

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

additional pages

18 CONTRIBUTION TOTALS

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

\$ 200.00

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

\$ 1,204.39

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 1,161.40

CONTRIBUTION BALANCE

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

\$ 42.99

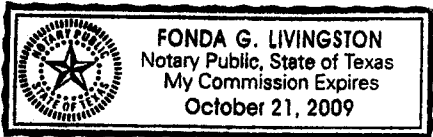
OUTSTANDING LOAN TOTALS

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carolyn Davis, this the 15th day of May, 20 07, to certify which, witness my hand and seal of office.

Fonda G. Livingston Notary Public
Signature of officer administering oath 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:

2 FILER NAME

CARDLYN DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/22/07

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

JOE W KIRVEN

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 153186
DLS, TX 75215

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/07

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

LEWIS F RHONE SR

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2236 LAWRENCE
DLS, TX 75215

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/07

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

MICHAEL L. DAVIS SR

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/07

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

HOME BUILDERS ASSOC

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5816 W PLANO RD
PLANO, TX 75093

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/07

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

RONALD W STINSON

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3217 RAMSEY AVE
DLS, TX 75216

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORMAS 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:

2 FILER NAME

CARDLYN DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/07
5/8/07

5 Payee name

D.K. PAPER CENTER

7 Amount (\$)

\$110.90

6 Payee address; City; State; Zip Code

5000 GRIFFIN DIS, TX 75201

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

Material for Door Hanger
(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

5/3/07

Payee name

SKYLINE PRINTERS

Amount (\$)

\$110.00

Payee address; City; State; Zip Code

3123 MARTIN LUTHER KING
DLS, TX 75215

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

Printing 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

4/25/07

Payee name

PHOENIX PRINTING & ADVERTISING

Amount (\$)

\$600.00

Payee address; City; State; Zip Code

837 TAMERISK DR
LANCASTER, TX 75134

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

Printing Door Hangers &
Misc. 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

4/3/07

Payee name

T-Shirts Etc.

Amount (\$)

\$212.50

Payee address; City; State; Zip Code

2535 MARTIN LUTHER KING
DLS, TX 75215

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

Card Pushing on Election Day
(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

071192

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

CARDLYN DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/16/07

5 Payee name

DEMOCRATIC PARTY
 Payee address; City; State; Zip Code

DLS, TX

7 Amount (\$)

\$11.00

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

WALKING LIST
 (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

04/30/07

Payee name

DALLAS MPO STORE A
 Payee address; City; State; Zip Code

DLS, TX 75229991

Amount (\$)

\$117.00

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

Stamps for Mailouts
 (If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

CAROLYN DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/09

5 Payee name

PHOENIX Printing + Advertising

8 Amount (\$)
\$600.00

6 Payee address; City; State; Zip Code

*837 TAMERISK DR
LAWCASTER, TX 75134*

7 Purpose of expenditure (See instructions regarding type of information required.)

Misc. Printing + door HANGERS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED