr Houston, TX 77077 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Drinks for volunteers for community event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2015 La Griglia Amount (\$) Payee address; City; State; Zip Code \$1,493,64 2002 W Gray St Houston, TX 77019 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and drinks for fundraiser. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2015 Lillie Schechter Consulting Amount (\$) Payee address; State; Zip Code \$12,500.00 1 Greenway Plaza Suite 740 Houston, TX 77046 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising consulting. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Office Overhead/Rental Expens Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)				
				The Instruction Guid	de explains l	how to co.	mple	te this form.					
1	Total pages Schedule F1:	2 F	ILER NAME			-			3	Filer ID			
	Sch: 12/30 Rpt: 35/54	С	Davis, Jerry					==27.00					
4	Date	5 P	ayee name						_				
	06/08/2015	L	uby's Cafe										
6	Amount (\$)	7 P	ayee addres	ss; City;	State;	Zip Co	de						
	\$32.32	1	11743 Eastex Fwy										
_			Houston, TX										
8	PURPOSE OF			ee Categories listed at the	top of this scho	edule)	(b)	Description		d	01.11.7		
	EXPENDITURE	F	-ood/Bevera	age Expense						de of Texas. Complete officeholder living expe			
								Campaign me					
9	Complete ONLY if direct		andidate/Offic	ceholder name	C	Office sou	ght			Office held			
	expenditure to benefit C/OF	4							_				
	Date		Payee name	T. Walland					_				
L	02/24/2015	N	/I&M Limou	sine Service					_				
	Amount (\$)		ayee addres		State;	Zip Co	ode		_				
	\$90.00	1	L300 Rand F	Road									
			Des plaines,	, IL 60016									
	PURPOSE	(a) C	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE	Т	Γransportati	ion Equipment &						ide of Texas. Complete			
		E	Expense					—		, officeholder living exp	ense		
								Taxi to the ai	пþо	ort.			
\vdash	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	abt			Office held			
	expenditure to benefit C/O			- S. GIGGI HAITIE	(J.1100 30L	- HILL			Juice Held			
H	Date	_	Dovice ===						_				
	Date 04/20/2015		Payee name Mayos Print	ina									
\vdash		<u> </u>		1000	\	7:	لى						
	Amount (\$)	l .	Payee addres	50.04 5 000	State,	; Zip Co	ode						
	\$550.00	4	1920 Kelley	Si									
		(Qu	lovert -	/ 77000									
L			Houston, TX										
	PURPOSE OF	28.2		ee Categories listed at the	top of this sch	iedule)	(b)	Description		de et =			
	EXPENDITURE	F	Printing Exp	pense				1-0100-20-04/04/05/05/05/05/05/05/05/05/05/05/05/05/05/		ide of Texas. Complete , officeholder living exp			
								Printing push			,		
								3 131		AT PARTIES AT			
Г	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	ıght		_	Office held			
	expenditure to benefit C/OI						-						
\vdash													

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			xpense 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	<u> </u>					3	Filer ID		
	Sch: 13/30 Rpt: 36/54		Davis, Jerry	V								
4	Date	5	Payee name	1					-			
ľ	02/17/2015		Memorial W									
6	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Co	ode					
	\$25.57		7951 Katy F	. ,		,						
	torica e distriction de maria		The second secon									
			Houston, T	X 77024								
8	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description											
	OF EXPENDITURE	(-III/A)//ards///Amorials Evnans								outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Gift for constituent.										
	Silt for Consulterit.											
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held											
	expenditure to benefit C/OH											
	Date	ĺ	Payee name									
	03/09/2015		Mr. A's Clul	b								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode					
ĺ	\$9.00		3409 Caval	Icade St								
1												
			Houston, T	X 77026								
\vdash	PURPOSE	(a)		TY (See Categories listed at the top of this schedule) (b)				Description				
1	OF EXPENDITURE	Food/Beverage Expense					'	Charles Control of Con	outs	ide of Texas. Complete Scheo	dule T.	
	EAFENDITURE		•					_		, officeholder living expense		
	İ							Drink for mee	etin	g with consultant.		
L												
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
L	- To bonding 0/0	0.50							_			
	Date	آ	Payee name									
	04/16/2015		National MS	S Society						Southern Colombia		
Γ	Amount (\$) Payee address; City; State; Zip Code											
	\$200.00		8111 N Sta	adium Dr # 100								
Houston, TX 77054												
Г	PURPOSE	(a)	Category (e	See Categories listed at the	top of this sale	edule)	(b)	Description				
	OF	15550	Contribution	ons/Donations Made By			Γ΄	Check if travel		side of Texas. Complete Sche	dule T.	
	EXPENDITURE			Officeholder/Politic		nittee				(, officeholder living expense	₩ 0500 94 3600 Million	
									to t	the National MS Soc	ciety for the BP	
L		\perp						MS 150.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office so	ught			Office held		
L	experience to benefit C/O	. 1		Market and the second					_			
_												

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		Fees Offi Food/Beverage Expense Poll / - Gift/Awards/Memorials Expense Prir		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula E4. I	2		IOW TO COIL	ihie	te una ioim.	-	Eller ID
	Total pages Schedule F1: Sch: 14/30 Rpt: 37/54	2	Davis, Jerry				3	Filer ID
4	Date	5	Payee name				_	
	06/03/2015		Northside Antioch Baptist Church					
6	Amount (\$) \$250.00	7	Payee address; City; State; 1814 Carr St Houston, TX 77026	Zip Cod	le			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scheel Event Expense	edule)	(b)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense Drill Team.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-l	Candidate/Officeholder name Of	office soug	ht			Office held
Γ	Date		Payee name					
L	06/08/2015		Pappadeaux Seafood					
	Amount (\$) \$65.00		Payee address; City; State; 2410 Richmond Ave	Zip Coo	le			
			Houston, TX 77098					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scheel Food/Beverage Expense	edule)	(b)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense neeting.
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeholder name O	office soug	jht			Office held
	Date 06/26/2015		Payee name Pappas BBQ					
	Amount (\$) \$38.37		Payee address; City; State; 7007 Hwy. 59 South Houston, TX 77074	Zip Coo	de			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b)	Check if Austir	ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense mmunity event.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office souç	ght			Office held

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex	erhead pense xpense		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide explain	ns how to co	mple	te this form.				
1	Total pages Schedule F1:	2 FILER NAME	E				3 Filer ID			
	Sch: 15/30 Rpt: 38/54	Davis, Jerr	у							
4	Date	5 Payee name	!							
	03/30/2015		s on Wheels							
6	Amount (\$)	7 Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$46.00	15202 Atwo	5.							
	0.0 (a) 70.000									
		Crosby, TX	77532							
8	PURPOSE				/h\	Decerie *				
J	OF		See Categories listed at the top of this a rage Expense	schedule)	(0)	Description Check if travel of	outside of Texas. Com	plete Schedule T.		
	EXPENDITURE	i oou/beve	Tago Expelise				, TX, officeholder living			
						Food for volu				
9	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sou	ight		Office he	eld		
	Date	Payee name								
	06/25/2015		Speciality Foods							
	Amount (\$)	Payee addre		ate; Zip Co	ode					
	\$70.78	12141 Wes	stheimer Rd							
		Houston, T	X 77077							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense	Ŋ		=	outside of Texas, Com			
				П		Meeting with	n, TX, officeholder living consultant	y expense		
						comig with	Jon Juna II.			
-	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ıaht		Office he	eld		
	expenditure to benefit C/OF		per-visit 90 93 specificities		J. "*		300 11	and the second s		
F	Date	Payee name)							
	06/30/2015	Payee hame Piryx, Inc	-							
\vdash	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	ode					
	\$27.00	144 2nd St		, Lip U	-46					
	Ψ21.00	T I F ZIIU O								
		San Franci	SCO CA 0/105							
L	DUDDOGE	(a) 0	isco, CA 94105		<i>n</i> -	_				
	PURPOSE OF		See Categories listed at the top of this	schedule)	(a)	Description Check if travel	outside of Texas. Com	inlete Schedule T		
	EXPENDITURE	Fees				ш:	n, TX, officeholder living	17		
							ibution processi			
							100	9967		
	Complete ONLY if direct		ficeholder name	Office sou	ught		Office h	eld		
1	expenditure to benefit C/Oł	Н								
Γ										
_		Name and the second sec								

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						uipment & Related Expense rict ategory not listed above)	
				The Instruction Gui	de explains h	now to co	mple	te this form.		WI WI	45 AAA
1	Total pages Schedule F1:	2							3	Filer ID	
	Sch: 16/30 Rpt: 39/54		Davis, Jerry	/						1100	
4	Date	5	Payee name								
	06/29/2015		Piryx, Inc					<u> </u>			
6	18 .5.	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$27.00		144 2nd St.	1st Floor							
			San Francis	sco, CA 94105							
8	PURPOSE OF	(a)	53	ee Categories listed at the	top of this sche	edule)	(b)	Description		. 00000	
	EXPENDITURE		Fees							de of Texas. Comp officeholder living	
								Online contril			

9	Complete ONLY if direct		Candidate/Offi	iceholder name	C	office sou	ght			Office hel	ld
	expenditure to benefit C/OF	Н									
	Date		Payee name								
	06/17/2015		Piryx, Inc								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				
	\$22.50		144 2nd St.	. 1st Floor							
			San Francis	sco, CA 94105							
	PURPOSE	(a)	Category (s	see Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees							de of Texas. Comp	
								Online contri		officeholder living on processir	
										,	
\vdash	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name)							
	06/04/2015		Piryx, Inc								
Г	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode				
	\$157.50		144 2nd St	. 1st Floor							
1											
			San Franci	sco, CA 94105							
Г	PURPOSE	(a	Category (S	See Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees					_		de of Texas. Comp	
								Online contri		officeholder living	
								5110 00HUI	ut	processii	
\vdash	Complete ONLY if direct		Candidate/Off	ficeholder name	(Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O	Η					5				
r											
ᆫ	.,								_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Salaries/Wages/Contract Labor					Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
L				The Instruction Guide expla	ins how to c	omple	ete this form.		20 20 20 20 20	3300		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID			
	Sch: 17/30 Rpt: 40/54		Davis, Jerry	/								
4	Date	5	Payee name									
	06/01/2015		Piryx, Inc									
6	Amount (\$)	7	Payee addre	ss; City; St	ate; Zip C	ode						
	\$11.48		144 2nd St.	1st Floor								
			San Francis	sco, CA 94105								
8	PURPOSE	(a)	Category (s	ee Categories listed at the top of this	s schedule)	(b)	Description					
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	Sch: 18/30 Rpt: 41/54		Davis, Jerry	/								
4	Date	5	Payee name									
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6	Amount (\$)	7	Payee addre	00 NE-000	State;	Zip Co	de					
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			San Franci	sco, CA 94105								
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 19/30 Rpt: 42/54 Davis, Jerry 4 Date Payee name 02/24/2015 Piryx, Inc 6 Amount (\$) Payee address; City; State; Zip Code \$22.50 144 2nd St. 1st Floor San Francisco, CA 94105 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online contribution processing fee. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2015 Piryx, Inc Amount (\$) Payee address; City; State; Zip Code \$2.25 144 2nd St. 1st Floor San Francisco, CA 94105 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online contribution processing fee. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/11/2015 Piryx, Inc Amount (\$) Payee address; State; Zip Code \$270.00 144 2nd St. 1st Floor San Francisco, CA 94105 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online contribution processing fee. Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

1 Total pages Schedule F1: Sch: 20/30 Rpt: 43/54 4 Date 04/06/2015 5 Payee name Rhonda Skillern-Jones Campaign 7 Payee address; City; State; Zip Code PO Box 21572 Houston, TX 77226 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship of Delta Sigma Theta event.	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 21/30 Rpt: 44/54 Davis, Jerry 4 Date Payee name 02/23/2015 Sun Taxi 6 Amount (\$) Payee address; State; Zip Code \$8.25 4626 W Cornelia Ave Chicago, IL 60641 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Expense Check if Austin, TX, officeholder living expense Cab ride in Chicago. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/23/2015 Sun Taxi Amount (\$) Payee address; City: State; Zip Code 4626 W Cornelia Ave \$9.05 Chicago, IL 60641 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Cab ride in Chicago. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/23/2015 Sun Taxi Amount (\$) Payee address; State; Zip Code \$6.65 4626 W Cornelia Ave Chicago, IL 60641 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Taxi ride in Chicago. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

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8	PURPOSE	(a)	Category (s	See Categories listed at the top	of this sched	dule)	(b)	Description			
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	\$70.00		1510 Polk	St							
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

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		l	Haveten T	V 77000							
┕		L	Houston, T	X 77028							
	PURPOSE OF	(a		See Categories listed at the t	top of this sche	edule)	(b)	Description			
l	EXPENDITURE		Food/Beve	rage Expense						ide of Texas. Complete Schedule T.	
								Food for volu		, officeholder living expense	
1								. 254 101 1010			
\vdash	Complete ONLY if direct	_	Candidate/Off	ficeholder name		Office sou	laht			Office held	
	expenditure to benefit C/O		Caranatto/OII		C	71110G 30L	grit			Office field	
\vdash											
L											

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E Printing 8	xpense Expens		Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)				
				The Instruction Guide expla	ains how to c	omple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID			
	Sch: 24/30 Rpt: 47/54		Davis, Jerry	/								
4	Date	5	Payee name									
	02/06/2015		United Airlin	nes								
6	Amount (\$)	7	Payee addre	ss; City; S	tate; Zip C	ode						
	\$52.00		233 S. Wad	cker Drive								
			Chicago, IL	. 60606								
8	PURPOSE	(a)	Category (s	ee Categories listed at the top of th	is schedule)	(b)	Description					
	OF EXPENDITURE		Travel Out						de of Texas. Complete Schedule T.			
							Airline fee.	1, TX,	officeholder living expense			
							Allille lee.					
9	Complete ONLY if direct		Candidate/Off	iceholder name	Office so	ught			Office held			
Ĺ	expenditure to benefit C/O		Sandidate/On	icenoider name	Office 50	ugiit			Office field			
	Date		Payee name									
	02/06/2015		United Airlin	nes								
	Amount (\$)		Payee addre	ess; City; S	tate; Zip C	ode						
	\$399.70		233 S. Wad	cker Drive								
			Chicago, IL	. 60606								
	PURPOSE OF	(a)		ee Categories listed at the top of th	is schedule)	(b)	Description					
	EXPENDITURE		Travel Out	of District					de of Texas. Complete Schedule T. officeholder living expense			
							Airline ticket.		oniceroder living expense			
Г	Complete ONLY if direct		Candidate/Off	iceholder name	Office so	ught			Office held			
	expenditure to benefit C/OI	Н										
F	Date		Payee name									
l	05/20/2015		United Airlin	nes								
Г	Amount (\$)		Payee addre	ess; City; S	tate; Zip C	ode						
	\$463.20		233 S. Wad	cker Drive								
			Chicago, IL	. 60606								
H	PURPOSE	(a	Category (s	see Categories listed at the top of th	is schadula)	(b)	Description					
	OF EXPENDITURE		Travel Out		is scriedale)	1, ,		l outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE								officeholder living expense			
							ravel to Wa	asnır	ngton DC for Legislative roundtable			
\vdash	Complete ONLY if direct	L	Candidata/Off	icahaldar nama	Office	110,00			Office held			
	Complete ONLY if direct expenditure to benefit C/O		∍aπuluate/O∏	iceholder name	Office so	ugnt			Office held			
\vdash												
l												
L												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 25/30 Rpt: 48/54 Davis, Jerry 4 Date Payee name 05/20/2015 United Airlines 6 Amount (\$) Payee address; City; State; Zip Code \$463.20 233 S. Wacker Drive Chicago, IL 60606 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel from Washington DC for Legislative Roundtable. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 05/20/2015 United Airlines Amount (\$) Payee address; City; State; Zip Code \$38.15 233 S. Wacker Drive Chicago, IL 60606 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Booking fee. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2015 United Airlines Amount (\$) Payee address; State; Zip Code \$463.20 233 S. Wacker Drive Chicago, IL 60606 **PURPOSE**

Forms provided by Texas Ethics Commission

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Fees

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Travel expense for Legislative Roundtable.

Office held

Check if Austin, TX, officeholder living expense

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

Candidate/Officeholder name

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Gift/Awards/Memorials Legal Services	Expense		Expens /Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	/e)
		_		The Instruction Gu	uide explains l	now to c	omple	te this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 26/30 Rpt: 49/54		Davis, Jerry								
4	Date	5	Payee name								
	02/23/2015		W Hotel								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	Code				
	\$90.00		172 West A	dams Street							
			Chicago, IL	60603							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	he ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense	ne top of this sont	suuic)			outsic	de of Texas. Complete Schedule T.	
	EXPENDITORE			Control Control				Check if Austin	, TX,	officeholder living expense	
								Brunch at the	ho	tel before meeting.	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	office so	ught			Office held	
L	expenditure to benefit C/OI	1									
	Date		Payee name								
	02/23/2015		W Hotel								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$530.79		172 West A	dams Street							
			Chicago, IL	60603							
	PURPOSE	(a)	Category (Se	e Categories listed at th	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out of		•	•	5.64/1/46.1	Check if travel	outsio	de of Texas. Complete Schedule T.	
	EXI ENDITORE									officeholder living expense	
								Hotel in Chic	ago	for convention.	
L		L									
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office so	ught			Office held	
L											
	Date		Payee name								
L	02/20/2015		Walgreens								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	Code				
	\$24.97		201 W Mad	son St							
		1									
			Chicago, IL	60606							
	PURPOSE	(a)	Category (Se	e Categories listed at th	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			age Expense		. r 1997 - 199 4 (1		Check if travel		de of Texas. Complete Schedule T.	
	EXPENDITORE									officeholder living expense	
								Snacks for co	onve	ention.	
L	0 1. 0										
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office so	ought			Office held	
<u> </u>	- John Colon										
										•	
		-									

