

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 NICKNAME CAROLYN LAST R SUFFIX
DAVIS

OFFICE USE ONLY

Date Received
RECEIVED
 2007 APR 12 PM 2:19
 CITY SECRETARY
 DALLAS, TEXAS

Date Hand Delivered or Date Postmarked

Receipt # Account

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
4600 2nd AVE DALLAS TX 75210

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 428-4387

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 NICKNAME Burleigh LAST C SUFFIX
FOREMAN JR

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
4600 2nd AVE DALLAS, TX 75210

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 428-4387

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 15 / 07 04 / 12 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
05 / 12 / 07

12 OFFICE

OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
NONE City Council District 7

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 265.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3265.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 2610.61

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 654.39

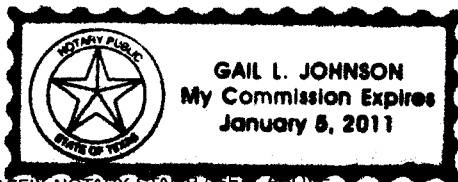
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Carolyn Davis (Signature)

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carolyn Davis, this the 12 day of April, 2007, to certify which, witness my hand and seal of office.

Gail L. Johnson (Signature)

Signature of officer administering oath

GAIL L. Johnson (Printed name)

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/07

5 Full name of contributor out-of-state PAC (ID#: _____)

DIANA GILBERT

6 Contributor address; City; State; Zip Code

5820 GARDENDALE DR DLS, TX 75228

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/16/07

Full name of contributor out-of-state PAC (ID#: _____)

SUSAN WALKER

Contributor address; City; State; Zip Code

5820 GARDENDALE DR DLS, TX 75228

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/07

Full name of contributor out-of-state PAC (ID#: _____)

RITA COX + COMPANY

Contributor address; City; State; Zip Code

P.O. BOX 595759 DLS, TX 75359

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/07

Full name of contributor out-of-state PAC (ID#: _____)

DARON K TAPSCOTT

Contributor address; City; State; Zip Code

5230 GOODWIN AVE DLS, TX 75206

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/07

Full name of contributor out-of-state PAC (ID#: _____)

SUSAN H. WALKER

Contributor address; City; State; Zip Code

5820 GARDENDALE DR DLS, TX 75228

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/07

5 Full name of contributor out-of-state PAC (ID#: _____)

MARY McDERMOTT COOK

6 Contributor address; City; State; Zip Code

10840 STRAIT LN DLS, TX 75229

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/7/07

Full name of contributor out-of-state PAC (ID#: _____)

MARCUS LLOYD NELSON

Contributor address; City; State; Zip Code

617 DARTBROOK DR DESOTO TX 75115

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/07

Full name of contributor out-of-state PAC (ID#: _____)

I TAXMAN

Contributor address; City; State; Zip Code

DLS, TX 75215

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/5/07

Full name of contributor out-of-state PAC (ID#: _____)

EUGENE + RENEE BYNUM

Contributor address; City; State; Zip Code

3604 SANDIA DR PLANO, TX 75023

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/07

Full name of contributor out-of-state PAC (ID#: _____)

MARCUS LLOYD NELSON

Contributor address; City; State; Zip Code

617 DARTBROOK DR DESOTO, TX 75115

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

3 Total pages Schedule A:

3 of 3

2 FILER NAME

CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission files)

4 Date

3/14/07

5 Full name of contributor

ANTHONY + NORMA PACE

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

14939 KUDLWIE DLS, TX 75248

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/3/07

Full name of contributor

JAMES R RIED

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

929 N CLINTON ST DLS, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/07

Full name of contributor

VIKKI J MARTIN

out-of-state PAC (ID#)

Amount of contribution (\$)

\$15.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8230 CLAREMONT DR DLS, TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

CARDOLYN R DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/23/07

5 Payee name

OFFICE MAX

7 Amount (\$)

\$ 27.84

6 Payee address; City; State; Zip Code

2415 N HASKELL DALLAS, TX 75204

\$ 42.25

\$ 70.14

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

TOWEL for COMPUTER
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/10/07

Payee name

MINYARDS

Amount (\$)

\$ 94.36

Payee address; City; State; Zip Code

1707 R.B. CULLUM DLS, TX 75210

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

DRINK + FOOD for Campaign office
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/2/07

Payee name

EDWARDS + PATTERSON SIGNS

Amount (\$)

\$ 740.43

Payee address; City; State; Zip Code

4733 DON DRIVE DLS, TX 75247

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

YARD SIGNS
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/20/06

Payee name

JOHN'S PRINTING

Amount (\$)

\$ 266.07

Payee address; City; State; Zip Code

232 YORKTOWN DALLAS, TX 75208

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

POST CARDS + ENVELOPES
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 of 3

2 FILER NAME CAROLYN DAVIS 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2/20/2009</u>	5 Payee name <u>FERGUSON ROAD INITIATIVE</u> 6 Payee address; City; State; Zip Code <u>P.O. BOX 570419 DLS, TX 75210</u>	7 Amount (\$) <u>\$350.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>News letter - FRI</u> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>2/10/09</u>	Payee name <u>Fed. Ex. Kinko's</u> Payee address; City; State; Zip Code <u>5500 GREENVILLE AVE STE 1203 DALLAS, TX 75206</u>	Amount (\$) <u>\$36.76</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Campaign Letters</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>02/11/09</u>	Payee name <u>OFFICE MAX</u> Payee address; City; State; Zip Code <u>2415 N HASSELL DALLAS, TX 75204</u>	Amount (\$) <u>\$86.33</u>
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Purpose of payment (See instructions regarding type of information required.) <u>OFFICE MATERIALS</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>3/1/09</u> <u>3/8/09</u> <u>4/10/09</u>	Payee name <u>OK PAPER CENTER</u> Payee address; City; State; Zip Code <u>500 N CAIFFIN DALLAS, TX 75202</u>	Amount (\$) <u>\$382.56</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Door Hangers</u> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME

CARDYNN DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/07

5 Payee name

SKYLINE PRINTERS

7 Amount (\$)

\$225.00

6 Payee address: City: State: Zip Code

3123 M.L.King, JR DALLAS, TX 75215

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

DOOR HANGERS
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/15/07

Payee name

DEMOCRATIC PARTY

Amount (\$)

\$104.00

Payee address: City: State: Zip Code

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

PRECINCT LISTS
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/09/07

Payee name

MINIYARDS FOOD STORE

Amount (\$)

\$59.94

Payee address: City: State: Zip Code

3232 MARTIN LUTHER KING BL DALLAS, TX 75210

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

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

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

Candidate / Officeholder name Office sought Office held

Date

03/09/07

Payee name

JUANITA CRAFT STA

Amount (\$)

\$195.00

Payee address: City: State: Zip Code

GRAND AVE DALLAS, TX 75215

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

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

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED