

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: **23**

| | | | | | | | |
|--|--|--------------------------------------|----------------|---|----------------------------------|--|------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | | | |
| | Mrs. | Lauren | O | | | | |
| | NICKNAME | LAST | SUFFIX | Date Received | | | |
| | | Davis | | BY _____ | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | |
| Change of Address | P.O. Box 670065 | | Dallas, TX | | 75367 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered | Date Postmarked | | |
| | (214) | 296-9072 | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Receipt # | Amount \$ | | |
| | Mrs. | Lauren | O | | | | |
| | NICKNAME | LAST | SUFFIX | Date Processed | | | |
| | | Davis | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE | |
| (Residence or Business) | 7130 Mimosa Lane | | | Dallas, TX | | 75230 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Imaged | | | |
| | (214) | 296-9072 | | | | | |
| 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 | THROUGH | Month | Day | Year |
| | 7 | 1 | 21 | | 12 | 31 | 21 |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | |
| | 3 | 1 | 22 | <input type="checkbox"/> General | <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | | |
| | | | | Dallas County Judge | | | |
| 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 | | | | | |

FILED
 2022 JAN 18 PM 1:15
 JOHN F. HARRIN
 COUNTY CLERK
 DALLAS COUNTY

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|---|
| 15 C/OH NAME Lauren Owens Davis | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 10,995.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 9,535.80 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 10,537.20 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

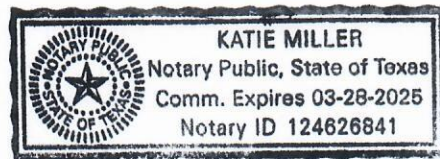
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lauren Owens Davis this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Katie Miller Printed name of officer administering oath: Katie Miller Title of officer administering oath: notary

OR

(2) Unsworn Declaration

My name is Lauren Owens Davis, and my date of birth is November 11, 1983.

My address is 7130 Mimosa Lane, Dallas, TX, 75230, USA.
(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

Lauren Owens Davis

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|--------------|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,995.00 |
| 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 | \$ 457.80 |
| 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 | \$ 9,078.00 |
| 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: **15**

2 FILER NAME

Lauren Owens Davis

3 Filer ID (Ethics Commission Filers)

4 Date

12/28/2021

5 Full name of contributor

Tamara Brown

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

650.00

6 Contributor address;

City;

State;

Zip Code

5400 East Mockingbird Lane 218 Dallas TX 75206

8 Principal occupation / Job title (See Instructions)

Salon owner

9 Employer (See Instructions)

Self-employed

Date

12/28/2021

Full name of contributor

John Davis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1763 Graysport Crossing Rd Gore Springs MS 38929

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2021

Full name of contributor

Jolie Nichols

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

4724 Allencrest Lane Dallas TX 75244-7707

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2021

Full name of contributor

Melissa Sapio

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

3824 Cedar Springs Road 461 Dallas TX 75219

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

n/a

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: 15 |
| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/28/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Daniel Flick 6 Contributor address; City; State; Zip Code 6723 Southridge Drive Dallas TX 75214 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/29/2021 | Full name of contributor out-of-state PAC (ID#: _____) Judy Adams Contributor address; City; State; Zip Code 8810 Coleman Boulevard Frisco TX 75034 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/29/2021 | Full name of contributor out-of-state PAC (ID#: _____) Maureen Hafertepe Contributor address; City; State; Zip Code 5331 Yolanda Lane Dallas TX 75229 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) Self-employed |
| Date 12/29/2021 | Full name of contributor out-of-state PAC (ID#: _____) Ann Bleeck Contributor address; City; State; Zip Code 5103 Scarborough Lane Dallas TX 75287 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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: 15 |
| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/29/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Marla Hartsell 6 Contributor address; City; State; Zip Code 10557 Somerton Drive Dallas TX 75229 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/29/2021 | Full name of contributor out-of-state PAC (ID#: _____) Julie Weissmueller Contributor address; City; State; Zip Code 6410 Joyce Way Dallas TX 75225 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/29/2021 | Full name of contributor out-of-state PAC (ID#: _____) Allyson Raskin Contributor address; City; State; Zip Code 5533 Meletio Lane Dallas TX 75230 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/29/2021 | Full name of contributor out-of-state PAC (ID#: _____) Katie Miller Contributor address; City; State; Zip Code 3540 Golfing Green Drive Farmers Branch TX 75234 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) Self-employed/Owner | | Employer (See Instructions) Texas Lending |
| 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

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 15 |
| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/29/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Lisa Head 6 Contributor address; City; State; Zip Code 1313 Thistledown Dr. Plano TX 75093 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Jessica Bartnick Contributor address; City; State; Zip Code 5128 Seascapes Lane Plano TX 75093 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Sharron Bengel-Hartley Contributor address; City; State; Zip Code 2203 Kessler Woods Ct. Dallas TX 75208 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) n/a |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Alice Franklin Contributor address; City; State; Zip Code 6903 Coronado Avenue Dallas TX 75214 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 15 |
| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/30/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Jeff Lang 6 Contributor address; City; State; Zip Code 1901 Barclay Pl Richardson TX 75081 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Scott Walker Contributor address; City; State; Zip Code 3819 Northwest Parkway Dallas TX 75225 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Kristen House Contributor address; City; State; Zip Code 408 Big Creek Road Willow Park TX 76087 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Holly Lanahan Contributor address; City; State; Zip Code 4400 Emerson Avenue Dallas TX 75205 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 15 |
| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/30/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Celina Abeyta 6 Contributor address; City; State; Zip Code 4176 Park Lane Dallas TX 75220 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) Director | | 9 Employer (See Instructions) Black Forrest Construction |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Michele Haas Contributor address; City; State; Zip Code 505 Liberty Court Colleyville TX 76034 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Jean Tally Contributor address; City; State; Zip Code 4136 Goodfellow Dr Dallas TX 75229 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Anna Daigle Contributor address; City; State; Zip Code 7251 Meadow Lake Ave Dallas TX 75214 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/30/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Brenda Mcpherson 6 Contributor address; City; State; Zip Code 700 Debbie Lane Arlington TX 76002 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Sally Jackson- Brezic Contributor address; City; State; Zip Code 7135 Iupton drive Dallas TX 75225 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Mary Elkhay Contributor address; City; State; Zip Code 13140 Kerr Trail Dallas TX 75244 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Mickie George Contributor address; City; State; Zip Code 1703 Big Canyon Trail Carrollton TX 75007 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/31/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Joseph Malone 6 Contributor address; City; State; Zip Code 3234 Clearfork Trail Frisco TX 75034 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Lauren Bohart Contributor address; City; State; Zip Code 5715 Meletio Lane Dallas TX 75230 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Brian Livingston Contributor address; City; State; Zip Code 9520 Alberta Court Frisco TX 75033 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Victor Escobedo Contributor address; City; State; Zip Code 1124 Morning Glen Spring Branch TX 78070 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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1 Total pages Schedule A1:**15****2** FILER NAME**Lauren Owens Davis****3** Filer ID (Ethics Commission Filers)**4** Date

12/31/2021

5 Full name of contributor**Jaco Booyens**

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

3804 Plum Vista Place Arlington TX 76005**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/31/2021

Full name of contributor

Elizabeth Conaway

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

838 Elgin Court Rockwall TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

David Ochoa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2940 Shady Lake Cir Carrollton TX 75006-4745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

Shannon Ayres

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

6043 Star Mesa Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/31/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Nathan Roberts 6 Contributor address; City; State; Zip Code 830 Thomasson Dr Dallas TX 75208 | 7 Amount of contribution (\$) 25.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Robert Romano Contributor address; City; State; Zip Code 310 South Edgefield Avenue Dallas TX 75208 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Karen Bellinghausen Contributor address; City; State; Zip Code 6715 Gold Dust Trail Dallas TX 75252 | Amount of contribution (\$) 25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Michelle Ozymy Contributor address; City; State; Zip Code 3400 Oak Grove Avenue Dallas TX 75204 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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| | | |
|---|--|---|
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| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/31/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Kimberly Cohen 6 Contributor address; City; State; Zip Code 4449 Potomac Avenue Dallas, TX TX 75205 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Terrell Thoms Contributor address; City; State; Zip Code 1140 Millstone Run Watkinsville GA 30677 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) n/a |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Ellen Knetig Contributor address; City; State; Zip Code 1720 Spring Branch Road Spring Branch TX 78070 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Tim Hagen Contributor address; City; State; Zip Code 702 Tenna Loma Court Dallas TX 75208 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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.

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 15 |
| 2 FILER NAME Lauren Owens Davis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/31/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Craig Cowles 6 Contributor address; City; State; Zip Code 4124 Calculus Drive Dallas TX 75244 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Melanie Jennings Contributor address; City; State; Zip Code 9211 Pinewood Drive Dallas TX 75243 | Amount of contribution (\$) 20.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Tom & Marylyn Owens Contributor address; City; State; Zip Code 6921 Greeley Ave Kansas City KS 66109 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor out-of-state PAC (ID#: _____) Kathleen Ramirez Contributor address; City; State; Zip Code 850 Lake Carolyn Parkway Apt 3141 Irving TX 75039 | Amount of contribution (\$) 10.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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: **15****2** FILER NAME**Lauren Owens Davis****3** Filer ID (Ethics Commission Filers)**4** Date

12/31/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Mary Klassen**6** Contributor address;

City;

State;

Zip Code

1308 Rusdell Dr. Irving TX 75060**7** Amount of contribution (\$)**20.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/31/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Danielle Russell

Contributor address;

City;

State;

Zip Code

2705 Fordham Ct Flower Mound TX 75022

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Sharon Wood

Contributor address;

City;

State;

Zip Code

625 Swan Drive Coppell TX 75019

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Aleksandra Mongayt

Contributor address;

City;

State;

Zip Code

7601 Churchill Way 1614 Dallas TX 75251

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: **15****2** FILER NAME**Lauren Owens Davis****3** Filer ID (Ethics Commission Filers)**4** Date

12/31/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Janelle Moore**7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

6606 Mapleshade Lane Dallas TX 75252**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/31/2021

Full name of contributor

out-of-state PAC (ID#: _____)

James Vergos

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3617 McFarlin Boulevard Dallas TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Michelle Gardiner

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

811 Turner Avenue Dallas TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Janet Mariani

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

6904 Hill Forest Drive Dallas TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:
15**2** FILER NAME**Lauren Owens Davis****3** Filer ID (Ethics Commission Filers)**4** Date

12/31/2021

5 Full name of contributor**William Schurr**

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**20.00****6** Contributor address;

City;

State;

Zip Code

1126 N Edgefield Ave Dallas TX 75208**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/31/2021

Full name of contributor

Angela Heiter

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

319 Briarwyld Drive Irving TX 75060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

John McNichol

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

817 Beacon Hill Drive Irving TX 75061

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

Holly Forsythe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

7229 Kenny Lane Dallas TX 75230

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

multiple owned businesses**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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 Lauren Owens Davis | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/31/2021 | 5 Payee name Anedot | |
| 6 Amount (\$) 457.80 | 7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770, New Orleans LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Processing fees for donations |
| | (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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 G: 3 | 2 FILER NAME Lauren Owens Davis | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/27/2021 | 5 Payee name USPS | |
| 6 Amount (\$) 204.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code 475 L'Enfant Plaza, SW Room 4012, Washington, DC 20260-2200 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Post office box |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date 12/19/2021 | Payee name Godaddy | |
| Amount (\$) 12.17 <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Email/hosting |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date | Payee name | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 G: | 2 FILER NAME Lauren Owens Davis | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/28/2021 | 5 Payee name Mail Chimp c/o The Rocket Science Group, LLC | |
| 6 Amount (\$) 9.58 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308 USA | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Email marketing |
| | (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 12/13/2021 | Payee name Godaddy | |
| Amount (\$) 115.00 <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260 | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Email/hosting |
| | 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 12/13/2021 | Payee name Godaddy | |
| Amount (\$) 85.34 <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ 85260 | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Email/hosting |
| | 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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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 | 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 G: 3 | 2 FILER NAME Lauren Owens Davis | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/31/2021 | 5 Payee name YT Ad Service | |
| 6 Amount (\$) 5,000.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code 2340 E. Trinity Mills Rd. Suite 300, Carrollton, TX 75006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Social Media Advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/30/2021 | Payee name First Graphic Services, Inc | |
| Amount (\$) 3,603.10 <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code 229 Garvon St, Garland, TX 75040 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/28/2021 | Payee name Ring Central | |
| Amount (\$) 48.81 <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code 20 Davis Drive, Belmont CA 94002 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Phone service |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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