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Committee	The Instruction Guide explains how to complete t				Travel Out of District oTHER (enter a category not listed above) lete this form.		
1	Total pages Schedule F1: Sch: 27/30 Rpt: 50/54	2 FILER NAM Davis, Jer					3	Filer ID	
4	Date	5 Payee nam	e						
L	03/02/2015	Walmart							
6	Amount (\$) \$80.10	7 Payee addr 111 Yale S	7-100 (100 m)	State; Zi	p Code				
		Houston, ⁻	TX 77007						
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule	(b)	Description			
	OF EXPENDITURE	Office Ove	rhead/Rental Expens	se			ı, TX,	de of Texas, Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Offic	e sought			Office held	
	Date 04/24/2015	Payee nam Walmart	е						
	Amount (\$) \$5.27	Payee addr 111 Yale S	CONTRACTOR STOCKERS	State; Zi	p Code				
		Houston,							
	PURPOSE OF EXPENDITURE		See Categories listed at the top Prage Expense	of this schedule) (b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office	e sought			Office held	
Г	Date	Payee nam	e						
	04/21/2015	Walmart							
	Amount (\$) \$164.99	Payee addr 111 Yale S	I CONTROL NO CONTROL N	State; Zi	p Code				
		Houston,	TX 77007				7.17		
	PURPOSE OF EXPENDITURE		See Categories listed at the top erage Expense	of this schedule	_{:)} (b)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense ers.	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	e sought			Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Prinommittee Legal Services Sal The Instruction Guide explains how		plete this form. Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1: Sch: 28/30 Rpt: 51/54	FILER NAME Davis, Jerry		3	Filer ID	
4	Date 05/16/2015	Payee name Walmart				
6	Amount (\$) \$159.94	Payee address; City; State; Zi 111 Yale St Houston, TX 77007	p Code			
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Gift/Awards/Memorials Expense	(b)	Check if Austin, T	side of Texas. Complete Schedule T. K, officeholder living expense ed to community event.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office	e sought		Office held	
	Date 01/14/2015	Payee name Walmart				
	Amount (\$) \$700.00	Payee address; City; State; Zi 111 Yale St Houston, TX 77007	p Code			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food/Beverage Expense) (b)	Check if Austin, T	side of Texas. Complete Schedule T. K, officeholder living expense Inteers for Acres Homes community	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office	e sought		Office held	
	Date 03/30/2015	Payee name Walmart				
	Amount (\$) \$300.00	Payee address; City; State; Zi 111 Yale St	p Code			
		Houston, TX 77007				
	PURPOSE OF EXPENDITURE	Category (see Categories listed at the top of this schedule Event Expense) (b)		side of Texas. Complete Schedule T. X, officeholder living expense mmunity event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	e sought		Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Committee				se s/Contract Labor	Ti	ravel in District ravel Out of District ITHER (enter a category not listed above)		
30.00			The Instruction Guide ex	plains how to co	omple	ete this form.				
1		2 FILER NAMI					3 F	iler ID		
L	Sch: 29/30 Rpt: 52/54	Davis, Jerr	у							
4	Date	5 Payee name								
	02/04/2015	Walmart								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$160.00	111 Yale S	t							
		Houston, T	X 77007							
8	PURPOSE		See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe		sorieude)	'		outside	of Texas. Complete Schedule T.		
	EAFENDITURE							ficeholder living expense		
						Supplies for c	omn	nunity event		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office so	ught		_	Office held		
	Date	Payee name								
L	01/20/2015	Web Marke	eting Associates							
	Amount (\$)	Payee address; City; State; Zip Code								
\$250.00 152 W 72nd St #A										
New York City, NY 10023										
Г	PURPOSE	(a) Category (s	f this schedule)	(b)	Description					
	OF EXPENDITURE	Advertising				Check if travel of		of Texas. Complete Schedule T.		
					Property of the second		fficeholder living expense			
						Website upda	ale.			
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	labt			Office held		
	expenditure to benefit C/OF		Onice S0	ugill			Office field			
\vdash	Data	_								
	Date 05/17/2015	Payee name								
L	05/17/2015		High School							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,000.00	4801 Provi	dence St							
L		Houston, T	X 77020							
	PURPOSE		See Categories listed at the top o	f this schedule)	(b)	Description				
1	OF EXPENDITURE	Event Expe	ense			<u></u>		e of Texas. Complete Schedule T.		
	***************************************							fficeholder living expense /ashington DC trip for student	-	
1						oponsorsiip	J1 VV	asimigron DC trip for Student	.s.	
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	Liapt			Office held		
	expenditure to benefit C/O			Onice 30	agrit			Office field		
\vdash				5						
L										

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Comn	nittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Expense		xpense Wages/	e Contract Labor		Travel in District Travel Out of District OTHER (enter a category not liste	d above)
_				The Instruction Gu	ae explains h	now to co	omple	te this form.			
1	Total pages Schedule F1:								3	Filer ID	
	Sch: 30/30 Rpt: 53/54		avis, Jerry	3							
4	Date	5 F	ayee name								
	05/15/2015	tl	ne breakfas	st klub							
6	Amount (\$)	7 P	ayee addres	ss; City;	State:	Zip Co	ode				
	\$125.62		711 Travis	53 D 2005	Otato,	Z.p 00	Juc				
	4220.02		TII TIQVIS	Circci							
			•								
		-	louston, TX	77002							
8	PURPOSE	(a) (ategory (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	F	ood/Bever	age Expense						de of Texas. Complete Schedule T	tá .
										officeholder living expense	
								Breakfast for	VOI	unteers.	
9	Complete ONLY if direct expenditure to benefit C/O	Ca H	ndidate/Offic	ceholder name	0	office sou	ught			Office held	
_											

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	ruction C	Guide explains	1	1 Total pages Schedule T: Sch: 1/1 Rpt: 54/54						
2 FILER NAME			3	3 Filer ID						
Davis, Jerry										
United Airlines	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines									
5 Contribution / Expe	enditure rep	oorted on:								
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1									
Schedule F2		Schedule G	Schedule H	Schedule COH-U	С	Schedule B - SS				
6 Dates of Travel	Dates of Travel 7 Name of person(s) traveling Davis, Jerry									
	8 Depart	ure city or name of	departure location							
02/18/2015	Houst	on, TX								
	Destination city or name of destination location									
02/18/2015 Chicago, IL										
10 Means of transport			vel (including name of co							
Commercial Airp	lane	Meeting abou	ut City bonds as part o	of responsibilities as	s Vio	ce Chair of Budget & Fiscal Affairs.				
Name of Contribut United Airlines	or / Corpora	ation or Labor Orga	nization / Pledgor /Paye	е						
Contribution / Expe	enditure rep	oorted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2		Schedule D X Schedule F1				
Schedule F2 Schedule G Schedule H Schedule COH-UC Schedule B - SS										
Dates of Travel	Dates of Travel Name of person(s) traveling									
	Davis, Jerry (The Honorable)									
	Departure city or name of departure location 06/10/2015 Houston, TX									
06/10/2015										
	Destination city or name of destination location									
06/10/2015	06/10/2015 Washington, DC									
Means of transportation Purpose of travel (including name of conference, seminar, or other event)										
Commercial Airplane Travel to Washington DC for Legislative Roundtable.										
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
	United Airlines Contribution / Expenditure reported on:									
Schedule A2		Schedule B	Cohodulo D(3)	Cebedul- 00		Cohedula D				
Schedule F2	므	Schedule G	Schedule B(J)	Schedule C2		Schedule D X Schedule F1				
			Schedule H	Schedule COH-U	C	Schedule B - SS				
Dates of Travel Name of person(s) traveling										
Davis, Jerry (The Honorable)										
06/13/3015	Departure city or name of departure location Washington, DC									
06/13/2015 Washington, DC										
06/13/3015	Destination city or name of destination location 06/13/2015 Houston, TX									
		1000	tal (in altradia surrent							
Means of transpor	tation	83	vel (including name of co Vashington DC for Le			er event)				
		I Haverholl (vasinington DC for Le	gisiative Roundtable	e.					