

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**

1. ACCOUNT #		2. Total pages filed: <p style="text-align: center;">30</p>				
3. CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR <b>Ms</b>	FIRST <b>Carolyn</b>	MI <b>R</b>			
	NICKNAME	LAST <b>Davis</b>	SUFFIX			
4. ORIGINAL REPORT TYPE	January 15: Semi-Annual 2009			<b>OFFICE USE ONLY</b>		
				Date Received		
5. ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7/1/2008	THROUGH		12/31/2008		
	Date Processed			Date Imaged		
	Receipt #		Amount			
Legal			Totals			

6. EXPLANATION OF CORRECTION

correction

7. AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\*\*\* Electronically Certified \*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by Ms Carolyn R Davis, this the 16th day of January, 2009, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH Cover Sheet pg 1

The C/OH Instruction Guide explains how to complete this form.		1. ACCOUNT # (Ethics Commission filers)		2. Total Pages Filed: 29	
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Carolyn	MI R	<b>OFFICE USE ONLY</b> Date Received	
	NICKNAME	LAST Davis	SUFFIX		
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS C Change of Address	Address/ PO BOX; APT / SUITE # ; 4600 2nd Avenue	CITY; Dallas TX	STATE; TX	ZIP CODE 75210	Date Hand-delivered or Date Postmarked
5. CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 845 2379	EXTENSION		Receipt #
					Amount
6. CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Burleigh	MI C	Date Processed	
	NICKNAME	LAST Foreman	SUFFIX Jr	Date Imaged	
7. CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 4600 2nd Avenue	APT / SUITE # ;	CITY; Dallas TX	STATE; TX	ZIP CODE 75210
8. CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 428 4387	EXTENSION		
9. REPORT TYPE	January 15				
10. PERIOD COVERED	7/1/2008 THROUGH 12/31/2008				
11. ELECTION	ELECTION DATE		ELECTION TYPE		
			NA		
12. OFFICE	OFFICE HELD (if any) City Council District 7		13. OFFICE SOUGHT (if known) Not Applicable		
14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS C additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	NAME				
	ADDRESS / PO BOX; APT / SUITE # ; CITY; STATE; ZIP CODE				
<b>GO TO PAGE 2</b>					

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME Ms Carolyn R Davis	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate/officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.**	
	COMMITTEE TYPE	COMMITTEE NAME
	c GENERAL	COMMITTEE ADDRESS
	c SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23690.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 18900.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1220.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms Carolyn R Davis, this the 16th day of January, 20 09, to certify which, witness my hand and seal of office.

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/28/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Mr Neil Goldberg  6 Contributor address; City; State; Zip Code 4305 South Lamar Dallas, TX 75215	7 Amount of Contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Callahan Properties  Contributor address; City; State; Zip Code 8344 E.R.L Thornton Suite 308 Dallas, TX 75228	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/28/2008	Full name of contributor c out-of-state PAC (ID#: _____) Mr Joe Nathan Wright & Associates PC  Contributor address; City; State; Zip Code 12225 Greenville Suite 700 Dallas, TX 75243-9338	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Ms Tiffani Evans  Contributor address; City; State; Zip Code 308 S. Akard Suite 1100 Dallas, TX 75202	Amount of Contribution (\$)  50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/15/2008	Full name of contributor c out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas-PAC  Contributor address; City; State; Zip Code 4230 LBJ Frwy Suite 140 Dallas, TX 75244	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 2 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Neal Hildebrandt  6 Contributor address; City; State; Zip Code 5485 Belt Line Rd Suite 300 Dallas, TX 75254	7 Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Hiawatha Williams  Contributor address; City; State; Zip Code 1141 Waterview Desoto, TX 75115	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Debra Peek-Haynes  Contributor address; City; State; Zip Code 6846 Talbot Dallas, TX 75232	Amount of Contribution (\$)  50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) G.D. King  Contributor address; City; State; Zip Code 9423 Sophora Dallas, TX 75249	Amount of Contribution (\$)  25.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Calvin Stephens  Contributor address; City; State; Zip Code 9429 Rocky Branch Dr Dallas, TX 75243	Amount of Contribution (\$)  150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 3 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Sanmi Akinmwero	7 Amount of Contribution (\$)  100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 402 Corinth Street Suite 249 Dallas, TX 75207		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Theresa Flores	Amount of Contribution (\$)  50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1515 McMoy Dallas, TX 75204		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Lorenzo S Littles	Amount of Contribution (\$)  50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 North Central Expy Suite 1299 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Kedric Couch	Amount of Contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 638 Mayrant Dallas, TX 75224		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Kedric Couch	Amount of Contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 638 Mayrant Dallas, TX 75224		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 4 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Ambassador Aviation  6 Contributor address; City; State; Zip Code 5419 Saturn Drive Suite LB 12 Dallas, TX 75238	7 Amount of Contribution (\$)  50.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) William Kramer  Contributor address; City; State; Zip Code 2626 Howell Suite 10th Dallas, TX 75204	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Alva Baker  Contributor address; City; State; Zip Code 2401 South Blvd Dallas, TX 75215	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Joel T Allison  Contributor address; City; State; Zip Code 9210 Westwind Court Dallas, TX 75231	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Reginald Gates  Contributor address; City; State; Zip Code 2209 Briardale Dallas, TX 76119	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 5 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON LLP  6 Contributor address; City; State; Zip Code 2323 Bryan Suite 1600 Dallas, TX 75201-2644	7 Amount of Contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Willis Johnson  Contributor address; City; State; Zip Code 2345 N Houston Suite 313 Dallas, TX 75201	Amount of Contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) John Lee Proctor  Contributor address; City; State; Zip Code P.O. Box 765129 Dallas, TX 75376-5129	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Robert J Pitre  Contributor address; City; State; Zip Code 2642 Harwood Dallas, TX 75215	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Gilbert Aranza  Contributor address; City; State; Zip Code P.O. Box 35265 DALLAS, TX 75235	Amount of Contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 6 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Frances Aranza  6 Contributor address; City; State; Zip Code 1610 Hyland Green Dr Grapevine, TX 76051	7 Amount of Contribution (\$)  200.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Jesus O Montfort  Contributor address; City; State; Zip Code 1610 hyland Greens Dr Grapevine, TX 76051	Amount of Contribution (\$)  200.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/28/2008	Full name of contributor c out-of-state PAC (ID#: _____) Effie E Booker  Contributor address; City; State; Zip Code 4055 Throckmorton Dallas, TX 75219	Amount of Contribution (\$)  150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Martin W Burrell  Contributor address; City; State; Zip Code P.O. Box 764516 Dallas, TX 75376	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Charissa N Terranova  Contributor address; City; State; Zip Code 4115 Bowser Ave Suite 3 Dallas, TX 75219	Amount of Contribution (\$)  25.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 7 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID# : _____) West & Associates  6 Contributor address; City; State; Zip Code 320 South RL Thornton Suite 300 Dallas, TX 75203	7 Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID# : _____) Dallas Fire Fighters  Contributor address; City; State; Zip Code P.O. Box 225437 Dallas, TX 75222-5437	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID# : _____) W Ralph Canada Jr  Contributor address; City; State; Zip Code 2435 Brookforest Dr Roanoke, TX 76262-6808	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/02/2008	Full name of contributor c out-of-state PAC (ID# : _____) Mary Cook  Contributor address; City; State; Zip Code 10840 Strait Ln Dallas, TX 75229	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID# : _____) Helen Gidding  Contributor address; City; State; Zip Code 400 S Zang Suite 816 Dallas, TX 75208	Amount of Contribution (\$)  200.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 8 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Robert L Trimble  6 Contributor address; City; State; Zip Code 8333 Douglas Suite 1350 Dallas, TX 75225	7 Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) David H Gibson  Contributor address; City; State; Zip Code P.O. Box 710355 Dallas, TX 75371	Amount of Contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Errol w McKoy  Contributor address; City; State; Zip Code 11844 Preston Brook Pl Dallas, TX 75230-2353	Amount of Contribution (\$)  150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Clifton E Miller  Contributor address; City; State; Zip Code 4615 Cowan Dr Dallas, TX 75209	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Diane E Gollhofer  Contributor address; City; State; Zip Code 1445 Waterside Drive Dallas, TX 75218-4497	Amount of Contribution (\$)  150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 9 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Sherman Roberts  6 Contributor address; City; State; Zip Code 5826 Fox Hill Lane Dallas, TX 75232	7 Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Clemon Maddox  Contributor address; City; State; Zip Code 127 Browning Lane Dallas, TX 75052	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Linda Jordan  Contributor address; City; State; Zip Code 7515 Woodshadow Dallas, TX 75249	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Debbie Dennis  Contributor address; City; State; Zip Code 1601 Bryan Street Dallas, TX 75201	Amount of Contribution (\$)  25.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/28/2008	Full name of contributor c out-of-state PAC (ID#: _____) Antonio L Everette  Contributor address; City; State; Zip Code 1024 Opal Drive Dallas, TX 75115	Amount of Contribution (\$)  50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 10 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/28/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Si Se Puede PAC  6 Contributor address; City; State; Zip Code 1409 Lamar Street Suite 342 Dallas, TX 75215	7 Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) R David Kelly  Contributor address; City; State; Zip Code 5485 Belt Line Suite 300 Dallas, TX 75254	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/20/2008	Full name of contributor c out-of-state PAC (ID#: _____) John W Price  Contributor address; City; State; Zip Code 411 Elm Street Suite 213 Dallas, TX 75202	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) T.A. Sneed  Contributor address; City; State; Zip Code 1820 South Dallas, TX 75215	Amount of Contribution (\$)  150.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Ken Carter  Contributor address; City; State; Zip Code 4908 Haverwood Suite 2106 Dallas, TX 75235	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 11 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Printice L Gary	7 Amount of Contribution (\$)  250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 16304 Ranchita Dr Dallas, TX 75248		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Diane Ragsdale	Amount of Contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3611 Dunbar Dallas, TX 75215		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Jim Reid	Amount of Contribution (\$)  50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1529 Seegar Street Dallas, TX 75215		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Loretta R Moore	Amount of Contribution (\$)  200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7025 Aspen Creek Dallas, TX 75252		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Johnnie King	Amount of Contribution (\$)  150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1243 W Peasant Run DeSoto, TX 75115		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 12 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Loretta R Moore  6 Contributor address; City; State; Zip Code 7025 Aspen Creek Dallas, TX 75252	7 Amount of Contribution (\$)  200.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Kathy Nealy  Contributor address; City; State; Zip Code 2323 N Houston Dallas, TX 75219	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Kason Branch  Contributor address; City; State; Zip Code 726 Creekstone Dr Cedar Hill, TX 75104	Amount of Contribution (\$)  50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Vonciel Jones Hill  Contributor address; City; State; Zip Code P.O. Box 764859 Dallas, TX 75376	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Helen Giddings  Contributor address; City; State; Zip Code 400 S. Zang Suite 816 Dallas, TX 75208	Amount of Contribution (\$)  300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 13 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Bernice J washington  6 Contributor address; City; State; Zip Code 4359 Highlander Dr Dallas, TX 75287	7 Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Peter Schenkel  Contributor address; City; State; Zip Code 4231 Belcaire Ave Dallas, TX 75205	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Jerald Larry  Contributor address; City; State; Zip Code 2329 Dugald Dallas, TX 75216	Amount of Contribution (\$)  50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Gerald G Carlton  Contributor address; City; State; Zip Code 24 Lakeside Dallas, TX 75225	Amount of Contribution (\$)  200.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/02/2008	Full name of contributor c out-of-state PAC (ID#: _____) Huelon A Harrison  Contributor address; City; State; Zip Code 3310 Grayson Dallas, TX 75224	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 14 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Jesse Banda	7 Amount of Contribution (\$)  20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6127 Gaston Dallas, TX 75214		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Margo Posey	Amount of Contribution (\$)  50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4038 Cottage Park Dallas, TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Katrina Keyes	Amount of Contribution (\$)  250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3003 State Street Dallas, TX 75204		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Chris Aslam	Amount of Contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 496539 Dallas, TX 75049		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/09/2008	Full name of contributor c out-of-state PAC (ID#: _____) Huelon A Harrison	Amount of Contribution (\$)  200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3310 Grayson Dallas, TX 75224		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 15 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  07/29/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Edwin Jones  6 Contributor address; City; State; Zip Code 9401 LBJ Freeway Suite 300 Dallas, TX 75243	7 Amount of Contribution (\$)  700.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/01/2008	Full name of contributor c out-of-state PAC (ID#: _____) Pamela Gates  Contributor address; City; State; Zip Code 2209 Briardale Dallas, TX 76119	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/18/2008	Full name of contributor c out-of-state PAC (ID#: _____) Burleigh Foreman Jr  Contributor address; City; State; Zip Code 4600 Second Dallas, TX 75210	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/23/2008	Full name of contributor c out-of-state PAC (ID#: _____) Eddie W Reeves  Contributor address; City; State; Zip Code 9438 Spring Hollow Dallas, TX 75243	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/31/2008	Full name of contributor c out-of-state PAC (ID#: _____) Brandon Hartstein  Contributor address; City; State; Zip Code 5101 Coral Cove Dallas, TX 75093	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule A: 16 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  10/20/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Bobby Boliew  6 Contributor address; City; State; Zip Code 2219 Matildn Dallas, TX 75206	7 Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/17/2008	Full name of contributor c out-of-state PAC (ID#: _____) Mary E Shannon  Contributor address; City; State; Zip Code 1600 Bent Creek Dallas, TX 76092	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/07/2008	Full name of contributor c out-of-state PAC (ID#: _____) Albert Black  Contributor address; City; State; Zip Code 751 Kessler Lake Dr Dallas, TX 75208	Amount of Contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/21/2008	Full name of contributor c out-of-state PAC (ID#: _____) Lennox Carter  Contributor address; City; State; Zip Code 1000 A Street Dallas, TX 75222	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/14/2008	Full name of contributor c out-of-state PAC (ID#: _____) Lniford H Kates  Contributor address; City; State; Zip Code 7203 Bluefield Dallas, TX 75248	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 17 of 17	
2 FILER NAME  Ms Carolyn R Davis		3 ACCOUNT # (Ethics Commission filers)	
4 Date  10/15/2008	5 Full name of contributor c out-of-state PAC (ID#: _____) Robert S Chudnow  6 Contributor address; City; State; Zip Code 5224 Windjammer Rd Dallas, TX 75093	7 Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) DeMetris Sampson  Contributor address; City; State; Zip Code P.O. Box 2252 Dallas, TX 75221	Amount of Contribution (\$)  425.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) In-Kind campaign contribution to your July 29th fundraiser
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/03/2008	Full name of contributor c out-of-state PAC (ID#: _____) Friend of Carolyn R Davis  Contributor address; City; State; Zip Code 2611 Burger Street Dallas, TX 75215	Amount of Contribution (\$)  300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/05/2008	Full name of contributor c out-of-state PAC (ID#: _____) Friends of the Dallas Public Library  Contributor address; City; State; Zip Code 1515 Young Street Dallas, TX 75201	Amount of Contribution (\$)  720.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/29/2008	Full name of contributor c out-of-state PAC (ID#: _____) Dwayne Carraway  Contributor address; City; State; Zip Code 1934 Argyle Drive Dallas, TX 75203	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
1 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/29/2008

5 Payee name

Saint Martins Place

7 Amount  
(\$)

1000.00

6 Payee address; City; State; Zip Code

2603 Martin Luther King Blvd Dallas, TX 75215

8 Purpose of payment (See instructions regarding type of information required.)

Councilmember Carolyn R Davis Fundraising

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

08/20/2008

Payee name

Focus Communications

Amount  
(\$)

1000.00

Payee address; City; State; Zip Code

1401 Main Street Dallas, TX 75202

Purpose of payment (See instructions regarding type of information required.)

City Council Election 07-08

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

08/25/2008

Payee name

AT&amp;T Mobility

Amount  
(\$)

50.00

Payee address; City; State; Zip Code

P.O. Box 650553 Dallas, TX 75265

Purpose of payment (See instructions regarding type of information required.)

payment

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/16/2008

Payee name

AT&amp;T Mobility

Amount  
(\$)

211.00

Payee address; City; State; Zip Code

P.O. Box 650553 Dallas, TX 75265

Purpose of payment (See instructions regarding type of information required.)

payment

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
2 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/21/2008

5 Payee name

AT&amp;T Mobility

7 Amount  
(\$)

250.00

6 Payee address; City; State; Zip Code

Dallas, TX 75265

P.O. Box 650553

8 Purpose of payment (See instructions regarding type of  
information required.)  
payment**(If travel outside of Texas, complete Schedule T)**9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

12/23/2008

Payee name

AT&amp;T Mobility

Amount  
(\$)

302.00

Payee address; City; State; Zip Code

Dallas, TX 75265

P.O. Box 650553

Purpose of payment (See instructions regarding type of  
information required.)  
Nov/Dec payment**(If travel outside of Texas, complete Schedule T)**\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

08/27/2008

Payee name

Resouce One

Amount  
(\$)

1200.00

Payee address; City; State; Zip Code

Dallas, TX 75266

P.O. Box 66077

Purpose of payment (See instructions regarding type of  
information required.)  
Campaign 09**(If travel outside of Texas, complete Schedule T)**\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

08/30/2008

Payee name

South Dallas Cafe

Amount  
(\$)

720.00

Payee address; City; State; Zip Code

Dallas, TX 75215

3000 Grand Ave

Purpose of payment (See instructions regarding type of  
information required.)  
Porkchops/Politics lunches Check # 6178 From of the Dallas  
Public Library for payment of meals**(If travel outside of Texas, complete Schedule T)**\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
3 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/08/2008

5 Payee name

Focus Commuication

7 Amount  
(\$)

800.00

6 Payee address; City; State; Zip Code

1401 Elm Street Suite 1900

Dallas, TX 75202

8 Purpose of payment (See instructions regarding type of information required.)

City Council Election 07-08

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/12/2008

Payee name

BC Foreman

Amount  
(\$)

1000.00

Payee address; City; State; Zip Code

4600 2nd Ave

Dallas, TX 75215

Purpose of payment (See instructions regarding type of information required.)

payment for Campaign manager 07-08

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/12/2008

Payee name

Jan Bridge

Amount  
(\$)

149.00

Payee address; City; State; Zip Code

P.O. Box 180932

Dallas, TX 75218

Purpose of payment (See instructions regarding type of information required.)

Campaign 07-08

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/18/2008

Payee name

Focus Communication

Amount  
(\$)

1000.00

Payee address; City; State; Zip Code

1401 Elm Street Suite 1900

Dallas, TX 75202

Purpose of payment (See instructions regarding type of information required.)

City Council Election 07-08

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
4 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/2008

5 Payee name  
Resouce One6 Payee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 752667 Amount  
(\$)

300.00

8 Purpose of payment (See instructions regarding type of information required.)

Tulisomas Thank You Lunch for Volunteers

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/09/2008

Payee name  
Resouce OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75266Amount  
(\$)

300.00

Purpose of payment (See instructions regarding type of information required.)

PTA-Lincoln High School refreshments Parent/Teacher

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/02/2008

Payee name  
Marvin E CrenshawPayee address; City; State; Zip Code  
5134 Malcolm X Blvd  
Dallas, TX 75215Amount  
(\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Community Consultant

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/07/2008

Payee name  
Walker Auto BodyPayee address; City; State; Zip Code  
4150 S. 2nd Ave  
Dallas, TX 75210Amount  
(\$)

189.03

Purpose of payment (See instructions regarding type of information required.)

payment-brakes on car

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
5 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/23/2008

5 Payee name

Focus Communication

7 Amount  
(\$)

800.00

6 Payee address; City; State; Zip Code

1401 Elm Street Suite 1900

Dallas, TX 75202

8 Purpose of payment (See instructions regarding type of information required.)

Campaign 07/08

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/11/2008

Payee name

Focus Communication

Amount  
(\$)

1000.00

Payee address; City; State; Zip Code

1401 Elm Street Suite 1900

Dallas, TX 75202

Purpose of payment (See instructions regarding type of information required.)

City Council Election 07-08

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/19/2008

Payee name

Focus Communication

Amount  
(\$)

1000.00

Payee address; City; State; Zip Code

1401 Elm Street Suite 1900

Dallas, TX 75202

Purpose of payment (See instructions regarding type of information required.)

Focus Communication-Media Relation 07-08 campaign

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/14/2008

Payee name

I-Media

Amount  
(\$)

125.00

Payee address; City; State; Zip Code

1500 Marilla

Dallas, TX 75201

Purpose of payment (See instructions regarding type of information required.)

membership

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
6 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/19/2008

5 Payee name  
Office Max6 Payee address; City; State; Zip Code  
2415 North Haskell Dallas, TX 752047 Amount  
(\$)

90.26

8 Purpose of payment (See instructions regarding type of information required.)

Office supplies

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/28/2008

Payee name  
Metro PCSPayee address; City; State; Zip Code  
3000 Hatcher Street Dallas, TX 75215Amount  
(\$)

477.00

Purpose of payment (See instructions regarding type of information required.)

campaign phones for 09

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/18/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 66077 Dallas, TX 75266Amount  
(\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

Campaign 07-08 Cedric E Lyons Material Production

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10/28/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
Suite 19001  
P.O. Box 660077 Dallas, TX 75266Amount  
(\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

City Council 07-08-Cedric Lyon Media/Marketing

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
7 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/31/2008

5 Payee name  
Resource One6 Payee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 752667 Amount  
(\$)

20.00

8 Purpose of payment (See instructions regarding type of information required.)

Gas

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/16/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75266Amount  
(\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Xmas Cards/Gas/PO Box for campaign 09

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/18/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75266Amount  
(\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Thank You gifts for Staff

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/19/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75266Amount  
(\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

Cedric E Lyons payment for my 07-08 campaign

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
8 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/06/2008

5 Payee name  
Resource One6 Payee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 752667 Amount  
(\$)

600.00

8 Purpose of payment (See instructions regarding type of information required.)

focus Communication/Campaign strategy 09/Trip to CA  
Employee Retirement Fund \$100.00 for lunch and dinner  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

09/30/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75266Amount  
(\$)

700.00

Purpose of payment (See instructions regarding type of information required.)

Credic E Lyon for Material Production

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/01/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75266Amount  
(\$)

900.00

Purpose of payment (See instructions regarding type of information required.)

Focus Communication/Campaign strategy development 09

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/24/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75206Amount  
(\$)

360.00

Purpose of payment (See instructions regarding type of information required.)

Phone payment/office supplies/lunch with guest

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
9 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/29/2008

5 Payee name  
Resource One6 Payee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 752667 Amount  
(\$)

40.00

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

11/26/2008

Payee name  
Resource OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75266Amount  
(\$)

102.73

Purpose of payment (See instructions regarding type of information required.)

Xmas gifts for Councilmember/Reimburse \$250.00 back into account for MLK Award money was take out of Dr Pepper  
**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/16/2008

Payee name  
Resouce OnePayee address; City; State; Zip Code  
P.O. Box 660077  
Dallas, TX 75265Amount  
(\$)

800.00

Purpose of payment (See instructions regarding type of information required.)

Campaign 09

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

08/21/2008

Payee name  
AT & TPayee address; City; State; Zip Code  
P.O. Box 650553  
Dallas, TX 75265Amount  
(\$)

114.93

Purpose of payment (See instructions regarding type of information required.)

payment

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****The Instruction Guide explains how to complete this form**1 Total pages Schedule F:  
10 of 10

2 FILER NAME

Ms Carolyn R Davis

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/27/2008

5 Payee name

Toni Ward

7 Amount  
(\$)

100.00

6 Payee address; City; State; Zip Code

2611 Burger Dallas, TX 75215

8 Purpose of payment (See instructions regarding type of information required.)

Tulisoma 08

**(If travel outside of Texas, complete Schedule T)**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

08/29/2008

Payee name

Vicki Jackson

Amount  
(\$)

100.00

Payee address; City; State; Zip Code

2611 Burger Dallas, TX 75215

Purpose of payment (See instructions regarding type of information required.)

Tulisoma 08

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

12/08/2008

Payee name

Cedric Lyons

Amount  
(\$)

1000.00

Payee address; City; State; Zip Code

1401 Elm Suite 1900  
Dallas, TX 75202

Purpose of payment (See instructions regarding type of information required.)

campaign 09

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**(If travel outside of Texas, complete Schedule T)**

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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