CORRECTION AFFIDAVIT

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L ()	COR		ľ
		- \ ./ '	. ,,

	CANDI		OR OFFICEHOL	.DER		
1. ACCOUNT #			2. Total pag	ges filed: 60		
3. CANDIDATE/	MS / MRS / MR	FIR		MI	OFFIC	E USE ONLY
OFFICEHOLDER NAME	Ms NI CKNAME	Caro		R	· Date Received	
		Davis	3			
4. ORIGINAL REPORT						
TYPE					Date Hand-delieve	red or Date Postmarked
	January 15: Semi-Annu	al 2009			Receipt #	Amount
5. ORIGINAL	Month Day Year		Month Day	Year	Legal	Totals
PERIOD COVERED	7/1/2008	THROUGH	12/31/2008		Date Processed	
					Date Imaged	
6. EXPLANATION OF CO	ADDECTION .				<u> </u>	
7. AFFIDAVIT			I swear, or affirm, u is true and correct.	under penalty of	perjury, that this	s corrected report
			Check ONLY if applic	cable:		
			I swear, or affirm, t later than the 14th that the report as o I swear, or affirm, t originally filed was r	business day afte riginally filed is in hat any error or	er the date I lead naccurate or inco omission in the	rned omplete.
			* * * Ele	ectronically Certifi	ied * * *	
AFFIX NOTARY STAM	P / SEAL ABOVE			e of Candidate or C		
	efore me, by Ms Carolyn R	Davis		_, this the	day of January	20 09
to certify which, witness m	y hand and seal of office.			(uuy 01	
Signature of officer adminstering	g oath	Printed name of o	fficer administering oath		Title of officer admir	istering oath

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

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

Texas Ethics Commission

FORM C/OH Cover Sheet pg 1

The C/OH Instruction this form.	Guide explains how to co	omplete 1. ACCOUN (Ethics Comm	T # nission filers)	2. Total Pages Filed:	
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST Carolyn	мі R	OFFICE USE	ONLY
	NICKNAME	LAST Davis	SUFFIX	Date Received	
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS C Change of Address	Address/PO BOX; APT / SUITE #; 4600 2nd Avenue	CITY; STATE Dallas TX 7		Date Hand-delievered	or Date Postmarked
5. CANDIDATE / OFFICEHOLDER PHONE		NE NUMBER	EXTENSION	Receipt #	Amount
6. CAMPAIGN	MS / MRS / MR	FIRST	MI	Date Processed	<u> </u>
TREASURER NAME	Mr	Burleigh	С	Date Imaged	
IVAIVIL	NICKNAME	LAST Foreman	SUFFIX Jr		
7. CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEA 4600 2nd Avenue	ASE); APT / SUITE #;	CITY; Dallas TX 752	STATE; ZIP CODE 10	
(Residence or business)					
8. CAMPAIGN TREASURER PHONE		NE NUMBER 4387	EXTENSION		
9. REPORT TYPE	January 15				
10. PERIOD COVERED	7/1/200	8 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 kn Not Applicable	own)	
14. NOTICE OF DIRECT	** Direct campaign expenditures are Candidates are required to disclose t				
CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	NAME				
	ADDRESS / PO BOX; APT /	SUITE#; CITY;	STATE; ZIP CODE		
C additional pages					
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Ms Carolyn R Davi	s		16 ACCOUNT # (Ethics Commission filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of polit the candidate/officeholder. <i>The</i>	tical contributions accepted or political expenditures se expenditures may have been made without the concluders are required to report this information only if	made by political committees to support andidate's or officeholder's knowledge or they receive notice of such		
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
C additional pages	c GENERAL	COMMITTEE ADDRESS			
	c SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		BUTIONS OF \$50 OR LESS (OTHER THAN RANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LO	BUTIONS DANS, OR GUARANTEES OF LOANS)	\$ 23690.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES		\$ 0		
			\$ 18900.95		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAST DAY	\$ 1220.01		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS OF THE ING PERIOD	\$ 0		
19 AFFIDAVIT		I swear, or affirm, under penalty of perjurgistrue and correct and includes all information me under Title 15, Election code.			
		***ELECTRONICALLY CEF Signature of Candidate or O			
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said <u>Ms Carolyn R Davis</u> , this the <u>16th</u> day					
ofJanuary, 20_09, 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					

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	Guide explains how to complete this form		1 Total pages Schedule A:		
			1 of 17		
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)	
Ms Carolyn R Da	vis				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)	
07/00/000	Mr Neil Goldberg		()	description (if applicable)	
07/28/2008	6 Contributor address; City; State; Zip (1000.00	! [
	4305 South Lamar Dallas, TX 75215	oue			
			(If travel outside of Texa	s, complete Schedule T)	
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution	
Date	Callahan Properties		Contribution (\$)	description (if applicable)	
07/29/2008			250.00		
	Contributor address; City; State; Zip (8344 E.R.L Thornton Suite 308	Code			
	Dallas, TX 75228		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
	Mr Joe Nathan Wright & Associates PC		Contribution (\$)	description (if applicable)	
07/28/2008	Contributor address: City: State: Zip (100.00		
	Contributor address; City; State; Zip (12225 Greenville Suite 700	ode			
	Dallas, TX 75243	-9338	(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
			•		
Date	Full name of contributor c out-of-state PAC (ID#: Ms Tiffani Evans)	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/29/2008	The Think Evals		50.00	_	
0772372000	Contributor address; City; State; Zip C	Code		<u> </u>	
	308 S. Akard Suite 1100 Dallas, TX 75202		(16 Americal producted and Tourse	on consider to Ochodula T	
Principal occupa	ation / Job title (See Instructions)	Employer ((If travel outside of Texa See Instructions)	is, complete Schedule 1)	
Timelpai occupa	ation / Job title (See Histractions)	Lilipioyei (dee matructions)		
	Full name of contributor c out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
Date	Apartment Association of Greater Dallas-PAC		Contribution (\$)	description (if applicable)	
07/15/2008			500.00		
	Contributor address; City; State; Zip (Code			
	4230 LBJ Frwy Suite 140 Dallas, TX 75244		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COPIES	OF THIS FORM	M AS NEEDED		
If contribut	If contributor is out-of-state PAC, please see instruction quide for additional reporting requirements				

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The Instruction	Guide explains how to complete this form		1 Total pages Schedule A:		
			2 of 1	7	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)	
Ma Caralan B Da					
Ms Carolyn R Da	VIS				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:) Neal Hildebrandt		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)	
07/29/2008	Near Findebrandt		100.00	(аррисано)	
07/29/2008	6 Contributor address; City; State; Zip C		100.00		
	5485 Belt Line Rd Suite 300				
	Dallas, TX 75254		(If travel outside of Texa	s, complete Schedule T)	
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See Instructions)		
			•		
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)	
	Hiawatha Williams		(. ,	accomption (in applicable)	
07/29/2008	Contributor address. City. State. 7in C	`	. 100.00		
	Contributor address; City; State; Zip C 1141 Waterview Desoto, TX 75115	ode			
			(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/20/2000	Debra Peek-Haynes		, ,		
07/29/2008	Contributor address; City; State; Zip C	code	50.00		
	6846 Talbot Dallas, TX 75232				
B			(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution	
Date	G.D. King		Contribution (\$)	description (if applicable)	
07/29/2008	Contributor address; City; State; Zip C		25.00		
	9423 Sophora Dallas, TX 75249	oue			
			(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#: Calvin Stephens		Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/29/2008	Carvin Stephens		150.00	(· · · · · · · · · · · · · · · · · · ·	
07/29/2008	Contributor address; City; State; Zip C	ode	130.00		
	9429 Rocky Branch Dr Dallas, TX 75243		(If travel outside of Texa	s complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	o, complete concessor,	
Timolpai occupa	account of the coordinate of t	Linployer (
	ATTACH ADDITIONAL COPIES (OF THIS FORM	M AS NEEDED		
If contribut	tor is out-of-state PAC, please see instru			rting requirements.	

The Instruction Guide explains how to complete this form			1 Total pages Schedule A: 3 of 17	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Dav	vis			
4 Date 07/29/2008	Sanmi Akinmwero		7 Amount of Contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip C 402 Corinth Street Suite 249 Dallas, TX 75207	Code	(If travel outside of Texa:	is, complete Schedule T)
9 Principal occupa	ation / 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 C 1515 McMoy Dallas, TX 75204	lode 	(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:Lorenzo S Littles)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip C 100 North Central Expy Suite 1299 Dallas, TX 75201	Code	50.00 (If travel outside of Texa	e complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	s, complete concease .,
Date	Full name of contributor c out-of-state PAC (ID#: Kedric Couch)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip C 638 Mayrant Dallas, TX 75224	Code	100.00 (If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#: Kedric Couch)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip C 638 Mayrant Dallas, TX 75224		. 100.00 (If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
If contribut	ATTACH ADDITIONAL COPIES (tor is out-of-state PAC, please see instru			rting requirements.

The Instruction	Guide explains how to complete this form		1 Total pages Schedule A:	
			4 of 17	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Dav	vis	l		
4 Date	5 Full name of contributor c out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Ambassador Aviation		Contribution (\$)	description (if applicable)
07/29/2008			50.00	<u> </u>
	6 Contributor address; City; State; Zip C 5419 Saturn Drive Suite LB 12	Code		<u> </u>
	Dallas, TX 75238		/// value training of Tayo	· · · · · · · · · · · · · · · · · · ·
	<u> </u>		(If travel outside of Texa	s, complete Schedule 1)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
			1	
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
	William Kramer			doosilption (appoa)
07/29/2008	Ocatella to a delegación de la Contraction de la		100.00	İ
	Contributor address; City; State; Zip C 2626 Howell Suite 10th	Code	l ;	Í
	Dallas, TX 75204		(If travel outside of Texa	s, complete Schedule T)
Principal occupation / Job title (See Instructions) Employeer			(See Instructions)	
· 		•	,	
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution
Duit	Alva Baker		Contribution (\$)	description (if applicable)
07/29/2008			100.00	! !
	Contributor address; City; State; Zip C	ode	 	
	2401 South Blvd Dallas, TX 75215		(If travel outside of Texa	os complete Schadula T)
Principal occupa	ation / Job title (See Instructions)	Employer ((Nitraver outside of Texa	is, complete ochedule 1)
	tion / 300 title (300 metractions)	p.0,0,0.		
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date	Joel T Allison		Contribution (\$)	description (if applicable)
07/29/2008			100.00	! [
	Contributor address; City; State; Zip C	Code		! [
	9210 Westwind Court Dallas, TX 75231		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	,
<u> </u>	,	, , ,	,	
	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Reginald Gates		Contribution (\$)	description (if applicable)
07/29/2008			250.00	
	Contributor address; City; State; Zip C	ode	l ;	,
	2209 Briardale Dallas, TX 76119		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
- r .	,			
	ATTACH ADDITIONAL COPIES (OF THIS FORM	M AS NEEDED	
If contribut	tor is out-of-state PAC please see instru			rtina requirements

P.O.Box 12070

The Instruction	Guide explains how to complete this form			1 Total pages Schedule A: 5 of 17	
		l	J 01 1	,	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)	
Ms Carolyn R Da	vis				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:) LINEBARGER GOGGAN BLAIR & SAMPSON LLP		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)	
07/29/2008	6 Contributor address; City; State; Zip C 2323 Bryan Suite 1600	Code	1000.00		
	Dallas, TX 75201-	-2644	(If travel outside of Texa	s, complete Schedule T)	
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#: Willis Johnson)	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/29/2008		0-4-	1000.00		
	Contributor address; City; State; Zip C 2345 N Houston Suite 313 Dallas, TX 75201		(If travel outside of Texa	a complete Schodule T	
D: :::		<u> </u>	<u> </u>	S, Complete Schedule 1)	
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#: John Lee Proctor)	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/29/2008	Contributor address; City; State; Zip C P.O. Box 765129 Dallas, TX 75376-		250.00		
	<u> </u>		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#: Robert J Pitre)	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/29/2008	Contributor address; City; State; Zip C 2642 Harwood Dallas, TX 75215		100.00		
	1		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#: Gilbert Aranza)	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/29/2008	Contributor address; City; State; Zip C	Code	1000.00		
	P.O. Box 35265 DALLAS, TX 752	235	(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
If contribut	ATTACH ADDITIONAL COPIES (tor is out-of-state PAC, please see instru			rtina reauirements.	

P.O.Box 12070

The Instruction	Guide explains how to complete this form		1 Total pages Schedule A:		
			6 of 1		
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)	
Ms Carolyn R Dav	vis				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
	Frances Aranza		Contribution (\$)	description (if applicable)	
07/29/2008			200.00		
	6 Contributor address; City; State; Zip C 1610 Hyland Green Dr Grapevine, TX 760		!		
	1010 Hyddid Green 21	331	(If travel outside of Texa	s complete Schedule T)	
O Principal occups	ation / Job title (See Instructions)	10 Employer (s, complete ocheanie 1)	
9 РППСіраї оссира	ition / Job title (See instructions)	IU EIIIDIOYEI ((See Instructions)		
	- ·· · · · · · · · · · · · · · · · · ·	,	1		
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
07/20/2009	Jesus O Montfort		. ,		
07/29/2008	Contributor address; City; State; Zip C		200.00		
	Contributor address; City; State; Zip C 1610 hyland Greens Dr Grapevine, TX 760		l		
			(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	Effie E Booker		Contribution (\$)	description (if applicable)	
07/28/2008	Control of the contro		150.00		
	Contributor address; City; State; Zip C 4055 Throckmorton Dallas, TX 75219	ode	l ;		
	4033 Thiotemotion Danas, 127 /321/		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	Martin W Burrell		Contribution (\$)	description (if applicable)	
07/29/2008	Contributor address; City; State; Zip C	`ode	250.00	İ	
	P.O. Box 764516 Dallas, TX 75376	,oue	Ī		
	,		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)		
5 .	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution	
Date	Charissa N Terranova		Contribution (\$)	description (if applicable)	
07/29/2008	Contribute and discourse City Chates 7in C		. 25.00		
	Contributor address; City; State; Zip C 4115 Bowser Ave Suite 3	ode	l ,		
	Dallas, TX 75219		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)		
	ATTACH ADDITIONAL COPIES (OF THIS FORM	M AS NEEDED		
If contribut	tor is out-of-state PAC, please see instru	ction quide fo	or additional repor	rting requirements	

The Instruction	Guide explains how to complete this form		1 Total pages Schedule A:		
	·		7 of 17		
			/ 01 1	. 1	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)	
Ms Carolyn R Da	vis				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
	West & Associates		Contribution (\$)	description (if applicable)	
07/29/2008			250.00		
	6 Contributor address; City; State; Zip C	Code			
	320 South RL Thornton Suite 300				
	Dallas, TX 75203		(If travel outside of Texa	s, complete Schedule T)	
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See Instructions)		
	,	, , ,	,		
			T .		
Date	Full name of contributor c out-of-state PAC (ID#:	·	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
	Dallas Fire Fighters			docompilion (in applicable)	
07/29/2008			250.00		
	Contributor address; City; State; Zip C				
	P.O. Box 225437 Dallas, TX 75222-	-5437			
			(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)		
Date	Full name of contributor c out-of-state PAC (ID#:	,	Amount of	In-kind contribution	
Date	W Ralph Canada Jr		Contribution (\$)	description (if applicable)	
07/29/2008	Turph Culture VI		500.00		
07/29/2008	Contributor address; City; State; Zip C	Code	300.00		
	2435 Brookforest Dr Roanoke, TX 7620	62-6808			
	,		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
, ,	,	, , ,	,		
Б.	Full name of contributor c out-of-state PAC (ID#:	,	Amount of	In-kind contribution	
Date	Mary Cook		Contribution (\$)	description (if applicable)	
08/02/2008			500.00		
00/02/2000	Contributor address; City; State; Zip C	Code	300.00		
	10840 Strait Ln Dallas, TX 75229				
			(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
	· ·				
	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution	
Date	Helen Gidding	·	Contribution (\$)	description (if applicable)	
07/20/2000	Tioton Gidding		(' '	· · · · /	
07/29/2008	Contributor address; City; State; Zip C	Code	200.00		
	400 S Zang Suite 816				
	Dallas, TX 75208		(If travel outside of Texa	s, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)		
	ATTACH ARRIED	OF THE SEC	4.40.1/======		
	ATTACH ADDITIONAL COPIES	OF THIS FORM	M AS NEEDED		
If contribut	or is out-of-state PAC, please see instru	ction guide fo	or additional repo	rting requirements.	

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				.,
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Da	vis			
1110 Caroly 11 11 2 11	VIS			
4 Date	5 Full name of contributor c out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
!	Robert L Trimble		Contribution (\$)	description (if applicable)
07/29/2008	6 Contributor address; City; State; Zip C		250.00	! !
!	8333 Douglas Suite 1350	Joue	l ;	
	Dallas, TX 75225		(If travel outside of Texa	ıs, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
	Till the second of state BAC (ID#)		1	. It is talked to a
Date	Full name of contributor c out-of-state PAC (ID#:	/	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Durit II Gloson		1000.00	<u> </u>
l	Contributor address; City; State; Zip C	Code]	
l	P.O. Box 710355 Dallas, TX 75371		(If travel outside of Texa	es complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	o, complete constant .,
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Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/20/2009	Errol w McKoy		, ,	decomption (in approacts)
07/29/2008	Contributor address; City; State; Zip C	Code	150.00	<u>[</u>
l	11844 Preston Brook Pl Dallas, TX 75230-	-2353	(If toward putpide of Tayo	Cabadala T
Principal occupa	ation / Job title (See Instructions)	Employer ((If travel outside of Texa (See Instructions)	s, complete Schedule 1)
		1 7 - (
Date	Full name of contributor c out-of-state PAC (ID#: Clifton E Miller)) Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Clifton E willer		100.00	
07125,2000	Contributor address; City; State; Zip C	Code	100.50	
!	4615 Cowan Dr Dallas, TX 75209		(If travel outside of Texa	as. complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	o, complete senses 1,
Date	Full name of contributor c out-of-state PAC (ID#: Diane E Gollhofer)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Diane E Golinoler		150.00	dooonprion (apprioacie)
01/2/12000	Contributor address; City; State; Zip C		130.00	i I
	1445 Waterside Drive Dallas, TX 75218-	-4497	(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
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O FU ED NAME			3 ACCOUNT # (Ethics	o Commission filars)
2 FILER NAME			3 ACCOUNT # (Etimos	s Commission mers,
Ms Carolyn R Da	vis			
	-		<u> </u>	•
4 Date	5 Full name of contributor c out-of-state PAC (ID#: Sherman Roberts)	7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
07/29/2008	Sherman Noorte		100.00	ĺ
1	6 Contributor address; City; State; Zip C 5826 Fox Hill Lane Dallas, TX 75232	ode]	<u> </u>
	3826 FOX HIII Lane Danas, 1A /3232		(If travel outside of Texa	s complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	o, complete consens 1,
,	, , , , , , , , , , , , , , , , , , , ,		,	
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
	Clemon Maddox		l , , ,	description (if applicable)
07/29/2008	Contributor address; City; State; Zip C		100.00	
!	127 Browning Lane Dallas, TX 75052	<i>l</i> ouc	!	İ
Principal secur	· · · · · · · · · · · · · · · · · · ·	Frankrisan	(If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Empioyeer	(See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:)) Amount of	In-kind contribution
	Linda Jordan		Contribution (\$)	description (if applicable)
07/29/2008	Contributor address; City; State; Zip C	Code	100.00	j
	7515 Woodshadow Dallas, TX 75249			
Dringing occupy	tion / lob title (Coe Instructions)	Employer ((If travel outside of Texa	as, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Ellibioxei ((See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:)) Amount of Contribution (\$)	In-kind contribution
07/29/2008	Debbie Dennis		25.00	description (if applicable)
07/29/2006	Contributor address; City; State; Zip C	Code	25.00	<u> </u>
!	1601 Bryan Street Dallas, TX 75201		(If travel outside of Texa	s complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	5, complete consect.
			· 	
Date	Full name of contributor c out-of-state PAC (ID#: Antonio L Everette)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/28/2008	Antonio L Evereue		50.00	docomption (iii applicasis)
07/20/2000	Contributor address; City; State; Zip C	ode	30.00	
	1024 Opal Drive Dallas, TX 75115		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
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If contribut	tor is out-of-state PAC, please see instru	ction auide fo	or additional repor	rtina requirements.

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2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Dav	vis			
4 Date 07/28/2008	5 Full name of contributor c out-of-state PAC (ID#:Si Se Puede PAC		7 Amount of Contribution (\$) 250.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip C 1409 Lamar Street Suite 342 Dallas, TX 75215	Code	(If travel outside of Texa	is, complete Schedule T)
9 Principal occupa	ation / 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		Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
07/29/2006	Contributor address; City; State; Zip C 5485 Belt Line Suite 300 Dallas, TX 75254	Code	100.00 (If travel outside of Texa	s complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor c out-of-state PAC (ID#: John W Price)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/20/2008	Contributor address; City; State; Zip C 411 Elm Street Suite 213 Dallas, TX 75202		500.00	Cabadula T
Principal occupa	ation / Job title (See Instructions)		(If travel outside of Texa See Instructions)	s, complete Schedule 1)
Date	Full name of contributor c out-of-state PAC (ID#: T.A. Sneed)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip C 1820 South Dallas, TX 75215		150.00 (If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#: Ken Carter)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip C 4908 Haverwood Suite 2106 Dallas, TX 75235		. 100.00 (If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)		See Instructions)	
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2 FILER NAME			3 ACCOUNT # (Ethics	c Commission filors)
2 FILER NAME			3 ACCOUNT # (Etnics	s Commission mers)
Ms Carolyn R Da	vis			
	[
4 Date	5 Full name of contributor c out-of-state PAC (ID#: Printice L Gary)	7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
07/29/2008	Timuce E Gary		250.00	
07/29/2008	6 Contributor address; City; State; Zip Co	de	230.00	
	16304 Ranchita Dr Dallas, TX 75248	, do		
			(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date	Diane Ragsdale		Contribution (\$)	description (if applicable)
07/29/2008	-		100.00	
	Contributor address; City; State; Zip Co			
	3611 Dunbar Dallas, TX 75215			
			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
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Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/20/2000	Jim Reid		50.00	
07/29/2008	Contributor address; City; State; Zip Co	ode	50.00	
	1529 Seegar Street Dallas, TX 75215			
	_		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
_	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Loretta R Moore)	Contribution (\$)	description (if applicable)
07/29/2008			200.00	
	Contributor address; City; State; Zip Co	ode		
	7025 Aspen Creek Dallas, TX 75252			
Deinainal accuma	tion / Joh title (Con Instructions)		(If travel outside of Texa	s, complete Schedule 1)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	Full name of contributor c out-of-state PAC (ID#:	,	Amount of	In kind contribution
Date	Johnnie King		Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008			150.00	
	Contributor address; City; State; Zip Co	ode		
	1243 W Peasant Run DeSoto, TX 75115		(If travel outside of Texa	s complete Schedule T)
Dringing Lagrana	tion / Joh title (Con Instructions)			s, complete conedule 1)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
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2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Dav	vis			
4 Date	5 Full name of contributor c out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Loretta R Moore		Contribution (\$)	description (if applicable)
07/29/2008	C. Contributor address: City: State: 7in C	\- da	200.00	
	6 Contributor address; City; State; Zip C 7025 Aspen Creek Dallas, TX 75252	ode		
	-		(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See Instructions)	
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Data	Full name of contributor c out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date	Kathy Nealy		Contribution (\$)	description (if applicable)
07/29/2008			500.00	
	Contributor address; City; State; Zip C 2323 N Houston Dallas, TX 75219	Code		
	2323 IN HOUSION Danas, 1A 75217		(If travel outside of Texa	s complete Schedule T)
Principal occupation / Job title (See Instructions) Employeer		(See Instructions)	s, complete conedute 1,	
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Duito	Kason Branch	 -	Contribution (\$)	description (if applicable)
07/29/2008			50.00	
	Contributor address; City; State; Zip C			
	726 Creekstone Dr Cedar Hill, TX 75	104	(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	· ·
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/20/2009	Vonciel Jones Hill			doodilption (ii applicasis)
07/29/2008	Contributor address; City; State; Zip C	Code	100.00	
	P.O. Box 764859 Dallas, TX 75376			
			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
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Date	Full name of contributor c out-of-state PAC (ID#: Helen Giddings		Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	The character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the ch		300.00	
0112512000	Contributor address; City; State; Zip C	Code	300.00	
	400 S. Zang Suite 816		(If travel outside of Texa	s. complete Schedule T)
Principal occupa	Dallas, TX 75208 ation / Job title (See Instructions)	Employer (See Instructions)	o, oop.o.co oc
	tition / 300 title (360 matractions)			
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Dav	vis			
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 Co		7 Amount of Contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	4359 Highlander Dr Dallas, TX 75287		(If travel outside of Texa	is, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See Instructions)	,
' '				
Date	Full name of contributor c out-of-state PAC (ID#: Peter Schenkel)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip Co 4231 Belcaire Ave Dallas, TX 75205		250.00	
	4231 Deleane Tive Bunds, 171 72203		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#: Jerald Larry)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip Co 2329 Dugald Dallas, TX 75216		50.00	l Caratas D
Principal occupa	ation / Job title (See Instructions)	Fmplover ((If travel outside of Texa See Instructions)	s, complete Schedule 1)
Date	Full name of contributor c out-of-state PAC (ID#: Gerald G Carlton)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/29/2008	Contributor address; City; State; Zip Co 24 Lakeside Dallas, TX 75225	ode	200.00	
Principal occups	ation / Job title (See Instructions)	Employer ((If travel outside of Texa See Instructions)	s, complete Schedule T)
Fillicipal occupa	tition / Job title (See Histractions)	Lilipioyei	See mstructions)	
Date	Full name of contributor c out-of-state PAC (ID#: Huelon A Harrison)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
10/02/2008	Contributor address; City; State; Zip Co 3310 Grayson Dallas, TX 75224	ode	. 100.00 (If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
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2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Da	vis			
4 Date	5 Full name of contributor c out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Jesse Banda		Contribution (\$)	description (if applicable)
07/29/2008	C. Cartaibutor address. City: State: 7ip.(20.00	l I
!	6 Contributor address; City; State; Zip C 6127 Gaston Dallas, TX 75214	юае		l I
!			(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
,	,		,	
Deta	Full name of contributor c out-of-state PAC (ID#:)) Amount of	In-kind contribution
Date	Margo Posey		Contribution (\$)	description (if applicable)
07/29/2008			50.00	
!	Contributor address; City; State; Zip C	Code		
!	4038 Cottage Park Dallas, TX 76013		//f traval autaida of Taya	lata Cahadula T)
Principal occupation / Job title (See Instructions) Employeer		Employeer	(If travel outside of Texa	s, complete Schedule 1)
Γιποιραί σοσαρε	IIIII / Job litle (See Histractions)	Lilipioyeci	(See mistructions)	
Date	Full name of contributor c out-of-state PAC (ID#:	,) Amount of	In-kind contribution
Date	Katrina Keyes	<i>I</i>	Contribution (\$)	description (if applicable)
07/29/2008			250.00	 -
!	Contributor address; City; State; Zip C	Code		 -
!	3003 State Street Dallas, TX 75204		(If travel outside of Texa	es complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	is, complete ochedule 1)
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Date	Full name of contributor c out-of-state PAC (ID#:)) Amount of	In-kind contribution
_ 3	Chris Aslam		Contribution (\$)	description (if applicable)
07/29/2008	Contributor address; City; State; Zip C	`nde	1000.00	İ
!	P.O. Box 496539 Dallas, TX 75049	,oue		İ
	,		(If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
	Huelon A Harrison		() /	description (if applicable)
10/09/2008	Contributor address; City; State; Zip C	?ode	200.00	1
!	3310 Grayson Dallas, TX 75224			1
			(If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
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2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission mers)
Ms Carolyn R Da	vis			
,				
4 5 .	5 5 H		7.4	
4 Date	5 Full name of contributor c out-of-state PAC (ID#: Edwin Jones		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
07/29/2008	Edwin Johes		700.00	
07/27/2008	6 Contributor address; City; State; Zip C		700.00	
	9401 LBJ Freeway Suite 300			
	Dallas, TX 75243		(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Pamela Gates		Contribution (\$)	description (if applicable)
10/01/2008			250.00	
	Contributor address; City; State; Zip C			
	2209 Briardale Dallas, TX 76119			
			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
	Burleigh Foreman Jr			description (if applicable)
08/18/2008	Contributor address; City; State; Zip C		500.00	
	4600 Second Dallas, TX 75210	oue		
	5 Junus, 111 / 5210		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
	Eddie W Reeves		, ,	description (in applicable)
09/23/2008	Contributor address; City; State; Zip C	ode	250.00	
	9438 Spring Hollow Dallas, TX 75243			
	,,,,		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Brandon Hartstein		Contribution (\$)	description (if applicable)
10/31/2008			500.00	
	Contributor address; City; State; Zip C	ode		
	5101 Coral Cove Dallas, TX 75093		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
· '	<u> </u>	. , ,	,	
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2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Ms Carolyn R Da	vis			
4 Date 10/20/2008	5 Full name of contributor c out-of-state PAC (ID#: Bobby Boliew		7 Amount of Contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip C 2219 Matildn Dallas, TX 75206		(If travel outside of Texa	s complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See Instructions)	3, complete octions :,
	tion / 300 title (360 matractions)	TO Limployer (
Date	Full name of contributor c out-of-state PAC (ID#: Mary E Shannon)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
10/17/2008			500.00	
	Contributor address; City; State; Zip C 1600 Bent Creek Dallas, TX 76092	Code	(If the state of Toya	
Principal occupa	ation / Job title (See Instructions)	Fmploveer	(If travel outside of Texas (See Instructions)	s, complete Scriedule 1)
		Lilipioyou	(366 111311 43113113)	
Date	Full name of contributor c out-of-state PAC (ID#: Albert Black)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
11/07/2008	Contributor address; City; State; Zip C 751 Kessler Lake Dr Dallas, TX 75208		1000.00	
- · · ·			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#: Lennox Carter)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
10/21/2008	Contributor address; City; State; Zip C 1000 A Street Dallas, TX 75222		500.00	Cabadula T
Principal occupa	ation / Job title (See Instructions)	Fmplover ((If travel outside of Texas See Instructions)	s, complete schedule 1)
	11011 / 000 1110 (000 11101100110110)	Line10, 0. (
Date 10/14/2008	Full name of contributor c out-of-state PAC (ID#: Lniford H Kates)	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
10/14/2000	Contributor address; City; State; Zip C 7203 Bluefield Dallas, TX 75248		. 300.00 (If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	
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The Instruction	Guide explains how to complete this form		1 Total pages Sched	dule A:
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2 FILER NAME			3 ACCOUNT # (Ethic	s Commission filers)
2 FILER NAME			3 ACCOUNT # (Line	s Commission mers)
Ms Carolyn R Da	vis			
,				
4 5 .	E. E. II		7.4	
4 Date	5 Full name of contributor c out-of-state PAC (ID#: Robert S Chudnow	·	7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
10/15/2008	Robert 5 Ciluditow		500.00	
10/13/2008	6 Contributor address; City; State; Zip Co		300.00	İ
	5224 Windjammer Rd Dallas, TX 75093	340		
			(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
- Trinoipai occupe	inion / cos time (cos mondonone)	ro Employer ((300 111011 40110110)	
	Full many of a substitution and of state PAC //P#	,) A	La late de contesta de co
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/20/2000	DeMetris Sampson		425.00	In-Kind campaign contribution to your July
07/29/2008	Contaile to address. City. Chat. 7'- C		425.00	29th fundraiser
	Contributor address; City; State; Zip Co P.O. Box 2252 Dallas, TX 75221	ode		
			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
	,	, ,	,	
Data	Full name of contributor c out-of-state PAC (ID#:	,	Amount of	In-kind contribution
Date	Friend of Carolyn R Davis	J	Contribution (\$)	description (if applicable)
08/03/2008	11.5.m 01 0m0.ym10 2m10		300.00	
06/03/2006	Contributor address; City; State; Zip Co	ode	300.00	
	2611 Burger Street Dallas, TX 75215			
			(If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	E. II	,	Amount of	In-kind contribution
Date	Full name of contributor c out-of-state PAC (ID#: Friends of the Dallas Public Library		Contribution (\$)	description (if applicable)
09/05/2008	· · · · · · · · · · · · · · · · · · ·		720.00	
037,007,=000	Contributor address; City; State; Zip Co	ode	, = ****	
	1515 Young Street Dallas, TX 75201			
	_		(If travel outside of Texa	is, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
	Dwaine Carraway		Contribution (\$)	description (if applicable)
07/29/2008	Contributor address; City; State; Zip Co		100.00	
	1934 Argyle Drive Dallas, TX 75203	Jue		
	Dunus, 174 /5205		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	ATTACH ADDITIONAL COPIES O	E THIS FORM	M AS NEEDED	
 If contribut	for is out-of-state PAC, please see instruc			rting requirements
	ca. c. c.a.c i /ic, picaco coc iliditat	yaiao it		

Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F

The Instruction	n Guide explains how to complete this form	1 Total pages S 1 of 10	Schedule F:
2 FILER NAME		3 ACCOUNT #	(Ethics Commission filers)
Ms Carolyn R D	D avis		
4 Date	5 Payee name Saint Martins Place	•	7 Amount (\$)
07/29/2008	6 Payee address; City; State; Zip Code 2603 Martin Luther King Blvd Dallas,	TX 75215	1000.00
Councilmember	yment (See instructions regarding type of equired.) Carolyn R Davis Fundraising ide of Texas, complete Schedule T)	9 ** Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH * * e Office sought Office held
Date	Payee name Focus Communications		Amount (\$)
08/20/2008	Payee address; City; State; Zip Code 1401 Main Street Dallas,	TX 75202	1000.00
information re City Council Ele		** Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH ** e Office sought Office hel
Date	Payee name AT&T Mobility		Amount (\$)
08/25/2008	Payee address; City; State; Zip Code Dallas, P.O. Box 650553	TX 75265	50.00
information re payment	yment (See instructions regarding type of equired.) ide of Texas, complete Schedule T)	** Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH ** e Office sought Office hel
Date	Payee name AT&T Mobility	•	Amount (\$)
09/16/2008	Payee address; City; State; Zip Code Dallas, P.O. Box 650553	TX 75265	211.00
Purpose of na	yment (See instructions regarding type of equired.)	** Complete if direct ex	penditure to benefit C/OH ** e Office sought Office hel

Texas Ethics Commission Austin, Texas 78711-2070 SCHEDULE F POLITICAL EXPENDITURES The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 2 of 10 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis 7 Amount Date 5 Payee name (\$) AT&T Mobility 10/21/2008 250.00 City; State; Zip Code 6 Payee address; Dallas, TX 75265 P.O. Box 650553 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) AT&T Mobility 12/23/2008 302.00 City; State; Zip Code Payee address; Dallas, TX 75265 P.O. Box 650553 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Nov/Dec payment (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Resouce One 08/27/2008 1200.00 Payee address; City; State; Zip Code Dallas, TX 75266 P.O. Box 66077 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Campaign 09 (If travel outside of Texas, complete Schedule T) Payee name Date Amount (\$) South Dallas Cafe 08/30/2008 Payee address; City; State; Zip Code 720.00 3000 Grand Ave Dallas, TX 75215 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Porkchops/Politics lunches Check # 6178 From of the Dallas Public Library for payment of meals (If travel outside of Texas, complete Schedule T)

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SCHEDULE F POLITICAL EXPENDITURES The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 3 of 10 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis 5 Payee name Date 7 Amount (\$) Focus Commuication 09/08/2008 800.00 6 Payee address; City; State; Zip Code 1401 Elm Street Suite 1900 Dallas, TX 75202 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held City Council Election 07-08 (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) BC Foreman 09/12/2008 1000.00 City; State; Zip Code Payee address; 4600 2nd Ave Dallas, TX 75215 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held payment for Campaign manager 07-08 (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Jan Bridge 09/12/2008 149.00 Payee address; City; State; Zip Code Dallas, TX 75218 P.O. Box 180932 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Campaign 07-08 (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Focus Communication 09/18/2008 Payee address; City; State; Zip Code 1000.00 1401 Elm Street Suite 1900 Dallas, TX 75202 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held City Council Election 07-08 (If travel outside of Texas, complete Schedule T)

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Austin, Texas 78711-2070

Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 4 of 10 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis Date 5 Payee name 7 Amount (\$) Resouce One 10/28/2008 300.00 City; State; Zip Code 6 Payee address; Dallas, TX 75266 P.O. Box 660077 Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Tulisomas Thank You Lunch for Volunteers (If travel outside of Texas, complete Schedule T) Date Amount Payee name (\$) Resouce One 10/09/2008 City; State; Zip Code 300.00 Payee address; Dallas, TX 75266 P.O. Box 660077 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held PTA-Lincoln High School refreshments Parent/Teacher (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Marvin E Crenshaw 10/02/2008 250.00 Payee address; City; State; Zip Code 5134 Malcolm X Blvd Dallas, TX 75215 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Community Consultant (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Walker Auto Body 10/07/2008 Payee address; City; State; Zip Code 189.03 4150 S. 2nd Ave Dallas, TX 75210 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held payment-brakes on car (If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 5 of 10 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis Date 5 Payee name 7 Amount (\$) Focus Communication 12/23/2008 800.00 6 Payee address; City; State; Zip Code 1401 Elm Street Suite 1900 Dallas, TX 75202 Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Campaign 07/08 (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Focus Communication 10/11/2008 1000.00 City; State; Zip Code Payee address; 1401 Elm Street Suite 1900 Dallas, TX 75202 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held City Council Election 07-08 (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Focus Communication 09/19/2008 1000.00 Payee address; City; State; Zip Code 1401 Elm Street Suite 1900 Dallas, TX 75202 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Focus Commuication-Media Relation 07-08 campaign (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) I-Media 10/14/2008 Payee address; City; State; Zip Code 125.00 1500 Marilla Dallas, TX 75201 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held membership (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Austin, Texas 78711-2070

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 6 of 10 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis Date 5 Payee name 7 Amount (\$) Office Max 10/19/2008 90.26 City; State; Zip Code 6 Payee address; 2415 North Haskell Dallas, TX 75204 Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Office supplies (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Metro PCS 10/28/2008 477.00 Payee address; City; State; Zip Code 3000 Hatcher Street Dallas, TX 75215 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held campaign phones for 09 (If travel outside of Texas, complete Schedule T)

(o or restaut, complete concerns 1,	
Date	Payee name Resource One	Amount (\$)
09/18/2008	Payee address; City; State; Zip Code	500.00
	Dallas, TX 75266 P.O. Box 66077	

** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Campaign 07-08 Cedric E Lyons Material Production

(If travel outside of Texas, complete Schedule T)

Date	Payee name Resource One	Amount (\$)
10/28/2008	Payee address; City; State; Zip Code	500.00
	Suite 19001 P.O. Box 660077 Dallas, TX 75266	

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

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Office held

SCHEDULE F POLITICAL EXPENDITURES The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 7 of 10 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis 7 Amount Date 5 Payee name (\$) Resource One 10/31/2008 20.00 City; State; Zip Code 6 Payee address; Dallas, TX 75266 P.O. Box 660077 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Amount Payee name (\$) Resource One 12/16/2008 100.00 City; State; Zip Code Payee address; Dallas, TX 75266 P.O. Box 660077 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Xmas Cards/Gas/PO Box for campaign 09 (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Resource One 12/18/2008 250.00 Payee address; City; State; Zip Code Dallas, TX 75266 P.O. Box 660077 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Thank You gifts for Staff (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Resource One 09/19/2008 Payee address; City; State; Zip Code 500.00 Dallas, TX 75266 P.O. Box 660077 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Cedric E Lyons payment for my 07-08 campaign (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Austin, Texas 78711-2070

Texas Ethics Commission P.O.Box 12070 (512) 463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F

The Instruction Guide explains how to complete this form 2 FILER NAME Ms Carolyn R Davis		1 Total pages S 8 of 10	1 Total pages Schedule F: 8 of 10	
		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name Resource One	•	7 Amount (\$)	
12/06/2008	6 Payee address; City; State; Zip Code Dallas, TX 75266 P.O. Box 660077		. 600.00	
information req	ment (See instructions regarding type of uired.) ation/Campaign strategy 09/Trip to CA nent Fund \$100.00 for lunch and dinner e of Texas, complete Schedule 1)	9 ** Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH * * e Office sought Office hel	
Date	Payee name Resource One		Amount (\$)	
09/30/2008	Payee address; City; State; Zip Code Dallas, P.O. Box 660077	TX 75266	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 ex Candidate / Officeholder name	penditure to benefit C/OH * * e Office sought Office hel	
Date	Payee name Resource One		Amount (\$)	
12/01/2008	Payee address; City; State; Zip Code Dallas, P.O. Box 660077	TX 75266	900.00	
information req Focus Communic	ment (See instructions regarding type of uired.) ation/Campaign strategy development 09	** Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH * * e Office sought Office held	
Date	Payee name Resource One		Amount (\$)	
11/24/2008	Payee address; City; State; Zip Code	TX 75206	. 360.00	
Purpose of payment (See instructions regarding type of information required.) Phone payment/office supplies/lunch with guest		** Complete if direct ex	penditure to benefit C/OH * * Office sought Office hel	

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POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 9 of 10 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis 7 Amount Date 5 Payee name (\$) Resource One 12/29/2008 40.00 City; State; Zip Code 6 Payee address; Dallas, TX 75266 P.O. Box 660077 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Office Supplies (If travel outside of Texas, complete Schedule T) Date Amount Payee name (\$) Resource One 11/26/2008 City; State; Zip Code 102.73 Pavee address: Dallas, TX 75266 P.O. Box 660077 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Xmas gifts for Counilmember/Reimburse \$250.00 back into account for MLK Award money was take out of Dr Pepper additionavel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Resouce One 12/16/2008 800.00 Payee address; City; State; Zip Code Dallas, TX 75265 P.O. Box 660077 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Campaign 09 (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) AT & T 08/21/2008 Payee address; City; State; Zip Code 114.93 Dallas, TX 75265 P.O. Box 650553 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held payment (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 3 ACCOUNT # (Ethics Commission filers) Ms Carolyn R Davis 7 Amount Date 5 Payee name (\$) Toni Ward 08/27/2008 100.00 City; State; Zip Code 6 Payee address; 2611 Burger Dallas, TX 75215 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Tulisoma 08 (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Vicki Jackson 08/29/2008 City; State; Zip Code 100.00 Payee address; Dallas, TX 75215 2611 Burger Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Tulisoma 08 (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Cedric Lyons 12/08/2008 1000.00 Payee address; City; State; Zip Code 1401 Elm Suite 1900 Dallas, TX 75202 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held campaign 09 (If travel outside of Texas, complete Schedule T) Date Amount Payee name (\$) Payee address; City; State; Zip Code Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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