

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**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:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR
Mr.

FIRST
Daryl

MI
R

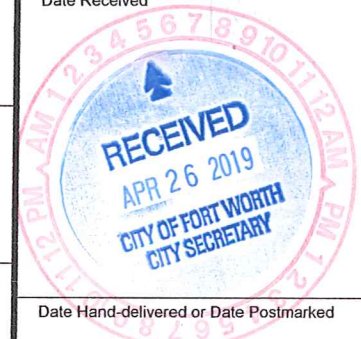
NICKNAME

LAST
Davis

SUFFIX

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

9216 Vineyard Lane Fort Worth TX 76123

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(**817**)

692-2020

6 CAMPAIGN TREASURER NAME

MS / MRS / MR
Mr.

FIRST
Kenneth

MI
B

NICKNAME

LAST
Spears

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2401 E. Berry Fort Worth TX 76105

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(**817**)

534-0581

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH -FR)

10 PERIOD COVERED

Month Day Year

March / 26 / 2019

THROUGH Month Day Year

April / 24 / 2019

11 ELECTION

ELECTION DATE

Month Day Year
May / 4 / 2019

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 6

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

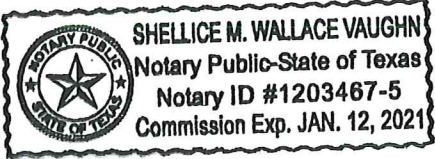
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

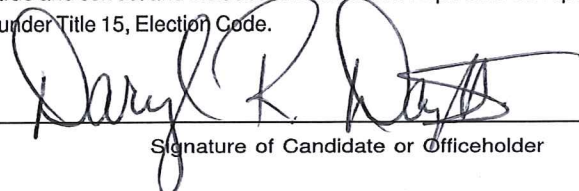
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1415.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 291.23
	4. TOTAL POLITICAL EXPENDITURES	\$ 4136.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3582.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



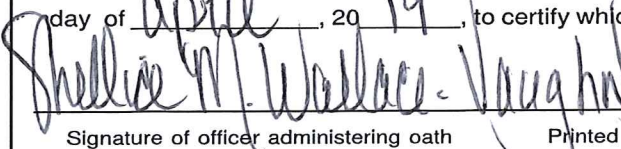
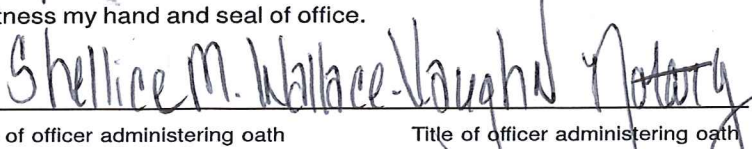
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Daryl R. Davis, this the 24th day of April, 2019, 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

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4665.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4427.54
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 FILER NAME Daryl R Davis II		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus Brookins 6 Contributor address; City; State; Zip Code 3728 Dutch Iris Ln Forest Hill, TX 76140	7 Amount of contribution (\$) \$200.00
8 Teacher		9 Employer (See Instructions) Fort worth ISD
Date 04/02/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Craig Contributor address; City; State; Zip Code 4801 Countryside Ct E Fort Worth, TX 76132	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Computer Programmer		Employer (See Instructions) Wells Fargo
Date 04/06/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raam Stevenson Contributor address; City; State; Zip Code 6615 Oldgate Arlington, TX 76002	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manufacturing		Employer (See Instructions) Miller Coors
Date 04/05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Willis Contributor address; City; State; Zip Code 1625 Quails Nest Dr Fort Worth, TX 76117	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) BNSFL
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 FILER NAME **Daryl R Davis II**

3 Filer ID (Ethics Commission Filers)

4 Date
4/8/19

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

Gina Stevenson

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
6615 Oldgate Ln Arlington, TX 76002

8 **Administrator**

9 Employer (See Instructions)
Mansfield ISD

Date
4/8/19

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

Camille Holmes

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
207 E Pleasant Run Rd Desoto, TX 75115

Principal occupation / Job title (See Instructions)
Education

Employer (See Instructions)
ISD

Date
4/9/19

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

Janet Brown

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6516 Vega Dr Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)
SAS

Employer (See Instructions)
Texas Health Resources

Date
4/15/19

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

Airin Barnett

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6222 Hulen Bend Blvd Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)
Administrator

Employer (See Instructions)
Barnett Dental group

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 FILER NAME **Daryl R Davis II**

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/19

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

Jeff Dais

7 Amount of contribution (\$)

\$1000.00

6 Contributor address; City; State; Zip Code
2325 Mistletoe Dr Fort Worth, TX 76110

8 **Attorney**

9 Employer (See Instructions)
Reublic Title of Texas

Date

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

Amount of contribution (\$)

4/15/19

Lee and Latoya Stewart

\$250.00

Contributor address; City; State; Zip Code
2727 Azalea Ave Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)
Nonprofit Executive

Employer (See Instructions)
American Heart Association

Date

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

Amount of contribution (\$)

4/15/19

Montreal Dukes

\$100.00

Contributor address; City; State; Zip Code
6509 Willow Oak Ct Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
PepsiCo

Date

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

Amount of contribution (\$)

4/18/19

Toby Owen

\$100.00

Contributor address; City; State; Zip Code
1113 Shady River Ct S Benbrook, TX 76126

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)
Presbyterian Night Shelter

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Daryl R Davis II**

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/19

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
6615 Oldgate Ln Arlington, TX 76002

8 **Administrator**

9 Employer (See Instructions)
Mansfield ISD

Date
4/23/19

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
1509 S lake St Fort Worth, TX 76104

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
Texas Christian University

Date
4/24/19

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4801 Shell Ridge Dr Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)
Medical Assistant

Employer (See Instructions)
JPS Health Network

Date
4/2/19

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
304 Baurline Fort Worth TX 76111

Principal occupation / Job title (See Instructions)
Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Daryl R Davis II**

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/19

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

7 Amount of contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
8137 Marydean St.

8 **Executive**

9 Employer (See Instructions)
YMCA

Date
4/5/19

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
532 Nuffield Crowley, TX

Principal occupation / Job title (See Instructions)
Aerospace

Employer (See Instructions)
Triumph

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)

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	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:	2 FILER NAME Daryl R. Davis II	3 Filer ID (Ethics Commission Filers)
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4 Date 4/2/19	5 Payee name Gyro and Kabob Grill
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i> <i>Food / Beverage</i>	(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 Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
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Date 4/5/19	Payee name Mesero-Clearfork
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Amount (\$) \$350.77	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i> <i>Food / Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
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Date 4/6/19	Payee name Paypal <i>Bankem Printing</i>
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Amount (\$) \$235.00	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Daryl R. Davis II	3 Filer ID (Ethics Commission Filers)
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4 Date 4/6/19	5 Payee name Vision Push
--------------------------------	---

6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(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 Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
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Date 4/10/19	Payee name Wilson Awards
------------------------	------------------------------------

Amount (\$) \$729.33	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
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Date 4/13/19	Payee name <i>Bankem Printing</i> pp
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Amount (\$) \$180.00	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Literature Campaign Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Daryl R. Davis II	3 Filer ID (Ethics Commission Filers)
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4 Date 4/15/19	5 Payee name Home Depot
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6 Amount (\$) \$247.87	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> <i>Stakes for Signs</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
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Date 4/22/19	Payee name Foundation Blue
------------------------	--------------------------------------

Amount (\$) \$1500.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i> <i>Ads</i>	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 Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
--	---	--	-------------

Date 4/22/19	Payee name Texas Democratic Party
------------------------	---

Amount (\$) \$243.34	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i> <i>Fundraising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daryl R. Davis II	Office sought Fort Worth City Council District 6	Office held
--	---	--	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED