

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: BRIAN MI: L NICKNAME: LAST: DAVIS SUFFIX:	OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold;"> Received JAN 15 2019 Walker County Election </div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: PO BOX 462 CITY: PATTISON TX STATE: TX ZIP CODE: 77466		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (281) PHONE NUMBER: 898-1018 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS. FIRST: PATRICIA MI: H NICKNAME: TISH LAST: DAVIS SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 10195 BONNER RD CITY: PATTISON, TX STATE: TX ZIP CODE: 77423		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (713) PHONE NUMBER: 906 3975 EXTENSION:		
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 \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year: 7 / 1 / 2018 THROUGH Month / Day / Year: 12 / 31 / 2018		
11 ELECTION	ELECTION DATE: Month / Day / Year: 11 / 6 / 2018	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PRECINCT 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Brian L. Davis 15 Filer ID (Ethics Commission Filers)

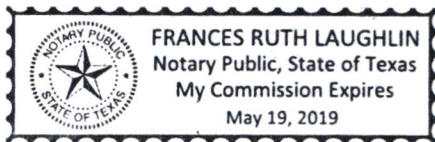
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2850 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 263 ⁹⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 2868. ³⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Brian L. Davis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candidate, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

Frances R. Laughlin FRANCES Ruth Laughlin Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Brian L Davis		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,850 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,627 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,068. ⁷⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME
BRIAN L. DAVIS

3 Filer ID (Ethics Commission Filers)

4 Date: 8/15/2018
 5 Full name of contributor: James Koen out-of-state PAC (ID#: _____)
 6 Contributor address; City; State; Zip Code: PO Box 157 PATTISON TX 77466

7 Amount of contribution (\$): 250.⁰⁰

8 Principal occupation / Job title (See Instructions): Retired

9 Employer (See Instructions): N/A

Date: 8/26/2018
 Full name of contributor: Milton Marburger out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code: 33815 Baetho RD Waller Tx 77484

Amount of contribution (\$): 200.⁰⁰

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions): N/A

Date: 9/27/2018
 Full name of contributor: John Laine out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code: _____

Amount of contribution (\$): 1000.⁰⁰

Principal occupation / Job title (See Instructions): Self-Employed

Employer (See Instructions): N/A

Date: 10/4/2018
 Full name of contributor: Kent Flesher out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code: 12375 Peters Rd Hempstead TX 77445

Amount of contribution (\$): 500.⁰⁰

Principal occupation / Job title (See Instructions): Self-Employed

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME
Brian L. Davis

3 Filer ID (Ethics Commission Filers)

4 Date
10/15/2018

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
PO Box 1300 Hempstead Tx 77445

8 Principal occupation / Job title (See Instructions)
Self Employed

9 Employer (See Instructions)
N/A

Date
10/15/2018

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
800 Bering Dr #350 Houston, Tx 77057

Principal occupation / Job title (See Instructions)
Self-Employed

Employer (See Instructions)
N/A

Date
10/15/2018

Full name of contributor out-of-state PAC (ID#: _____)
Gene & Marlean Morton

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
32135 Skyway Ln. Waller Tx 77484

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)
Tom & Dianne Paben

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
33515 Davis Rd. Waller Tx 77484

Principal occupation / Job title (See Instructions)
Self-Employed

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2

2 FILER NAME
Brian L. Davis

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 1,427⁰⁰

5 Date <u>10/13/2018</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kent & Sandy Fleshner</u>	8 Amount of Contribution \$ <u>\$292⁰⁰</u>	9 In-kind contribution description <u>Supplies for Meet and Greet function.</u>
	7 Contributor address; City; State; Zip Code <u>12375 Peters Rd Hempstead TX 77445</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Self Employed</u>	11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>
---	---

12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
--	--

14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
---	---

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date <u>10/13/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dana Nelson</u>	Amount of Contribution \$ <u>\$485⁰⁰</u>	In-kind contribution description <u>Supplies for Meet and Greet function.</u>
	Contributor address; City; State; Zip Code <u>15130 FM 359 Hempstead TX 77445</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>PROJECT Manager</u>	Employer (FOR NON-JUDICIAL) (See Instructions) <u>W.W. Payton, Inc.</u>
--	--

Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
---	---

Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
--	--

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME: <u>Brian L. Davis</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>10/1/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dana Nelson</u>	8 Amount of Contribution \$ <u>\$850.00</u>	9 In-kind contribution description <u>Mailers</u>
7 Contributor address; City; State; Zip Code <u>15130 FM 359 Hempstead TX 77445</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>PROJECT MANAGER</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>KIKI DAYTON, INC</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME BRIAN L. DAVIS.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 6/30/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN & PATRICIA H. DAVIS	9 Loan Amount (\$) 0
6 Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code PO Box 462 Pattison, TX 77466	10 Interest rate 0%
		11 Maturity date 12/31/18.
12 Principal occupation / Job title (See Instructions) N/A		13 Employer (See Instructions) N/A.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>Brian L. Davis</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/2/18</u>	5 Payee name <u>Fed Ex</u>	
6 Amount (\$) <u>378.86</u>	7 Payee address; City; State; Zip Code <u>430 S. Mason Katy Tx 77450</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	(b) Description <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 <u>Brian L. Davis</u> Office sought <u>JP3</u> Office held	
Date <u>10/7/2018</u>	Payee name <u>Hometown Hardware</u>	
Amount (\$) <u>156.87</u>	Payee address; City; State; Zip Code <u>2906 Hwy 290 Waller, Tx 77484</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Other - Supplies for Signs</u>	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 <u>Brian L. Davis</u> Office sought <u>JP3</u> Office held	
Date <u>10/15/18</u>	Payee name <u>In Print</u>	
Amount (\$) <u>802.09</u>	Payee address; City; State; Zip Code <u>9825 Drysdale Ln Houston Tx 77041</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	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 <u>Brian L. Davis</u> Office sought <u>JP3</u> Office held	

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