CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total pages file	ed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Lauren LAST Davis		MI O SUFFIX	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 67		CITY; STATE Dallas, TX 75		COUNTY CONTACTOR	2022 JAN 31
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 296-9072	EXTEN	ISION	PG	or Date Postmar (ed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	Lauren LAST Davis		MI O SUFFIX	Date Processed Date Imaged	Arpont \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	7130 Mimos	(NO PO BOX PLEASE): APT / S	SUITE #; CIT		STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	296-9072	EXTEN	SION		
9 REPORT TYPE	January 15 July 15	30th day before ele	ection Ex	unoff xceeded Modified eporting Limit	15th day afte treasurer app (Officeholder Final Report	pointment
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THROUGH	Month 1	Day Year 20 / 22	
11 ELECTION	Month Day	Year Primary 22 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	,	The same of the sa	County Ju	udge	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages		CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIF COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	S MAY HAVE BEEN MADE RED TO REPORT THIS INFO			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

07 4141 7 41 01	THANGE REPORT				
15 C/OH NAME Lauren Owens Davis			16 Filer	ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAI CONTRIBUTIONS MADE ELECT 	NTEES OF LOANS, OR	YN	\$	0.00
*****************	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN		5)	\$ 67	7,032.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDIT	TURES		\$ 31	,070.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	AST DAY	\$ 47	,524.38
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		OF THE	\$	0.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that	at the accompanying report is tr	ue and con	rect and in	cludes all information
rec	uired to be reported by me under Title 15, Ele	ction Code.	ao ana oon	reet and in	ciddes all illioithation
		()			
		7	>-		
		Signature of C	andidate o	r Officehol	der
	Please comple	ete either option belo	w:		
(1) Affidavit	HEATHER M. BESELER My Notary ID # 10675352 Expires June 15, 2025				
NOTARY STAMP/SEAL Sworn to and subscribed	before me by Lauren Overs	Day 3 this the	31	day of	inua.hl
20	which, witness my hand and seal of office.	und the	N-1111	ac, 0130	,
Noatton M Bon	As Hosthar Rocals			al .	1
Signature of officer administer	ing oath		//	gary	
organization of officer administer	ing oath Printed name of office	r administering oath		Title of office	er administering oath
	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	OR .			
(2) Unsworn Declaration	n				
My name is Lauren Ow	ens Davis		NI	L 4 4	4000
		, and my date of birth is		A Control of the Cont	
My address is 7130 Min		, Dallas, T	X , 75	5230	USA
	(street)	320 505	(state) (z	zip code)	(country)
Executed in	County, State of	, on the day of(mont	h)	, 20(year)	
		(mont	,	(year)	
		Signature of Candi	idate/Officel	holder (Dec	plarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	9 FILER NAME 20 Filer ID (Ethics Cor				
Laur	en Owens Davis				
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 67,032.33			
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 CO	\$ 29,470.66			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$ 1,600.00			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

SCHEDULE A1

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

	по при	molade this page in the	report.
The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 15
² FILER NAME Lauren O	wens Davis		3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2022	5 Full name of contributor out-of-state P Chas mach 6 Contributor address; City;	7 Amount of contribution (\$) 26.00	
	709 Bowman Street Irving TX	75060	20.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 01/01/2022	Katie Guy	AC (ID#:) State; Zip Code	Amount of contribution (\$) 500.00
	2104 Stratford Park Dr Fort W		300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date 01/01/2022	Heidi Maher	AC (ID#:) State; Zip Code	Amount of contribution (\$) 476.00
	201 North Montclair Avenue D	Dallas TX 75208	170.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Maria Serra	AC (ID#:)	Amount of contribution (\$)
01/01/2022	Contributor address; City;	State; Zip Code	100.00
	436 Cooper Lane Coppell TX	75019	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	-EDED

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Revised 8/17/2020

SCHEDULE A1

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	The state of the s	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Lauren Ov	wens Davis	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Loren Munoz	7 Amount of contribution (\$)
01/01/2022	6 Contributor address; City; State; Zip Code	50.00
	15502 Heimer Road San Antonio TX 78232	00.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Winnie Hoover	Amount of contribution (\$)
01/01/2022	Contributor address; City; State; Zip Code	200.00
	3914 Fox Glen Drive Irving TX 75062	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
01/01/2022	Michelle Garcia	E0 00
	Contributor address; City; State; Zip Code	50.00
	2212 Canyon Trail Carrollton TX 75007	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Tiffany Menerey	Amount of contribution (\$)
01/01/2022	Contributor address; City; State; Zip Code	50.00
	6418 Brook Lake Drive Dallas TX 75248	00.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NO	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

if the reques	sted 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: 15
2 FILER NAME Lauren O	wens Davis	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Deb Tarantino	7 Amount of contribution (\$)
01/01/2022	6 Contributor address; City; State; Zip Code 7011 Wester Way Dallas TX 75248	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Tamara Kuykendall	Amount of contribution (\$)
01/01/2022	Contributor address; City; State; Zip Code 4006 Victoria St Irving TX 75062	30.00
Principal occup	Employer (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Kathi Boor	Amount of contribution (\$)
01/01/2022	Contributor address; City; State; Zip Code 3524 Mason Dr. Plano TX 75025	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Molly Ruthe	Amount of contribution (\$)
01/01/2022	Contributor address; City; State; Zip Code	20.00
Principal occup	7727 El Santo Lane Dallas TX 75248 Pation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	

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SCHEDULE A1

If the reque	sted information is not applicable, DO NC	T include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 15
2 FILER NAME Lauren O	wens Davis		3 Filer ID (Ethics Commission Filers)
4 Date	Anne Robinson	te PAC (ID#:)	7 Amount of contribution (\$)
01/01/2022	6 Contributor address; City; 6546 Embers Road Dallas	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		te PAC (ID#:)	Amount of contribution (\$)
01/01/2022	Hanna Manfria		100 00
	Contributor address; City;	State; Zip Code	100.00
	14700 MARSH LN APT 1525 ADDISON	N TX 75001-8062	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		te PAC (ID#:)	Amount of contribution (\$)
01/03/2022	Jacob Newbold		250.00
	Contributor address; City; 9932 Dresden Drive Dallas	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
01/03/2022	Contributor address; City; 610 Dean Road Spring Brai	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	FEDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page i	n the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAME Lauren O	wens Davis	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
01/03/2022	6 Contributor address; City; State; Zip Code 4308 Alta Vista Lane Dallas TX 75229	
8 Principal occu Homemaker	pation / Job title (See Instructions) 9	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/04/2022	Sharon Wetzel	
	3850 Beutel Court Dallas TX 752	29
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/04/2022	Kelly Boulton smith	100 00
	Contributor address; City; State; Zip Code 1579 William Way Farmers Branch TX 752	100.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/04/2022	Gaia Guidi Filippi	00.00
0 1/0 1/2022	Contributor address; City; State; Zip Code 6839 Leameadow Dr Dallas TX 75248	20.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)

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SCHEDULE A1

If the reques	eted information is not applicable, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 15
2 FILER NAME Lauren O	vens Davis		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2022	5 Full name of contributor out-of-state PA Marc Marrocco 6 Contributor address; City; 4206 Alta Vista Lane Dallas T	7 Amount of contribution (\$) 500.00	
8 Principal occu Business owr	pation / Job title (See Instructions)	9 Employer (See Instruct Self-employed	tions)
Date 01/06/2022	Full name of contributor out-of-state PA Michael Quint Contributor address; City; 6015 High Court PI Dallas TX	State; Zip Code	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
Date 01/06/2022	Chart Westcott	State; Zip Code	Amount of contribution (\$) 5,000.00
Principal occup Business owr	ation / Job title (See Instructions)	Employer (See Instruct Self-employed	ions)
Date 01/07/2022	Robert Baurys Contributor address; City; 356 Pebble Beach Drive Frisc	State; Zip Code	Amount of contribution (\$) 200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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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 Tota	ll pages Schedule A1: 15
2 FILER NAME Lauren Ov	vens Davis	3 File	ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Susan Hamilton	,	ount of contribution (\$)
01/07/2022	6 Contributor address; City; State 2001 Tulane Dr. RICHARDSON TX	; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Er	nployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Am	ount of contribution (\$)
01/08/2022	Varun Gadhok		500.00
	6621 Orchard Park Dr McKinney T	William Santana	300.00
Principal occup		pployer (See Instructions) ery Partners	
Date	Full name of contributor out-of-state PAC (ID#:) Am	ount of contribution (\$)
01/08/2022	Jorden Moxley		100 00
	Contributor address; City; State; Zip Code 3031 Oliver Street 619 Dallas TX 75205		100.00
Principal occup	eation / Job title (See Instructions)	pployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Am	ount of contribution (\$)
01/09/2022	Sean Turner Contributor address; City; State	; Zip Code	250.00
	305 Main Street Roanoke TX 7626	2	250.00
Principal occup	ation / Job title (See Instructions)	ployer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS		requirements.

SCHEDULE A1

If the reques	ted 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: 15
2 FILER NAME Lauren O	vens Davis	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2022	5 Full name of contributor out-of-state PAC (ID#:	20.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	e Instructions)
Date 01/09/2022	Full name of contributor out-of-state PAC (ID#: Valentina Dunav	Amount of contribution (\$)
	Contributor address; City; State; Zip Coordinate Contributor address; City; City; Coordinate Contributor address; City; City	50.00
Principal occup	ation / Job title (See Instructions) Employer (See Surgery Partr	
Date 01/09/2022	Don gooch Contributor address; City; State; Zip Coc 3071 Cape Buffalo Trail Frisco TX 75034	1 000 00
Principal occup Business owr	nation / Job title (See Instructions) Employer (See Self-employer)	
Date 01/10/2022	Full name of contributor out-of-state PAC (ID#:	22.22
Principal occup	ation / Job title (See Instructions) Employer (See	e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

SCHEDULE A1

if the reques	sted information is not applicable	e, DO NOT IN	clude this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 15
2 FILER NAME Lauren Ov	wens Davis			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:			7 Amount of contribution (\$)
01/10/2022	6 Contributor address; 2805 Hanover I	City;	State; Zip Code TX 75225	200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor Jennifer Wright	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/11/2022	Contributor address; City; 1414 S Broadway St 3139 Carrolltor		State; Zip Code	500.00
Principal occup Business own	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/11/2022	Patricia Wil			10.00
	Contributor address; City; State; Zip Code 2709 South Fifth Street Garland TX 75041		10.00	
Principal occup Business own	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Mary Caldwell	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/11/2022	Contributor address;	City;	State; Zip Code	100.00
	14127 Tanglewood Drive	Farmers I	Branch TX 75234	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIO	NAI CODIES	OF THIS SCHEDIII E AS N	EEDED

SCHEDULE A1

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1: 15
2 FILER NAME Lauren O	vens Davis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
01/12/2022	6 Contributor address; City; 1763 Graysport Crossing Rd Gore	State; Zip Code Springs MS 38929	500.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruction Retired	ions)
Date	Full name of contributor out-of-state Tyler Hargrave	PAC (ID#:)	Amount of contribution (\$)
01/12/2022		State; Zip Code	50.00
Principal occup Business ow	netion / Job title (See Instructions)	Employer (See Instructi	ons)
Date 01/12/2022	Dan Grav		Amount of contribution (\$)
01/12/2022	Contributor address; City; 5740 Willow Lane Dall	State; Zip Code las TX 75230	100.00
Principal occu Business ow	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state Marlin McDaniel	PAC (ID#:)	Amount of contribution (\$)
01/14/2022	Contributor address; City; 7201 South Custer Road 2306 Mc	State; Zip Code	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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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 t	form.	1 Total pages Schedule A1: 15
2 FILER NAME Lauren O	vens Davis		3 Filer ID (Ethics Commission Filers)
4 Date	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Joshua Ayers		7 Amount of contribution (\$)
01/14/2022	6 Contributor address; City; 2000 McKinney Ave Suite 2125 Dalla	State; Zip Code	500.00
8 Principal occu Advis		Employer (See Instruction Reb Capital	ons)
Date		ID#:)	Amount of contribution (\$)
01/15/2022	Connelia Guest Contributor address; City;	State; Zip Code	100.00
	4540 Edmondson Avenue Dalla	Section 1	100.00
Principal occup Business own	ation / Job title (See Instructions) OCT J	Employer (See Instructi enn Sits	ons)
Date		ID#:)	Amount of contribution (\$)
01/15/2022	Thomas Moore Contributor address; City;	Management of the second control of the seco	97.00
	4517 Myerwood Ln Dallas TX 7	State; Zip Code	31.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
01/15/2022	Michelle Flabiano Contributor address; City;	State; Zip Code	25.00
	12308 Marbrook Drive Dallas T.	X 75230	23.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this	s page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
Lauren O	wens Davis	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
01/16/2022	6 Contributor address; City; State; 5025 Capitol Avenue 104 Dallas TX 75	250.00 250.00
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/16/2022	Anne Ingwalson Contributor address; City; State;	Zip Code 100.00
	4404 Normandy Avenue Dallas TX 75	
Principal occup Business ow		yer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/16/2022	Bryan Stone	1 000 00
	9455 Estate Lane Dallas TX	75238 1,000.00
Principal occup Business		yer (See Instructions) Stone
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
01/16/2022	karen knobler Contributor address; City; State;	50.00
	6254 Turner Way Dallas TX 7	75230
Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

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: 15
2 FILER NAME Lauren O	wens Davis	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
01/16/2022	6 Contributor address; City; State; Zip Code 4505 Stanhope St Dallas TX 7520	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
01/17/2022	Sophie Terzo	25.00
	Contributor address; City; State; Zip Code	25.00
	5102 W Hanover, Dallas TX 75209	
Principal occup Business ow	pation / Job title (See Instructions) Employer (See Instructions) The second	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/17/2022	Olivia Lafield	05.00
01/11/2022	Contributor address; City; State; Zip Code	25.00
	4058 Davila Drive Dallas TX 75220	0 20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/49/2022	Lauren McDonough	
01/18/2022	Contributor address; City; State; Zip Code	100.00
	2209 Shady Vista Richardson TX 75080	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addition	

SCHEDULE A1

If the reques	sted 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: 15
2 FILER NAME Lauren O	wens Davis	3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2022	5 Full name of contributor out-of-state PAC (ID#:) KURT KRETSINGER 6 Contributor address; City; State; Zip Code 9316 W. Lake Highlands Dr. Dallas TX 75218	7 Amount of contribution (\$) 100.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	stions)
Date	Full name of contributor out-of-state PAC (ID#:) Charul Sambora	Amount of contribution (\$)
01/18/2022	Cheryl Samberg Contributor address; City; State; Zip Code 14714, Celestial place Dallas TX 75254	50.00
Principal occup Business ow	pation / Job title (See Instructions) Employer (See Instructions) The second	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
01/19/2022	Robin Nowak Contributor address; City; State; Zip Code 107 Tampico Circle Duncanville TX 75116	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 01/20/2022	Full name of contributor out-of-state PAC (ID#:) Andrew Dart	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 107 Tampico Circle Duncanville TX 75116	250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	etions)
	ATTACH ADDITIONAL CORIES OF THIS SCHEDUL E AS A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 15
FILER NAME Lauren O	wens Davis		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:) Susan Hamiilton		te PAC (ID#:)	7 Amount of contribution (\$)
1/20/2022	6 Contributor address; City; 2001 Tulane Dr. Richardson	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Pate Full name of contributor out-of-state PAC (ID#:) Michael Colby Contributor address; City; State; Zip Code 1500 Solana Blvd #4500, Westlake, TX 76262		Amount of contribution (\$)
1/19/2022			50,000.00
Principal occup resident	pation / Job title (See Instructions)	Employer (See Instruction Goosehead	ons)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Lauren Owens Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 01/05/2022	5 Payee name phantombuster			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
70.70	28, rue Anatole Le Kremlin-Bicêtre, F	rance	*	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Marketing software		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/05/2022	MC4WP.COM			
Amount (\$)	Payee address;	City;	State; Zip Code	
59.59	Oosthavendijk 9, 4475AA Wilhelmina	adorp, The Netho	erlands	
PURPOSE OF EXPENDITURE	Other (enter a category not listed above)	Description website softwa	are	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/05/2022	Mailchimp			
Amount (\$)	Payee address;	City;	State; Zip Code	
41.25	675 Ponce De Leon Ave NE, Suite 50	000 Atlanta, GA	30308 USA	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Email marketing	g	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Lauren Owens Davis 4 Date 5 Payee name 01/10/2022 phantombuster 6 Amount (\$) 7 Payee address; City; State; Zip Code 28, rue Anatole Le Kremlin-Bicêtre, France 111.06 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Advertising Expense PURPOSE Marketing software OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/12/2022 Axiom Strategies Amount (\$) Payee address; City; State: Zip Code 800 W 47th St, Ste 200, Kansas City, MO 64112 2,000.00 Category (See Categories listed at the top of this schedule) Description Consulting Expense PURPOSE Consulting OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 01/18/2022 Vista Print Amount (\$) Pavee address: City; State; Zip Code 275 Wyman Street Waltham, MA 02451 400.92 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense cards **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 4	2 FILER NAME Lauren Owens Davis		3 Filer ID (Ethic	s Commission Filers)
4 Date 01/18/2022	5 Payee name Staples			
6 Amount (\$) 88.75	7 Payee address; 11700 Preston Rd STE 720 Suite 72	City; 0, Dallas, TX 75	State; 5230	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description printing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/19/2022	Honey and Oates			
1,000.00	Payee address; 7951 Collin McKinney Parkway, McK	City; inney, TX 7507	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description video services	5	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 01/20/2022	Payee name Edgerton Strategies			
Amount (\$) 25,000.00	Payee address; 1540 Keller Parkway #108-402, Kelle	city; r, TX 76248	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description digital marketin	ng	,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (enter a categor	y not listed above)
Total pages Schedule F1:	2 FILER NAME Lauren Owens Davis		3 Filer ID (Ethics	Commission Filers
Date 01/20/2022	5 Payee name Anedot			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
698.39	1340 Poydras Street, Suite 1770,	Ne	w Orleans LA	70112
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Processing fees for donations		
	(c) Check if travel outside of Texas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G: 1	Lauren Owens Davis		3 Filer ID (Ethics Commission Filers)	
4 Date 01/03/2022	5 Payee name i360			
6 Amount (\$) 1,600.00 Reimbursement from political contributions intended	Payee address;2300 Clarendon Blvd Ste 800 Arlin	city; gton, VA, 22201	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other (enter a category not listed above)	(b) Description block walking software		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	