

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. **

additional pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

RECEIVED
 2007 JUL 13 AM 9:55
 CITY SECRETARY
 DALLAS, TEXAS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,610.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,281.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,328.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ — 0 —

19 AFFIDAVIT

JOYCE M JONES
NOTARY PUBLIC
State of Texas
Comm. Exp. 09-02-2007

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.

Carolyn R. Davis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carolyn R. Davis, this the 12th day of July, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

RECEIVED
2009 JUL 13 AM 9:55

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

CITY SECRETARY
DALLAS, TEXAS

11 Total pages Schedule A: **1 of 6**

2 FILER NAME CAROLYN DAVIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/4/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: METROX ASSOC. OF REALTORS INC	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8201 N STEMMONS FRWY DALLAS, TX 75247		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
--	---------------------------------------

Date 5/30/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOME PAC OF GREATER DALLAS	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5816 W. PLANO FRWY PLANO TX 75093		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		

Date 6/7/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GILBERT ARANZA	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 35265 DALLAS, TX 75235		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		

Date 2/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A.C. WALKER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5820 GARDENDALE DR DALLAS, TX 75228		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		

Date 5/31/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SEIU C.D.P.E.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 MASS AVE NW WASHINGTON, DC 20036		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 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 6

2 FILER NAME

CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission file)

4 Date

6/13/07

5 Full name of contributor out-of-state PAC (DE)

ALVA D. BAKER

6 Contributor address; City; State; Zip Code

2401 South Blvd

Dallas, TX 75215

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

6/17/07

Full name of contributor out-of-state PAC (DE)

LORRAINE W. BROY

Contributor address; City; State; Zip Code

1601 VERDUN AVE

DALLAS, TX 75215-4446

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

6/26/07

Full name of contributor out-of-state PAC (DE)

MURDAINE BERRY

Contributor address; City; State; Zip Code

PO Box 41541

DALLAS, TX 75241

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

5/17/07

Full name of contributor out-of-state PAC (DE)

DAVID B. ARMOUR

Contributor address; City; State; Zip Code

100 CONGRESS AVE STE 1300

Austin, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

5/3/07

Full name of contributor out-of-state PAC (DE)

MOUNZER TALEB

Contributor address; City; State; Zip Code

1001 Grant DR

P.O. Box 831357 Richardson, TX 75083

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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:
3 of 6

2 FILER NAME
CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission form)

4 Date: 6/6/07
5 Full name of contributor: JAMES R. REID
6 Contributor address: 1529 SEEGRAD ST DALLAS, TX 75215

7 Amount of contribution (\$): \$50.00
8 In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date: 6/5/07
Full name of contributor: ROGER ALBRIGHT
Contributor address: 3301 ELM ST DALLAS, TX 75226

Amount of contribution (\$): \$1,000.00
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date: 6/7/07
Full name of contributor: LAWRENCE R. DUFFER
Contributor address: 7225N JANMAR DR DALLAS, TX 75230

Amount of contribution (\$): \$1,000.00
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date: 6/6/07
Full name of contributor: JEREMY A. BARNES
Contributor address: 1811 GREENVINE APT 3147 DALLAS, TX 75206

Amount of contribution (\$): \$1,000.00
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date: 6/5/07
Full name of contributor: ROBERT R. RICHLEMOSEN
Contributor address: 9744 TRAILS TERRELL, TX 75160

Amount of contribution (\$): \$1,000.00
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

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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:
4 of 6

2 FILER NAME
CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission Use)

4 Date: *6/5/07*
5 Full name of contributor out-of-state PAC (DE):
Wendy Riddle Moser
6 Contributor address; City; State; Zip Code:
2220 Canton St Dallas, TX 75201

7 Amount of contribution (\$):
\$1,000.00
8 In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date: *6/1/07*
Full name of contributor out-of-state PAC (DE):
TAREK AH-KADRI
Contributor address; City; State; Zip Code:
609 Ashfield Richardson, TX 75081

Amount of contributions (\$):
\$1,000.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date: *5/31/07*
Full name of contributor out-of-state PAC (DE):
MR + MRS. ELGHONIMI
Contributor address; City; State; Zip Code:
2514 Redco Court Garland, TX 75044

Amount of contribution (\$):
\$50.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date: *5/30/07*
Full name of contributor out-of-state PAC (DE):
KEVIN OR SHERRY GOLDBERG
Contributor address; City; State; Zip Code:
16208 Rawchita Dr DALLAS, TX 75248

Amount of contribution (\$):
\$1,000.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date: *5/30/07*
Full name of contributor out-of-state PAC (DE):
NEIL GOLDBERG
Contributor address; City; State; Zip Code:
6535 FOREST CREEK DR DALLAS, TX 75230

Amount of contribution (\$):
\$1,000.00
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

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: **5 of 6**

2 FILER NAME **CAROLYN DAVIS**

3 ACCOUNT # (Ethics Commission file)

4 Date **5/21/07**
 5 Full name of contributor out-of-state PAC (DE) **Rita Cox**
 6 Contributor address; City; State; Zip Code **P.O. Box 595759 Dallas, TX 75359**

7 Amount of contribution (\$) **\$ 250.00**
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date **5/16/07**
 Full name of contributor out-of-state PAC (DE) **1 TAX. MAN. INC.**
 Contributor address; City; State; Zip Code **1844 South Blvd DALLAS, TX 75215**

Amount of contribution (\$) **\$50.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **5/21/07**
 Full name of contributor out-of-state PAC (DE) **DAVID OR SHARON MACKO**
 Contributor address; City; State; Zip Code **3745 SAPPHIRE ST. KELLER, TX 76248**

Amount of contribution (\$) **\$1000.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **5/24/07**
 Full name of contributor out-of-state PAC (DE) **MRS. MRS. C. J. GOLDEN**
 Contributor address; City; State; Zip Code **P.O. Box 822601 DALLAS, TX 75382**

Amount of contribution (\$) **\$500.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date **5/21/07**
 Full name of contributor out-of-state PAC (DE) **Richard or Joy Alsip**
 Contributor address; City; State; Zip Code **6898 Colquitt Rd TERRELL, TX 75180**

Amount of contribution (\$) **\$ 500.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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:
6 of 6

2 FILER NAME

CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission file)

4 Date

5/24/07

5 Full name of contributor out-of-state PAC (DE)

Richard Rivera

6 Contributor address; City; State; Zip Code

14181 North Rd Dallas, TX 75254

7 Amount of contribution (\$)

\$1000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

6/1/07

Full name of contributor out-of-state PAC (DE)

John Damas

Contributor address; City; State; Zip Code

4408 Hollow Oak Dr Dallas, TX 75287

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

5/25/07

Full name of contributor out-of-state PAC (DE)

Ken D. Shadlock

Contributor address; City; State; Zip Code

16353 Laurel Ln Dallas, TX 75248

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4/16/07

Full name of contributor out-of-state PAC (DE)

DEMETRIS STAMPSON

Contributor address; City; State; Zip Code

P.O. Box 2252 Dallas, TX 75329

Amount of contribution (\$)

\$760.00

In-kind contribution description (if applicable)

PHONE BANK CALLS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (DE)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

2007 JUL 13 AM 9:55

RECEIVED

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 7

2 FILER NAME

Carolyn Davis

CITY SECRETARY
DALLAS, TEXAS

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/12/07

5 Payee name

(Check # 2054) WORKERS IN FIELD

7 Amount (\$)

\$3000.00

6 Payee address; City; State; Zip Code

4600 2ND AVE DALLAS, TX 75210

8 Purpose of payment (See instructions regarding type of information required.)
Election day EXPENSE CARD PUSHERS
(If travel outside of Texas, complete Schedule T) VICTORY PARTY

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

Date

6/12/07

Payee name

OFFICE WORKERS

Amount (\$)

\$1200.00

Payee address; City; State; Zip Code

4600 2ND AVE DALLAS, TX 75210

Purpose of payment (See instructions regarding type of information required.)
OFFICE STAFF
(If travel outside of Texas, complete Schedule T)

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

Date

6/12/07

Payee name

B.C. FOREMAN

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

4600 2ND AVE DALLAS, TX 75210

Purpose of payment (See instructions regarding type of information required.)
FOOD FOR CARD PUSHER AT 14 ROLLS
(If travel outside of Texas, complete Schedule T)

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

Date

6/9/07

Payee name

TARGETS

Amount (\$)

\$10.58

Payee address; City; State; Zip Code

CITY PLACE MARKET DALLAS, TX

Purpose of payment (See instructions regarding type of information required.)
SUPPLIES FOR OFFICE
(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: 297
2 FILER NAME Carolyn Davis		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/8/07	5 Payee name METRO PCS	7 Amount (\$) \$80.00
6 Payee address; City; State; Zip Code Grand Ave DALLAS, TX 75215		
8 Purpose of payment (See instructions regarding type of information required.) PHONE SERVICE (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 5/20/07	Payee name Campaign Systems Inc	Amount (\$) \$313.94
Payee address; City; State; Zip Code 300 SEWELL CT IRVING, TX 75083		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 05/01/07	Payee name Avis	Amount (\$) \$239.49
Payee address; City; State; Zip Code 710 E H.W. 67 DENVERVILLE, TX 75137		
Purpose of payment (See instructions regarding type of information required.) RENTAL CAR (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 6/13/07	Payee name B.C. FOREMAN (CK# 2050)	Amount (\$) \$1,159.91
Payee address; City; State; Zip Code 4600 2nd Ave DALLAS, TX 75210		
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT (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: **3 of 7**

2 FILER NAME **Carolyn Davis**

3 ACCOUNT # (Ethics Commission files)

4 Date
6/8/07

5 Payee name
EDWARDS + PATTERSON SIGNS

7 Amount (\$)
\$376.71

6 Payee address; City; State; Zip Code
4733 DON DRIVE DALLAS, TX 7524

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

(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
5/29/07

Payee name
OK PAPER CENTER

Amount (\$)
\$143.97

Payee address; City; State; Zip Code
500 N GRIFFIN ST DALLAS TX 75201

Purpose of payment (See instructions regarding type of information required.)
door HANGERS
(If travel outside of Texas, complete Schedule T)

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

Date
4/4/07

Payee name
The Order Desk

Amount (\$)
\$1,130.33

Payee address; City; State; Zip Code
2910 Canton St DALLAS, TX 75226

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

(If travel outside of Texas, complete Schedule T)

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

Date
6/13/07

Payee name
The Order Desk

Amount (\$)
\$835.51

Payee address; City; State; Zip Code
2910 Canton Dallas, TX 75226

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

(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: **4 of 7**

2 FILER NAME **CAROLYN DAVIS**

3 ACCOUNT # (Ethics Commission files)

4 Date
6/24/07

5 Payee name
Voice Broadcasting Corp.
6 Payee address; City; State; Zip Code
1527 COOPER ARLINGTON, TX 76010

7 Amount (\$)
\$1,147.77

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

(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
6/18/07

Payee name
ENTERPRISE RENT-A-CAR
Payee address; City; State; Zip Code
MLK Blvd. DALLAS TX 75215

Amount (\$)
\$917.79

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN
(If travel outside of Texas, complete Schedule T)

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

Date
5/10/07

Payee name
BOOKER INDUSTRIES
Payee address; City; State; Zip Code
5415 MAPLE AVE DALLAS, TX 75235

Amount (\$)
\$2,444.20

Purpose of payment (See instructions regarding type of information required.)
PURGE EARLY VOTERS, SORT POSTAGE PRINTING
(If travel outside of Texas, complete Schedule T)

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

Date
6/11/07

Payee name
BOOKER INDUSTRIES
Payee address; City; State; Zip Code
5415 MAPLE DALLAS, TX 75235

Amount (\$)
\$131.63

Purpose of payment (See instructions regarding type of information required.)
SELECT MAY VOTERS WITH PHONES
(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: **5 of 7**

2 FILER NAME **Carolyn Davis**

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/11/07

5 Payee name
BOOKER INDUSTRIES

7 Amount (\$)
\$216.50

6 Payee address; City; State; Zip Code
5415 MAPLE AVE DALLAS, TX 75235

8 Purpose of payment (See instructions regarding type of information required.)
CORRECTED INVOICE
(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
6/11/07

Payee name
BOOKER INDUSTRIES

Amount (\$)
\$477.65

Payee address; City; State; Zip Code
5415 MAPLE AVE DALLAS, TX 75235

Purpose of payment (See instructions regarding type of information required.)
WALK/PHONE list
(If travel outside of Texas, complete Schedule T)

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

Date
6/15/07

Payee name
MEMORABLE T-SHIRTS

Amount (\$)
\$250.00

Payee address; City; State; Zip Code
P.O. Box 270201 DALLAS, TX 75227

Purpose of payment (See instructions regarding type of information required.)
T-shirts for WALKERS & staff
(If travel outside of Texas, complete Schedule T)

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

Date
6/11/07

Payee name
VOICE Brand Casting Corp.

Amount (\$)
\$592.49

Payee address; City; State; Zip Code
1527 COOPER ST ARLINGTON, TX 76010

Purpose of payment (See instructions regarding type of information required.)
(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: 6 of 7
2 FILER NAME Carolyn Davis		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/12/07	5 Payee name OFFICE WORKERS 6 Payee address; City; State; Zip Code 4600 2nd AVE DALLAS, TX 75210	7 Amount (\$) \$143.64
8 Purpose of payment (See instructions regarding type of information required.) Food for Office Workers (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 6/13/07	Payee name BHP Payee address; City; State; Zip Code 1026 N ZANES BLVD DALLAS, TX 75208	Amount (\$) \$ 77.06
Purpose of payment (See instructions regarding type of information required.) BUSINESS CARDS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/14/07	Payee name Shirley Myers Payee address; City; State; Zip Code 2919 Gray St DALLAS, TX 75210	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) TELEPHONE CALLERS Run-off (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/12/07	Payee name Christine Taylor Payee address; City; State; Zip Code 3211 JEROME DALLAS, TX 75243	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Office Adm. (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:
7097

2 FILER NAME *Carolyn Davis* 3 ACCOUNT # (Ethics Commission file):

4 Date <i>6/11/07</i>	5 Payee name <i>Betty Hooley</i>	7 Amount (\$) <i>418.00</i>
6 Payee address; City; State; Zip Code <i>2021 Exline Dallas, TX 75215</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Walker</i> (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 <i>6/15/07</i>	Payee name <i>C Rhodes</i>	Amount (\$) <i>222.00</i>
Payee address; City; State; Zip Code <i>DALLAS, TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Adm Work Run-off</i> (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 <i>6/12/07</i>	Payee name <i>Arthur Fleming</i>	Amount (\$) <i>\$134.70</i>
Payee address; City; State; Zip Code <i>823 W. Over Lancaster, TX 75134</i>		

Purpose of payment (See instructions regarding type of information required.) (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 <i>6/16/07</i>	Payee name <i>Aubray A Bean</i>	Amount (\$) <i>\$288.00</i>
Payee address; City; State; Zip Code <i>3814 Mehalia Dr Dallas, TX 75241</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Home Calling</i> (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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED