

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 7			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Daryl R			OFFICE USE ONLY			
	NICKNAME LAST SUFFIX Davis II						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9216 Vineyard Ln, Fort Worth, TX 76123			Date Received			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 692-2020						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Kenneth B						
NICKNAME LAST SUFFIX Spears		Date Hand-delivered or Date Postmarked		Receipt # Amount \$			
Date Processed		Date Imaged		Date Received			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2401 E. Berry St, Fort Worth, TX 76105					
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 534-0581					
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month Day Year Month Day Year 7 / 1 / 22 THROUGH 12 / 31 / 22					
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 7 / 22 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____					
12 OFFICE		OFFICE HELD (if any) Crowley ISD Board of Trustees, Place 5		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages		COMMITTEE TYPE		COMMITTEE NAME			
		GENERAL		COMMITTEE ADDRESS			
		SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
				COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Daryl R. Davis II

16 Filer ID (Ethics Commission Filers)

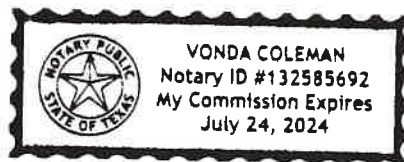
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 686.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 936.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 517.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Daryl R. Davis
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daryl Davis this the 6th day of January 2023, to certify which, witness my hand and seal of office.
Vonda Coleman Vonda Coleman Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Daryl R. Davis II		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 250.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Daryl R. Davis II		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Theodora Yarbrough-Andrews <hr/> 6 Contributor address; City; State; Zip Code 2409 Lena Street, Fort Worth, TX 76105	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 07/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gina Stevenson <hr/> Contributor address; City; State; Zip Code 6615 Oldgate Lane, Arlington, TX 76002	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Mansfield
Date 08/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Theodora Yarbrough-Andrews <hr/> Contributor address; City; State; Zip Code 2409 Lena Street, Fort Worth, TX 76105	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 08/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gina Stevenson <hr/> Contributor address; City; State; Zip Code 6615 Oldgate Lane, Arlington, TX 76002	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Mansfield
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Daryl R. Davis II		3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Theodora Yarbrough-Andrews 6 Contributor address; City; State; Zip Code 2409 Lena Street, Fort Worth, TX 76105	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 09/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gina Stevenson Contributor address; City; State; Zip Code 6615 Oldgate Lane, Arlington, TX 76002	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Mansfield
Date 10/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Theodora Yarbrough-Andrews Contributor address; City; State; Zip Code 2409 Lena Street, Fort Worth, TX 76105	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gina Stevenson Contributor address; City; State; Zip Code 6615 Oldgate Lane, Arlington, TX 76002	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Mansfield
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Daryl R. Davis II		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Theodora Yarbrough-Andrews 6 Contributor address; City; State; Zip Code 2409 Lena Street, Fort Worth, TX 76105	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 11/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gina Stevenson Contributor address; City; State; Zip Code 6615 Oldgate Lane, Arlington, TX 76002	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Mansfield
Date 12/03/2022	Full name of contributor out-of-state PAC (ID#: _____) Theodora Yarbrough-Andrews Contributor address; City; State; Zip Code 2409 Lena Street, Fort Worth, TX 76105	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Gina Stevenson Contributor address; City; State; Zip Code 6615 Oldgate Lane, Arlington, TX 76002	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Mansfield
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Daryl R. Davis II	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2022	5 Payee name Rodney Lee	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code PO Box 79242, Saginaw, TX 76179-0242	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	(b) Description Campaign Contribution
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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