### CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

**OFFICIAL RECORD** 

FORM C/OH CITY SECRETARY COVER SHEET PG 1

			<u> </u>		
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr. Daryl	MI R	OFFICEUSEONLY		
NAME	NICKNAME LAST Davis	SUFFIX	Date Received RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE	JUL 1 5 2019 CITY OF FORT WORTH CITY SECRETARY		
Change of Address					
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	8205 450		
OFFICEHOLDER PHONE	(817 ) 692-2020		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	MI B	Receipt # Amount \$		
TREASURER NAME	Mr. Kenneth	SUFFIX	Date Processed		
	NICKNAME LAST Spears	Date Imaged			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE		
ADDRESS	2401 E. Berry	Fort Worth TX	76105		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 817 ) 534-0581	EXTENSION			
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year  April 25 2019	Month THROUGH July	Day Year  15 2019		
		moodii			
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary  May 4 2019 X General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)		
		Fort Worth City Cour	ncil District 6		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 460.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 751.00		
EXPENDITURE	0 70741	OCCUPIONAL EXPENDITURES OF ALSO OR LEGG			
TOTALS  3. TOTAL POLITICAL EXP UNLESS ITEMIZED		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 391.03		
	4. TOTAL	\$ H310.70			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 186.96		
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST D	\$ 0			
18 AFFIDAVIT					
		I swear, or affirm, under penalty of perjury	, that the accompanying report is		
Junity.	MARY J. KAYSER	true and correct and includes all informati	,		
II NAPILLY AV	y Public, State of Te	under Title 15, Election Gode.			
	m. Expires 01-11-2				
	otary ID 3896065	Why I N	(L) .		
		Signature of Candidate	or Officeholder		
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Maryl Daws, this the					
day of 20 20, to certify which, witness my hand and seal of office.					
Matter mare Trainer at Societa					
Signature of officer a	dministering 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 Daryl R Davis II	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ /211.00
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 CO	NTRIBUTIONS	\$ 4701.73
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	TIONS	\$

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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Daryl R Davis II 4 Date 7 Amount of contribution (\$) \$ 151.00 Principal occupation / Job title (See Instructions) 1) wher Date Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Manager Amount of contribution (\$) \$ 100.00 Principal occupation / Job title (See Instructions) Businesses Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; 250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name USPS - United States Postal Service Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Provisions Consulting Amount (\$) City; State; Zip Code Pavee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Daryl R Davis II 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) Ray Ryan 6 Contributor address; City; State; Zip Code 2810 Glenda St Haltom, TX 76117 4100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_\_) Christy D. Starling Contributor address; City; State; Zip Code 1975 Ballpark Way #202031 Arlington, 7760do Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Tames and Gloria Austin Contributor address; City; State; Zip Code 2401 SwH Ave Fort Worth, TX 76/03 \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code 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.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 4 30 19	5 Payee name Prima Pasta & Pizza				
6 Amount (\$) \$218.70	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Food Beverage		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 4/30/19	Payee name  Banken Frinting	Υ			
Amount (\$)	Payee address; City; State; Zip Code	)			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held				
Date 6 4 9	Montreal Dukes/CLCF				
Amount (\$) \$\ \( 00.00 \)	Payee address; City; State; Zip Code  2826 E. 15+ St. Fart Worth, TX 76109				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donations / Contributions  by Candidate / Commenty	Description  Check if travel ou  Check if Austin	ntside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Foundation Blue Media 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officenoider name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED