

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00062095

2 PAGE #
1 of 132

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR FIRST MI
Wendy
..... LAST SUFFIX
NICKNAME Davis

OFFICE USE ONLY

Date Received

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1039
Fort Worth, TX 76101

☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR FIRST MI
Ralph
..... LAST SUFFIX
NICKNAME McCloud

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1039
Fort Worth, TX 76101

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE PHONE NUMBER EXTENSION
(817) 806-4440 0

8 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)

**9 PERIOD
COVERED**

Month Day Year THROUGH Month Day Year
07/01/2009 12/31/2009

10 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)
State Senator District 10

12 OFFICE SOUGHT (if known)

**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Davis, Wendy

15 ACCOUNT # (Ethics Commission filers)
0006209516 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
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

500.00

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

\$

303,080.00

EXPENDITURE
TOTALS

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

\$

535.69

4. TOTAL POLITICAL EXPENDITURES

\$

138,564.50

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

308,597.29

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

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.

Wendy Davis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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 PAGE #

Schedule: 1/63 Report: 3/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

12/17/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
A&M PAC

6 Contributor address; City; State; Zip Code
Austin, TX 78768

7 Amount of contribution (\$)

\$500.00

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Aberly, Naomi

10/27/2009

Contributor address; City; State; Zip Code
Dallas, TX 75229

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Volunteer

Employer (See Instructions)
None

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Abrams, Richard

10/05/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
CEO

Employer (See Instructions)
Mortuary Financial Group

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Acme Brick Company Good Government Fund

10/05/2009

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

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Adams, Victoria

10/13/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Loan Broker

Employer (See Instructions)
Colonial Savings

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/63 Report: 4/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/25/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Adler, Stephen

6 Contributor address; City; State; Zip Code
Austin, TX 78746

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)
Attorney

10 Employer (See Instructions)
Barron & Adler LLP

Date

11/24/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Aghamalian, Brandon

Contributor address; City; State; Zip Code
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)
lobbyist

Employer (See Instructions)
Hillco Partners

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Aldrich, Robert

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Attorney

Employer (See Instructions)
Gardner Aldrich

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alexander, Jeff

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
investments

Employer (See Instructions)
halcyon capital mgt.

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alexander, R. Denny

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Investments

Employer (See Instructions)
Self

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 3/63 Report: 5/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

09/29/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Appleman, Gordon

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Attorney

10 Employer (See Instructions)
Thompson & Knight L.L.P.

Date

07/09/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Association of Texas Professional Educators PAC

Contributor address; City; State; Zip Code
Austin, TX 78752-3792

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Association of Texas Professional Educators PAC

Contributor address; City; State; Zip Code
Austin, TX 78752-3792

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

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Association of the Professional Bondsmen of Tarrant County

Contributor address; City; State; Zip Code
Fort Worth, TX 76111

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

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Atmos Energy PAC

Contributor address; City; State; Zip Code
Dallas, TX 75240

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/63 Report: 6/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 10/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Jr., James 6 Contributor address; City; State; Zip Code Fort Worth, TX 76112	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baddour, Ann Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Senior Policy Analyst		Employer (See Instructions) Texas Appleseed	
Date 10/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baillargeon, Bobby Contributor address; City; State; Zip Code Euless, TX 76040	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) DFW Audi	
Date 10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, William Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baron, Lisa Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baron and Blue	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/63 Report: 7/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

12/17/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Baron & Budd P.C.

6 Contributor address; City; State; Zip Code
Dallas, TX 75219

7 Amount of contribution (\$)

\$5,000.00

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barr, Kenneth

09/29/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Governmental Relations Consultant

Employer (See Instructions)
Barr Consulting Group

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barrett, Daniel

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Attorney

Employer (See Instructions)
Taylor Olson Adkins Sralla & Elam LLP

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Batchelor, Brian

10/24/2009

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

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Aerospace Engineer

Employer (See Instructions)
Lockheed Martin

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Baumer, Joane

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Healthcare

Employer (See Instructions)
JPS

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/63 Report: 8/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

09/29/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Beckman, Marlene

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Real Estate Management

10 Employer (See Instructions)
Kensington Properties

Date

10/23/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bell, Carolyn

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Community Volunteer

Employer (See Instructions)
NA

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bennett, Michael

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Principal

Employer (See Instructions)
Gideon Toal

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Berry, Mike

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

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)
Real Estate Development

Employer (See Instructions)
Hillwood Properties

Date

11/17/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bessant, Tom

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CFO

Employer (See Instructions)
Cash America International Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/63 Report: 9/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Beyer, David

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

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)
Physician

10 Employer (See Instructions)
Self

Date

10/13/2009

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

Contributor address; City; State; Zip Code
Austin, TX 78701

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bley, Laura

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CFA

Employer (See Instructions)
Bley Investment Group Inc

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
BNSF RAILPAC

Contributor address; City; State; Zip Code
Fort Worth, TX 76161

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

10/17/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Boone, Aimee

Contributor address; City; State; Zip Code
Austin, TX 78704

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Development Director

Employer (See Instructions)
Texas Democratic Trust

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/63 Report: 10/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Boone, Cecilia

6 Contributor address; City; State; Zip Code
Dallas, TX 75239

7 Amount of
contribution (\$) \$2,500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Homemaker

10 Employer (See Instructions)
Self

Date

11/10/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Border Health PAC

Contributor address; City; State; Zip Code
McAllen, TX 78504

Amount of
contribution (\$) \$10,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Boswell, Charles

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Retired

Employer (See Instructions)
Retired

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Boswell Interests LTD

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Branson, Frank

Contributor address; City; State; Zip Code
Dallas, TX 75205

Amount of
contribution (\$) \$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Law Offices of Frank L. Branson

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/63 Report: 11/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 10/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brender, Art 6 Contributor address; City; State; Zip Code Fort Worth, TX 76103	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, Flora Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of contribution (\$) \$2,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Paulos Properties LLC	
Date 10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brewer, Flora Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Paulos Properties LLC	
Date 11/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brotherhood of Locomotive Engineers and Trainmen Contributor address; City; State; Zip Code Richland Hills, TX 76118	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brous, Sam Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Co-Founder/Principal		Employer (See Instructions) The Westover Group	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/63 Report: 12/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bruder, Rebecca

6 Contributor address; City; State; Zip Code
Dallas, TX 75229

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)
Homemaker

10 Employer (See Instructions)
Homemaker

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brumley, I. Jon Sr.

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Chairman

Employer (See Instructions)
Encore Acquisition Company

Date

10/23/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brumley, Jonny

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
CEO/President

Employer (See Instructions)
Encore Acquisition

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bryan, Bradley

Contributor address; City; State; Zip Code
Austin, TX 78701

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)
Attorney

Employer (See Instructions)
Bryan & Associates

Date

10/26/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bulla, Susan

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

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)
Principal

Employer (See Instructions)
BenefiTree Enterprises LLC

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 11/63 Report: 13/132	
2 FILER NAME Davis, Wendy			3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 12/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buntrock, Dean 6 Contributor address; City; State; Zip Code Oakbrook Terrace, IL 60181	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions) Self		
Date 10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butt, Charles Contributor address; City; State; Zip Code San Antonio, TX 78204-1317	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HEB Grocery Stores		
Date 10/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, James Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Career Colleges & School of Texas (PAC) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carvey, Louise Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/63 Report: 14/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Casani, Drew

6 Contributor address; City; State; Zip Code
Arlington, TX 76006

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)
management

10 Employer (See Instructions)
UTA

Date

10/06/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chambers, James

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chappell, David

Contributor address; City; State; Zip Code
Fort Worth, TX 76101

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)
Attorney

Employer (See Instructions)
Cantey Hanger LLP

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chesapeake Energy For Texans (PAC)

Contributor address; City; State; Zip Code
Fort Worth, TX 76101

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

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Choctaw Nation of Oklahoma

Contributor address; City; State; Zip Code
Durant, OK 74702-1210

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/63 Report: 15/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 11/02/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher S. Shields PC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Linda Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Kline & Co.	
Date 10/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conley, William Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The Bondurant Group LLC	
Date 10/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Connelly, Serena Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) Contran	
Date 10/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conner, Halden Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Allcare Inc	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/63 Report: 16/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/13/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Cornell, Lee

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76102

7 Amount of contribution (\$)

\$2,500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Developer

10 Employer (See Instructions)
Railhead Properties

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cornish, Brenda

Contributor address; City; State; Zip Code
Fort Worth, TX 76111

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Coslik, Stephen

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

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)
CEO

Employer (See Instructions)
Woodmont Company

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cotten, Larry

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Attorney

Employer (See Instructions)
Cotten & Schmidt LLP

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cottongame, James

Contributor address; City; State; Zip Code
Fort Worth, TX 76082

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)
Developer

Employer (See Instructions)
Self Employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/63 Report: 17/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/26/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Courtwright, Jeff

6 Contributor address; City; State; Zip Code
Dallas, TX 75214

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)
Senior Vice President

10 Employer (See Instructions)
Lincoln Properties

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Craddock, Mike

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Craddock Moving & Storage

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Crates, Robert

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

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)
Investment Director

Employer (See Instructions)
Kleinheinz Capital Partners

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cruz, Mary Lee

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Owner

Employer (See Instructions)
E Source Inc.

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Culver, Lezlie

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
homemaker

Employer (See Instructions)
unemployed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/63 Report: 18/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dailey, Michael

6 Contributor address; City; State; Zip Code
Arlington, TX 76013

7 Amount of contribution (\$)

\$75.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
Retired

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dale, Lawrence

Contributor address; City; State; Zip Code
Dallas, TX 75201

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)
President

Employer (See Instructions)
Dale Resources

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dale, Lawrence

Contributor address; City; State; Zip Code
Dallas, TX 75201

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Dale Resources

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Darden, Glenn

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

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Quicksilver Resources

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Davis, Bronson

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/63 Report: 19/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

12/17/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Davis, Early

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
President/Fort Worth Division

10 Employer (See Instructions)
Republic Title of Fort Worth

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Davis, Jack

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

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)
VP and Treasurer

Employer (See Instructions)
Mica Corp.

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Davis, Jill

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

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)
Attorney

Employer (See Instructions)
Magnussen & Davis

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Day, Sissy

Contributor address; City; State; Zip Code
Arlington, TX 76012

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
DeLeon, Sergio

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

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Constable

Employer (See Instructions)
Tarrant County

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/63 Report: 20/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
DeMoss, Margaret

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

7 Amount of
contribution (\$) \$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Consultant

10 Employer (See Instructions)
Self employed

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dennehy, Sandra

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

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)
Partner

Employer (See Instructions)
Dennehy Architects Inc.

Date

12/03/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dipert, Dan

Contributor address; City; State; Zip Code
Arlington, TX 76017

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)
Owner

Employer (See Instructions)
Dipert Travel

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ditto, James

Contributor address; City; State; Zip Code
Arlington, TX 76013

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dukes, Lorraine

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Real Estate Investor

Employer (See Instructions)
York Properties

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/63 Report: 21/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/05/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dunaway, Jim

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dycus, John

10/20/2009

Contributor address; City; State; Zip Code
Arlington, TX 76013

Amount of contribution (\$)

\$55.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Magazine Copy Editor

Employer (See Instructions)
UT Arlington

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Electric Delivery PAC of Energy Future Holdings Corp.

12/17/2009

Contributor address; City; State; Zip Code
Dallas, TX 75201

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ellis, L.W.

10/27/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Brackett & Ellis P.C.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ellis, Nita

10/27/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/63 Report: 22/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Energy Leaders PAC

6 Contributor address; City; State; Zip Code
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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eric Wright & Associates

11/24/2009

Contributor address; City; State; Zip Code
Austin, TX 78701

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Evans, Tim

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Evans Gandy Daniel & Moore

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fender, Ames

10/27/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76104

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Ames Fender Architect

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fersing, Jan

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/63 Report: 23/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Finley, Jim

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76102

7 Amount of contribution (\$)

\$10,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)
Finley Resources

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Finley, Susie

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

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)
Manufacturing

Employer (See Instructions)
Brand Fx Body Co.

Date

10/24/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fischer, J. Nile

Contributor address; City; State; Zip Code
Ft Worth, TX 76110

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Fort Worth ISD

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fletcher, Jim

Contributor address; City; State; Zip Code
Colleyville, TX 76034

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fox, Ron

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

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Fort Worth City Credit Union

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/63 Report: 24/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Freese & Nichols PAC

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fry, Martha

10/16/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fusco, David and Susan

11/03/2009

Contributor address; City; State; Zip Code
Arlington, TX 76012

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Radio Producer

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Garcia, Sylvia

11/02/2009

Contributor address; City; State; Zip Code
Houston, TX 77249

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)
County Commissioner

Employer (See Instructions)
Harris County

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gardner, Terry

10/20/2009

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

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)
Attorney

Employer (See Instructions)
Gardner Aldrich

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 23/63 Report: 25/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/26/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gavras, Chris

6 Contributor address; City; State; Zip Code
Arlington, TX 76011

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Geeslin, Tim

12/28/2009

Contributor address; City; State; Zip Code
Arlington, TX 76011

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Consulting

Employer (See Instructions)
Veritas Advisory Group Inc.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gideon, Randall

10/20/2009

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

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)
Architect

Employer (See Instructions)
Gideon Toal Inc.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Giles, Kathy

11/02/2009

Contributor address; City; State; Zip Code
Arlington, TX 76016

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
UEA

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gonzalez, Charles

10/05/2009

Contributor address; City; State; Zip Code
San Antonio, TX 78212

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
U.S. Representative

Employer (See Instructions)
U.S. House of Representatives

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 24/63 Report: 26/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Good Government Fund

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76102

7 Amount of contribution (\$)

\$3,000.00

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Goodman, Christie

12/11/2009

Contributor address; City; State; Zip Code
Cedar Park, TX 78613

Amount of contribution (\$)

\$62.50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Lobbyist

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grant, Kathy

12/11/2009

Contributor address; City; State; Zip Code
Austin, TX 78701

Amount of contribution (\$)

\$62.50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Lobbyist

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Green, J. Robert Jr.

11/10/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Attorney

Employer (See Instructions)
Walsh Oil Interests

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Greenhill, William

10/06/2009

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Haynes and Boone LLP

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/63 Report: 27/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/26/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Guttery, Rebecca

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

7 Amount of
contribution (\$) \$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Admin

10 Employer (See Instructions)
ThinkCash

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hahnfeld, Eric

Contributor address; City; State; Zip Code
Fort Worth, TX 76104

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)
Architect

Employer (See Instructions)
Hahnfeld Hoffer Stanford

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hall, Bill

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Chairman

Employer (See Instructions)
William G. Hal Co.

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hammett, Harold

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Haney, Michael

Contributor address; City; State; Zip Code
Fort Worth, TX 76114

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 26/63 Report: 28/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Harman, Judy

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Haslam, Robert

10/20/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Haubold, R.E.

10/20/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76132

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Havener, Gary

09/29/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76121

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)
Investor

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Herman, Morton

10/27/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Cantey & Hanger L.L.P.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 27/63 Report: 29/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/08/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hill, Suzi

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76103

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)
fuel system contractor

10 Employer (See Instructions)
self employed

Date

07/09/2009

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

Contributor address; City; State; Zip Code
Austin, TX 78701

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

11/24/2009

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

Contributor address; City; State; Zip Code
Austin, TX 78701

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

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hoch, Timothy

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

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)
Attorney

Employer (See Instructions)
McDonald Hoch & Andessen

Date

11/16/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hood, Robert

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
real estate

Employer (See Instructions)
Self-Employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 28/63 Report: 30/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

07/09/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Howell, Peggy

6 Contributor address; City; State; Zip Code
Corinth, TX 76210-3121

7 Amount of contribution (\$)

\$200.00

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Isgur, Benjamin

10/20/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Health Research Institute

Employer (See Instructions)
Price Waterhouse Coopers

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Isgur, Stuart

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Agent/RR

Employer (See Instructions)
New York Life

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jackson Walker LLP

11/02/2009

Contributor address; City; State; Zip Code
Dallas, TX 75202

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
James, Grant

10/27/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76147

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)
President - Tarrant County

Employer (See Instructions)
Community Trust Bank

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 29/63 Report: 31/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jensen, Dan

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

7 Amount of
contribution (\$) \$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
V.P. for Government Affairs

10 Employer (See Instructions)
UNT Health Science Center

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jensen, Dan

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
V.P. for Government Affairs

Employer (See Instructions)
UNT Health Science Center

Date

10/23/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jones, Melissa

Contributor address; City; State; Zip Code
Austin, TX 78703

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)
community volunteer

Employer (See Instructions)
none

Date

10/25/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kamp, Pete

Contributor address; City; State; Zip Code
Denton, TX 76209

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Premier Sales Group Inc

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kapp, Lois

Contributor address; City; State; Zip Code
Fort Worth, TX 76103

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Kapp & Miller P.C.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 30/63 Report: 32/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kearney/Wynn P.C.

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Keltner, David

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76132

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)
Attorney

Employer (See Instructions)
Keltner Law Firm

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kovich, Ann

10/27/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Vice President

Employer (See Instructions)
Turner Collie & Braden Inc.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kramer, Bill

10/13/2009

Contributor address; City; State; Zip Code
Richardson, TX 75080

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Republic Title of Texas Inc

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Krampitz, Thomas

11/02/2009

Contributor address; City; State; Zip Code
Dallas, TX 75205

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 31/63 Report: 33/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kroh, Karen

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Quorum Architects Inc.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kubes, Rick

12/11/2009

Contributor address; City; State; Zip Code
Ft. Worth, TX 76116

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)
Retail Jeweler

Employer (See Instructions)
Kubes Jewelers

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kurz, Richard

11/02/2009

Contributor address; City; State; Zip Code
Clayton, MO 63105

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kuykendall, Deanna

12/11/2009

Contributor address; City; State; Zip Code
Austin, TX 78703

Amount of contribution (\$)

\$62.50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Legislative Consultant

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
LaBeau, Linda

11/24/2009

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

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
RN

Employer (See Instructions)
LaBeau Mediation Facilitation & Consulting

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 32/63 Report: 34/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/08/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Laboon, R. Bruce

6 Contributor address; City; State; Zip Code
Austin, TX 78701

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Locke Lord Bissell & Liddell

Date

11/02/2009

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

Contributor address; City; State; Zip Code
Dallas, TX 75206

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Landrum, Tony

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/06/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Larson, Jack

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
Attorney

Employer (See Instructions)
Mellina & Larson P.C.

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Laughlin, Kathryn

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Senior Vice President

Employer (See Instructions)
Hillwood Properties

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 33/63 Report: 35/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/26/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Leatherwood, Joe

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76133

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)
Commercial Underwriting

10 Employer (See Instructions)
Republic Title Company

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leavens, Adelaide

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/2009

Full name of contributor ☒ out-of-state PAC (ID# C00303024)
Lockheed Martin Corp. Employees' Political Action Committee

Contributor address; City; State; Zip Code
Arlington, VA 22202

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

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Logan, Lori

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

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Controller

Employer (See Instructions)
Texas Wesleyan University

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Long, Ronnie

Contributor address; City; State; Zip Code
Fort Worth, TX 76117

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Bail Bondsman

Employer (See Instructions)
Ronnie Long Bail Bonds

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 34/63 Report: 36/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

09/29/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Louden, G. Malcom

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

7 Amount of contribution (\$)

\$5,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
Walsh Holdings LLC

Date

10/24/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Loughry, Ben

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

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)
real estate consultant

Employer (See Instructions)
Integra Realty Resources

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Loveless, Kathryn

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lowrance, Dan

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

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)
Drilling and well services business

Employer (See Instructions)
SPM Flow Control

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lowrance, Dan

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

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)
Drilling and well services business

Employer (See Instructions)
SPM Flow Control

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 35/63 Report: 37/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Lowry, William

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

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)
Radiologist

10 Employer (See Instructions)
Radiology Associates Tarrant

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lyden, Peter

Contributor address; City; State; Zip Code
Fort Worth, TX 76132

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)
Real Estate Investor

Employer (See Instructions)
Lyden Investments

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lyle, Frances

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Software Developer

Employer (See Instructions)
eRx Network

Date

10/23/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
MacLean, Leslie

Contributor address; City; State; Zip Code
Dallas, TX 75209

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)
Attorney

Employer (See Instructions)
Waters & Kraus

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Manzori, Arash

Contributor address; City; State; Zip Code
Dallas, TX 75219

Amount of contribution (\$)

\$2,600.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Cardiologist

Employer (See Instructions)
Heart Place

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 36/63 Report: 38/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Martin, Brant

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Attorney

10 Employer (See Instructions)
Wick Phillips LLP

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martin, Jack

Contributor address; City; State; Zip Code
Austin, TX 78746

Amount of
contribution (\$) \$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Public Strategies

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Matrix Holdings LP

Contributor address; City; State; Zip Code
Fort Worth, TX 76104

Amount of
contribution (\$) \$2,500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mathews, C.L. Matt

Contributor address; City; State; Zip Code
Austin, TX 78746

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)
Attorney

Employer (See Instructions)
Matt Mathews & Company L.L.C.

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Maxwell, Stephen

Contributor address; City; State; Zip Code
Fort Worth, TX 76107-7206

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Bodoin Agnew Greene & Maxwell P.C.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 37/63 Report: 39/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
McCarthy, Francis

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76104

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)
President

10 Employer (See Instructions)
Dadelus Corp.

Date

11/17/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
McGlothlin, Sandra

Contributor address; City; State; Zip Code
Fort Worth, TX 76119

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Empire Roofing LTD

Date

10/26/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
McLellan, Mary

Contributor address; City; State; Zip Code
Colleyville, TX 76034

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Not currently employed

Employer (See Instructions)
Not currently employed

Date

10/14/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
McManemin, Megan

Contributor address; City; State; Zip Code
Dallas, TX 75229

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)
Community Volunteer

Employer (See Instructions)
Self

Date

10/21/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
McReynolds, Kathy

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

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)
Manager

Employer (See Instructions)
T.I.S.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 38/63 Report: 40/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/06/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mellina, David

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Attorney

10 Employer (See Instructions)
Mellina & Larson P.C.

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mid-Cities Democrats

Contributor address; City; State; Zip Code
Bedford, TX 76095

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Millican, Kirk

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Hellmuth Obata + Kassabaum LP

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mills, H. Gray

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

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Moncrief, Mike

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)
Self

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 39/63 Report: 41/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Montgomery, Steve

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

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)
Investor

10 Employer (See Instructions)
6FH Property LLC

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Moore, Iris

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

Amount of
contribution (\$) \$2,500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
Homemaker

Date

11/17/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mostyn, Steve

Contributor address; City; State; Zip Code
Houston, TX 77027

Amount of
contribution (\$) \$10,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Murrin, Steve

Contributor address; City; State; Zip Code
Fort Worth, TX 76106

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)
real estate

Employer (See Instructions)
self employed

Date

12/01/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Myers, Richard

Contributor address; City; State; Zip Code
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)
CEO

Employer (See Instructions)
Realty Capital Partners LLC

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 40/63 Report: 42/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Myers, Rob

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76116

7 Amount of
contribution (\$) \$5,000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Rob John Myers & Associates

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nelson, Jonathan

Contributor address; City; State; Zip Code
Arlington, TX 76013

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)
Attorney

Employer (See Instructions)
Self

Date

10/06/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Newbern, St. Clair III

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

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)
Attorney

Employer (See Instructions)
Self

Date

10/06/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nixon, Charles

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

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Jacobs

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nolan, John

Contributor address; City; State; Zip Code
Arlington, TX 76015

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Retired from Dallas County

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 41/63 Report: 43/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

08/26/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Oliver, Jim

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

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)
General Manager

10 Employer (See Instructions)
Tarrant Regional Water District

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Olson, Marcella

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

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)
lawyer

Employer (See Instructions)
KL Gates LLP

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Oudt, Dirik

Contributor address; City; State; Zip Code
Dallas, TX 75209

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)
Real Estate

Employer (See Instructions)
Lang Partners

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Palko, Mary

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of
contribution (\$) \$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Parham, Randy

Contributor address; City; State; Zip Code
Fort Worth, TX 76104

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)
Dentist

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 42/63 Report: 44/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Parker, Brad

6 Contributor address; City; State; Zip Code
Bedford, TX 76021

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)
Attorney

10 Employer (See Instructions)
The Parker Law Firm

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Parker, David

Contributor address; City; State; Zip Code
Austin, TX 78703

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Parker, Jordan

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Cantey & Hanger

Date

11/17/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patterson, Linda

Contributor address; City; State; Zip Code
Arlington, TX 76017

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
UEA

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pavlik, Linda

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Pavlik & Associates

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 43/63 Report: 45/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/11/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Pedersen, Bob

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

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)
CPA

10 Employer (See Instructions)
self

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pediatric Dentists PAC

Contributor address; City; State; Zip Code
Austin, TX 78759

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

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pepper, Betsy

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

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)
Executive Director

Employer (See Instructions)
The FW Public Library Fdn.

Date

11/03/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Petty, Nina

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Managing Director

Employer (See Instructions)
Innovative Developers Inc.

Date

12/28/2009

Full name of contributor ☒ out-of-state PAC (ID# C00016683)
Pfizer PAC

Contributor address; City; State; Zip Code
New York, NY 10017

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 44/63 Report: 46/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/25/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Pierce, Jo

6 Contributor address; City; State; Zip Code
Euless, TX 76040

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)
Quality Director

10 Employer (See Instructions)
Renaissance Hospital Dallas

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pigman Jr., Reed

Contributor address; City; State; Zip Code
Fort Worth, TX 76106

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)
President

Employer (See Instructions)
Texas Jet

Date

12/03/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pinnacle Anesthesia Consultants PA

Contributor address; City; State; Zip Code
Dallas, TX 75240

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

07/09/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pol. Act. Cmte of the Independent Insurance Agents Of Texas

Contributor address; City; State; Zip Code
Austin, TX 78768

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

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pol. Act. Cmte of the Independent Insurance Agents Of Texas

Contributor address; City; State; Zip Code
Austin, TX 78768

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 45/63 Report: 47/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/05/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Polikov, Scott

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76102

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Planner

10 Employer (See Instructions)
Gateway Planning

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Presswood, Mark R.

Contributor address; City; State; Zip Code
Keller, TX 76248

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/02/2009

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

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

Amount of contribution (\$)

\$3,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2009

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

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Radioshack Government Action Fund

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 46/63 Report: 48/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/08/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Radnofsky, Barbara

6 Contributor address; City; State; Zip Code
Houston, TX 77024

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)
Retired/candidate

10 Employer (See Instructions)
N/A

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Randle, Patti

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Self

Date

11/24/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ransom, Scott

Contributor address; City; State; Zip Code
Fort Worth, TX 76132

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ratliff, Bill

Contributor address; City; State; Zip Code
Mt. Pleasant, TX 75456

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)
government relations

Employer (See Instructions)
Ratliff Company & Clients

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Raytheon Texas PAC

Contributor address; City; State; Zip Code
Garland, TX 75042

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 47/63 Report: 49/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/02/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Reed, Gaye

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

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reilly, Mike

10/27/2009

Contributor address; City; State; Zip Code
Aledo, TX 76008

Amount of
contribution (\$)

\$2,500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Real Estate Investments

Employer (See Instructions)
Reilly Brothers Property Co.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Renfro Borbolla, Becky

10/27/2009

Contributor address; City; State; Zip Code
Mansfield, TX 76063

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Renfro Foods

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reynolds, Michele

10/16/2009

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

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Community Volunteer

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rimmer, Roy Jr.

10/26/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76126

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)
Owner

Employer (See Instructions)
RNR Production Land & Cattle

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 48/63 Report: 50/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Roach, Nelson J.

6 Contributor address; City; State; Zip Code
Daingerfield, TX 75638-0000

7 Amount of contribution (\$)

\$5,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Roach, Paul

Contributor address; City; State; Zip Code
Fort Worth, TX 76111

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)
Senior Minister

Employer (See Instructions)
Unity Church of Fort Worth

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rogers, Lee

Contributor address; City; State; Zip Code
Ft. Worth, TX 76102

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Advertising

Employer (See Instructions)
The Rogers Group

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rogers, Lee

Contributor address; City; State; Zip Code
Ft. Worth, TX 76102

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Advertising

Employer (See Instructions)
The Rogers Group

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rogers, Pollard

Contributor address; City; State; Zip Code
Fort Worth, TX 76114

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)
Attorney

Employer (See Instructions)
Cantey Hanger LLP

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 49/63 Report: 51/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rosenthal, Brent

6 Contributor address; City; State; Zip Code
Dallas, TX 75214

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)
Attorney

10 Employer (See Instructions)
Baron & Budd

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rubin D.O., Bernard

Contributor address; City; State; Zip Code
Fort Worth, TX 76132

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Russell, Jerry

Contributor address; City; State; Zip Code
Fort Worth, TX 76135

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Actor/ Director

Employer (See Instructions)
Stage West

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sanders, Betty

Contributor address; City; State; Zip Code
Colleyville, TX 76034

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)
Asst. Director of Commerce Affairs

Employer (See Instructions)
Bates Container Inc.

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Scherbeck, Jim

Contributor address; City; State; Zip Code
Slaton, TX 79364

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Downwinders at Risk

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 50/63 Report: 52/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Scott, Donald

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Townsite Co.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Segal, Andrew

10/13/2009

Contributor address; City; State; Zip Code
Houston, TX 77024

Amount of
contribution (\$)

\$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Boxer Property

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sheets, Jody

10/16/2009

Contributor address; City; State; Zip Code
Dallas, TX 75205

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sherrod, Melissa

11/02/2009

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

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)
Professor

Employer (See Instructions)
TCU

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Simon, Jeffrey

10/27/2009

Contributor address; City; State; Zip Code
Dallas, TX 75204

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)
attorney

Employer (See Instructions)
Simon Eddins & Greenstone LLP

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 51/63 Report: 53/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Siy, Linda

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Smart, Samuel III

10/05/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Retired

Employer (See Instructions)
Retired

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Spaniolo, James

10/20/2009

Contributor address; City; State; Zip Code
Arlington, TX 76019

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
University of Texas at Arlington

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stanford, Carol

10/26/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Stanford Company

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stephens & Anderson LLP

10/08/2009

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

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 52/63 Report: 54/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/13/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stepp, Kathleen

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

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)
Homemaker

10 Employer (See Instructions)
N/A

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stewart, Elizabeth

Contributor address; City; State; Zip Code
Austin, TX 78731

Amount of
contribution (\$) \$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Co-Founder

Employer (See Instructions)
GSD&M

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stocker, C.W. III

Contributor address; City; State; Zip Code
Fort Worth, TX 76104

Amount of
contribution (\$) \$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Fort Worth Energy Co. LLC

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Suhm, Vic

Contributor address; City; State; Zip Code
Grapevine, TX 76051

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Tarrant Regional Transportation Coalition

Date

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tatum, Stephen

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

Amount of
contribution (\$) \$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Cantey Hanger L.L.P.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 53/63 Report: 55/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Tex HY-PAC

6 Contributor address; City; State; Zip Code
North Richland Hills, TX 76180

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texans For Better Education PAC

11/10/2009

Contributor address; City; State; Zip Code
Houston, TX 77024

Amount of contribution (\$)

\$10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas AFT COPE

12/28/2009

Contributor address; City; State; Zip Code
Austin, TX 78704

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Architects Committee

11/02/2009

Contributor address; City; State; Zip Code
Austin, TX 78701

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Association of Realtors TREPAC

07/09/2009

Contributor address; City; State; Zip Code
Austin, TX 78768-2246

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 54/63 Report: 56/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Construction Association PAC

6 Contributor address; City; State; Zip Code
Austin, TX 78701

7 Amount of
contribution (\$) \$500.00

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Consumer Finance Association PAC

07/09/2009

Contributor address; City; State; Zip Code
Austin, TX 78701

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Consumer Finance Association PAC

10/27/2009

Contributor address; City; State; Zip Code
Austin, TX 78701

Amount of
contribution (\$) \$2,500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Dairymen PAC

11/17/2009

Contributor address; City; State; Zip Code
Grapevine, TX 76051

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Dental Assn. PAC - DENPAC

11/02/2009

Contributor address; City; State; Zip Code
Austin, TX 78704

Amount of
contribution (\$) \$1,500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 55/63 Report: 57/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/17/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Optometric PAC

6 Contributor address; City; State; Zip Code
Austin, TX 78701

7 Amount of
contribution (\$) \$2,500.00

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

11/17/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Osteopathic Medical Association PAC

Contributor address; City; State; Zip Code
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

10/20/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Society of Certified Public Accountants PAC

Contributor address; City; State; Zip Code
Dallas, TX 75254

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

07/09/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas State Association of Fire Fighters Action Committee

Contributor address; City; State; Zip Code
Austin, TX 78745

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

11/24/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Trial Lawyers Association PAC

Contributor address; City; State; Zip Code
Austin, TX 78767-0788

Amount of
contribution (\$) \$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 56/63 Report: 58/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

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

6 Contributor address; City; State; Zip Code
Austin, TX 78701

7 Amount of
contribution (\$) \$5,000.00

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Thistlewaite, Randi

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Community Volunteer

Employer (See Instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Thomas, Lisa

10/11/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
project controls mgr

Employer (See Instructions)
HNTB

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tindall, John

10/08/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76102

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)
document storage

Employer (See Instructions)
self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Toal, James

11/02/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76114

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)
Architect

Employer (See Instructions)
Gideon Toal Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 57/63 Report: 59/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Trevino, T. Oscar

6 Contributor address; City; State; Zip Code
North Richland Hills, TX 76180

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
O. Trevino Construction

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tucker, William

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

10/20/2009

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

Contributor address; City; State; Zip Code
Dallas, TX 75238

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

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Union Pacific Corporation Fund For Effective Government

Contributor address; City; State; Zip Code
Washington, DC 20005

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2009

Full name of contributor ☒ out-of-state PAC (ID# C00064766)
UPS PAC

Contributor address; City; State; Zip Code
Atlanta, GA 30328

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 58/63 Report: 60/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/20/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
UTU PAC/United Transportation Union PAC

6 Contributor address; City; State; Zip Code
Cleveland, OH 44107

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Valdez, Jerry

12/11/2009

Contributor address; City; State; Zip Code
Austin, TX 78711

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Consultants

Employer (See Instructions)
Governmental Affairs LLC

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vandever Family Trust

10/27/2009

Contributor address; City; State; Zip Code
Dallas, TX 75220

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

Full name of contributor ☐ out-of-state PAC (ID# _____)
Veach, Coy

10/19/2009

Contributor address; City; State; Zip Code
Burleson, TX 76028

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)
Engineer / Construction Manager

Employer (See Instructions)
Freese and Nichols Inc

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Veasey, Tonya

09/29/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76120

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Open Channels Group

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 59/63 Report: 61/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 12/17/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Veterans And Civilians Brain Injury Advocates (PAC) 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vogel, Carlela Contributor address; City; State; Zip Code Lakeside, TX 76108	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant for nonprofit organizations		Employer (See Instructions) Self employed	
Date 09/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Gene Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walton, Neal Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Frito Lay	
Date 11/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waters & Kraus Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 60/63 Report: 62/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/27/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Watson, Libby

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76107

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)
Retired

10 Employer (See Instructions)
N/A

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Watterson, Ralph

Contributor address; City; State; Zip Code
Fort Worth, TX 76110

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)
Antiques Dealer

Employer (See Instructions)
Old Home Antiques

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Weber, John

Contributor address; City; State; Zip Code
Dallas, TX 75248

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)
Executive Vice President

Employer (See Instructions)
Weber & Company

Date

10/08/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
West, Robert

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
WHITAKER CHALK LAW FIRM

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
West, Robert

Contributor address; City; State; Zip Code
Fort Worth, TX 76116

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Whitaker Chalk Law Firm

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 61/63 Report: 63/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/13/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wharton, Worth (Mrs.)

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76115

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)
Regional Advocacy Coordinator

10 Employer (See Instructions)
AARP

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wholesale Beer Distributors of Texas PAC

07/09/2009

Contributor address; City; State; Zip Code
Austin, TX 78701

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilcox, Susan

09/29/2009

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
VP Finance

Employer (See Instructions)
YMCA

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, Abigail

10/27/2009

Contributor address; City; State; Zip Code
Dallas, TX 75209

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)
Investor

Employer (See Instructions)
GS & Co.

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, J.R.

10/05/2009

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

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)
Retired

Employer (See Instructions)
Retired

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 62/63 Report: 64/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

10/06/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Williams, Thomas & Karen

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76109

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)
Attorney

10 Employer (See Instructions)
Haynes & Boone

Date

11/02/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Willis Jr., Doyle

Contributor address; City; State; Zip Code
Fort Worth, TX 76111

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)
Retired Attorney

Employer (See Instructions)
Retired

Date

10/05/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wilson, Larry

Contributor address; City; State; Zip Code
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wittenburg & Associates LLC

Contributor address; City; State; Zip Code
Austin, TX 78701

Amount of contribution (\$)

\$62.50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Governmental Affairs Consultant/Attorney

Employer (See Instructions)
Self

Date

10/27/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wood, Brady

Contributor address; City; State; Zip Code
Dallas, TX 75209

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)
Real Estate Investor

Employer (See Instructions)
INCAP Fund

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 63/63 Report: 65/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date

11/10/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Wrigley, Marjie

6 Contributor address; City; State; Zip Code
Fort Worth, TX 76102

7 Amount of contribution (\$)

\$2,500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
CFO Sendera Title

10 Employer (See Instructions)
Silver Star Title dba

Date

09/29/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wysong, Mary

Contributor address; City; State; Zip Code
Fort Worth, TX 76114

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Financial Representative

Employer (See Instructions)
Self

Date

12/28/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zachary Construction Corporation PAC

Contributor address; City; State; Zip Code
San Antonio, TX 78205

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)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/64 Report: 66/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

07/28/2009

5 Payee name

All Points Capital Corp

7Amount
(\$)

\$1,363.29

6 Payee address; City; State; Zip Code275 Broadhollow Rd
Melville, NY 11747**8** Purpose of payment (See instructions regarding type of information required.)

Car lease

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/16/2009

Payee name

All Points Capital Corp

Amount
(\$)

\$1,363.29

Payee address; City; State; Zip Code

275 Broadhollow Rd
Melville, NY 11747

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

Car lease

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/16/2009

Payee name

All Points Capital Corp

Amount
(\$)

\$1,363.29

Payee address; City; State; Zip Code

275 Broadhollow Rd
Melville, NY 11747

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

Car lease

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

All Points Capital Corp

Amount
(\$)

\$1,363.29

Payee address; City; State; Zip Code

275 Broadhollow Rd
Melville, NY 11747

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

Car lease

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/64 Report: 67/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 11/27/2009	5 Payee name All Points Capital Corp 6 Payee address; City; State; Zip Code 275 Broadhollow Rd Melville, NY 11747	7 Amount (\$) \$1,431.46
---------------------------------	---	--

8 Purpose of payment (See instructions regarding type of information required.)
Car lease**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/09/2009	Payee name Allen, Devan Payee address; City; State; Zip Code P.O. Box 158 Arlington, TX 76004	Amount (\$) \$181.91
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/30/2009	Payee name Allen, Devan Payee address; City; State; Zip Code P.O. Box 158 Arlington, TX 76004	Amount (\$) \$923.50
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 09/04/2009	Payee name Allen, Devan Payee address; City; State; Zip Code P.O. Box 158 Arlington, TX 76004	Amount (\$) \$461.75
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/64 Report: 68/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 09/18/2009	5 Payee name Allen, Devan 6 Payee address; City; State; Zip Code P.O. Box 158 Arlington, TX 76004	7 Amount (\$) \$461.75
---------------------------------	---	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Salary**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/16/2009	Payee name Allen, Devan Payee address; City; State; Zip Code P.O. Box 158 Arlington, TX 76004	Amount (\$) \$461.75
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/02/2009	Payee name Allen, Devan Payee address; City; State; Zip Code P.O. Box 158 Arlington, TX 76004	Amount (\$) \$461.75
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/19/2009	Payee name Allen, Devan Payee address; City; State; Zip Code P.O. Box 158 Arlington, TX 76004	Amount (\$) \$461.75
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/64 Report: 69/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/15/2009**5** Payee name
Allen, Devan

6 Payee address; City; State; Zip Code
P.O. Box 158
Arlington, TX 76004**7** Amount
(\$)

\$461.75**8** Purpose of payment (See instructions regarding type of information required.)
Salary**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

10/30/2009Payee name
AlphaGraphics

Payee address; City; State; Zip Code
5836 Camp Bowie Blvd
Fort Worth, TX 76107Amount
(\$)

\$396.30Purpose of payment (See instructions regarding type of information required.)
Printing** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

11/02/2009Payee name
American Express

Payee address; City; State; Zip Code
PO Box 2878
Travel Related Services Company Inc.
Omaha, NE 68103-2878Amount
(\$)

\$4.95Purpose of payment (See instructions regarding type of information required.)
Service fee** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

11/05/2009Payee name
American Express

Payee address; City; State; Zip Code
PO Box 2878
Travel Related Services Company Inc.
Omaha, NE 68103-2878Amount
(\$)

\$198.61Purpose of payment (See instructions regarding type of information required.)
Service fee** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/64 Report: 70/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 08/04/2009	5 Payee name American National Bank of Texas 6 Payee address; City; State; Zip Code 2720 W 7th St Fort Worth, TX 76107-2257	7 Amount (\$) \$25.00
---------------------------------	---	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Bank fee**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 09/02/2009	Payee name American National Bank of Texas Payee address; City; State; Zip Code 2720 W 7th St Fort Worth, TX 76107-2257	Amount (\$) \$24.62
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Bank fee** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 09/03/2009	Payee name American National Bank of Texas Payee address; City; State; Zip Code 2720 W 7th St Fort Worth, TX 76107-2257	Amount (\$) \$0.38
------------------------	---	---------------------------

Purpose of payment (See instructions regarding type of information required.)
Bank fee** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/03/2009	Payee name American National Bank of Texas Payee address; City; State; Zip Code 2720 W 7th St Fort Worth, TX 76107-2257	Amount (\$) \$44.57
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Bank fee** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/64 Report: 71/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/03/2009

5 Payee name

American National Bank of Texas

7 Amount
(\$)

\$0.38

6 Payee address; City; State; Zip Code2720 W 7th St
Fort Worth, TX 76107-2257**8** Purpose of payment (See instructions regarding type of information required.)

Bank fee

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/15/2009

Payee name

AMM Political Strategies LLC

Amount
(\$)

\$3,000.00

Payee address; City; State; Zip Code

507 N. Sylvania
Fort Worth, TX 76111

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

General political consulting services

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/16/2009

Payee name

AMM Political Strategies LLC

Amount
(\$)

\$3,000.00

Payee address; City; State; Zip Code

507 N. Sylvania
Fort Worth, TX 76111

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

General political consulting services

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

AMM Political Strategies LLC

Amount
(\$)

\$100.98

Payee address; City; State; Zip Code

507 N. Sylvania
Fort Worth, TX 76111

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

Reminder phonecalls for fundraiser

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/64 Report: 72/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/23/2009

5 Payee name

AMM Political Strategies LLC

7Amount
(\$)

\$5,223.50

6 Payee address; City; State; Zip Code507 N. Sylvania
Fort Worth, TX 76111**8** Purpose of payment (See instructions regarding type of information required.)

Printing: Letterhead notecards

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/23/2009

Payee name

AMM Political Strategies LLC

Amount
(\$)

\$3,000.00

Payee address; City; State; Zip Code

507 N. Sylvania
Fort Worth, TX 76111

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

General political consulting services

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/23/2009

Payee name

AMM Political Strategies LLC

Amount
(\$)

\$3,000.00

Payee address; City; State; Zip Code

507 N. Sylvania
Fort Worth, TX 76111

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

General political consulting services

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/07/2009

Payee name

Amphibian Stage Productions

Amount
(\$)

\$250.00

Payee address; City; State; Zip Code

2429 Colonial Parkway
Fort Worth, TX 76109

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

Donation

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/64 Report: 73/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

07/07/2009

5 Payee name

Appliance Warehouse

7Amount
(\$)

\$44.38

6 Payee address; City; State; Zip Code2933 Eisenhower St. Ste 140
Carrollton, TX 75007**8** Purpose of payment (See instructions regarding type of information required.)

Appliance rental

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

08/07/2009

Payee name

Appliance Warehouse

Amount
(\$)

\$44.38

Payee address; City; State; Zip Code

2933 Eisenhower St. Ste 140
Carrollton, TX 75007

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

Appliance rental

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/07/2009

Payee name

Appliance Warehouse

Amount
(\$)

\$44.38

Payee address; City; State; Zip Code

2933 Eisenhower St. Ste 140
Carrollton, TX 75007

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

Appliance rental

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/07/2009

Payee name

Appliance Warehouse

Amount
(\$)

\$44.38

Payee address; City; State; Zip Code

2933 Eisenhower St. Ste 140
Carrollton, TX 75007

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

Appliance rental

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/64 Report: 74/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/07/2009

5 Payee name

Appliance Warehouse

7Amount
(\$)

\$44.38

6 Payee address; City; State; Zip Code2933 Eisenhower St. Ste 140
Carrollton, TX 75007**8** Purpose of payment (See instructions regarding type of information required.)

Appliance rental

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/15/2009

Payee name

Arlington Chamber of Commerce

Amount
(\$)

\$500.00

Payee address; City; State; Zip Code

505 East Border St
Arlington, TX 76010

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

AISD State of the District luncheon tickets

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

Arlington Chamber of Commerce

Amount
(\$)

\$105.00

Payee address; City; State; Zip Code

505 East Border St
Arlington, TX 76010

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

State of the City luncheon tickets

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/15/2009

Payee name

AT&T

Amount
(\$)

\$61.64

Payee address; City; State; Zip Code

1801 Valley View Ln
Dallas, TX 75254

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

Telephone Service

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/64 Report: 75/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 07/18/2009	5 Payee name AT&T 6 Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	7 Amount (\$) \$360.57
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.)
Office Holder cell phone**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/20/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$285.56
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/30/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$61.89
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 08/28/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$290.62
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/64 Report: 76/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 09/11/2009	5 Payee name AT&T 6 Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	7 Amount (\$) \$265.96
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.)
Telephone Service**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 09/16/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$68.18
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/08/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$423.92
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Office Holder cell phone** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/16/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$69.13
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/64 Report: 77/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 10/16/2009	5 Payee name AT&T 6 Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	7 Amount (\$) \$65.29
---------------------------------	---	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Telephone Service**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/27/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$69.09
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/27/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$0.66
------------------------	---	---------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/03/2009	Payee name AT&T Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	Amount (\$) \$69.48
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/64 Report: 78/132
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095

4 Date 11/27/2009	<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px; vertical-align: top;"> 5 Payee name AT&T </td> <td style="width:50%; padding: 5px; vertical-align: top;"> 7 Amount (\$) \$78.08 </td> </tr> <tr> <td colspan="2" style="padding: 5px; vertical-align: top;"> 6 Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254 </td> </tr> </table>	5 Payee name AT&T	7 Amount (\$) \$78.08	6 Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	
5 Payee name AT&T	7 Amount (\$) \$78.08				
6 Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254					
8 Purpose of payment (See instructions regarding type of information required.) Telephone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			

Date 12/09/2009	<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px; vertical-align: top;"> Payee name AT&T </td> <td style="width:50%; padding: 5px; vertical-align: top;"> Amount (\$) \$65.26 </td> </tr> <tr> <td colspan="2" style="padding: 5px; vertical-align: top;"> Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254 </td> </tr> </table>	Payee name AT&T	Amount (\$) \$65.26	Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	
Payee name AT&T	Amount (\$) \$65.26				
Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254					
Purpose of payment (See instructions regarding type of information required.) Telephone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			

Date 12/30/2009	<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px; vertical-align: top;"> Payee name AT&T </td> <td style="width:50%; padding: 5px; vertical-align: top;"> Amount (\$) \$50.21 </td> </tr> <tr> <td colspan="2" style="padding: 5px; vertical-align: top;"> Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254 </td> </tr> </table>	Payee name AT&T	Amount (\$) \$50.21	Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254	
Payee name AT&T	Amount (\$) \$50.21				
Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254					
Purpose of payment (See instructions regarding type of information required.) Telephone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			

Date 10/26/2009	<table style="width:100%;"> <tr> <td style="width:50%; padding: 5px; vertical-align: top;"> Payee name Benito's Restaurant </td> <td style="width:50%; padding: 5px; vertical-align: top;"> Amount (\$) \$54.70 </td> </tr> <tr> <td colspan="2" style="padding: 5px; vertical-align: top;"> Payee address; City; State; Zip Code 1450 W. Magnolia Ave Fort Worth, TX 76104-4231 </td> </tr> </table>	Payee name Benito's Restaurant	Amount (\$) \$54.70	Payee address; City; State; Zip Code 1450 W. Magnolia Ave Fort Worth, TX 76104-4231	
Payee name Benito's Restaurant	Amount (\$) \$54.70				
Payee address; City; State; Zip Code 1450 W. Magnolia Ave Fort Worth, TX 76104-4231					
Purpose of payment (See instructions regarding type of information required.) Fundraising meeting: food and beverage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/64 Report: 79/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 09/16/2009	5 Payee name Bethlehem Baptist Church 6 Payee address; City; State; Zip Code 1188 W. Broad Street Mansfield, TX 76063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Golf tournament sponsorship donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 07/29/2009	Payee name Blackman/AmCheck Payroll Services Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$) \$144.32	
Purpose of payment (See instructions regarding type of information required.) Payroll Service fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 09/04/2009	Payee name Blackman/AmCheck Payroll Services Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$) \$144.32	
Purpose of payment (See instructions regarding type of information required.) Payroll Service fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 09/18/2009	Payee name Blackman/AmCheck Payroll Services Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$) \$144.32	
Purpose of payment (See instructions regarding type of information required.) Payroll Service fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/64 Report: 80/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	

4 Date 10/14/2009	5 Payee name Blackman/AmCheck Payroll Services <hr/> 6 Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	7 Amount (\$) <div style="text-align: right;">\$151.58</div>
---------------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.) Payroll Service fee <div style="text-align: right;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></div>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date 10/30/2009	Payee name Blackman/AmCheck Payroll Services <hr/> Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$) <div style="text-align: right;">\$146.22</div>
------------------------	--	--

Purpose of payment (See instructions regarding type of information required.) Payroll Service fee <div style="text-align: right;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></div>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 11/13/2009	Payee name Blackman/AmCheck Payroll Services <hr/> Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$) <div style="text-align: right;">\$136.22</div>
------------------------	--	--

Purpose of payment (See instructions regarding type of information required.) Payroll Service fee <div style="text-align: right;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></div>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 11/25/2009	Payee name Blackman/AmCheck Payroll Services <hr/> Payee address; City; State; Zip Code 10201 South 51st Street Phoenix, AZ 85044	Amount (\$) <div style="text-align: right;">\$136.22</div>
------------------------	--	--

Purpose of payment (See instructions regarding type of information required.) Payroll Service fee <div style="text-align: right;">(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></div>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/64 Report: 81/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/16/2009

5 Payee name

Blackman/AmCheck Payroll Services

7Amount
(\$)

\$132.43

6 Payee address; City; State; Zip Code10201 South 51st Street
Phoenix, AZ 85044**8** Purpose of payment (See instructions regarding type of information required.)

Payroll Service fee

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/30/2009

Payee name

Blackman/AmCheck Payroll Services

Amount
(\$)

\$132.43

Payee address; City; State; Zip Code

10201 South 51st Street
Phoenix, AZ 85044

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

Payroll Service fee

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

07/30/2009

Payee name

Boswell, Charles R.

Amount
(\$)

\$913.75

Payee address; City; State; Zip Code

P.O. Box 17632
Fort Worth, TX 76102

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/04/2009

Payee name

Boswell, Charles R.

Amount
(\$)

\$456.87

Payee address; City; State; Zip Code

P.O. Box 17632
Fort Worth, TX 76102

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/64 Report: 82/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

09/17/2009

5 Payee name

Boswell, Charles R.

7Amount
(\$)

\$456.87

6 Payee address; City; State; Zip CodeP.O. Box 17632
Fort Worth, TX 76102**8** Purpose of payment (See instructions regarding type of information required.)

Salary

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/14/2009

Payee name

Boswell, Charles R.

Amount
(\$)

\$456.87

Payee address; City; State; Zip Code

P.O. Box 17632
Fort Worth, TX 76102

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/29/2009

Payee name

Boswell, Charles R.

Amount
(\$)

\$456.87

Payee address; City; State; Zip Code

P.O. Box 17632
Fort Worth, TX 76102

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/12/2009

Payee name

Boswell, Charles R.

Amount
(\$)

\$456.87

Payee address; City; State; Zip Code

P.O. Box 17632
Fort Worth, TX 76102

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 18/64 Report: 83/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 11/27/2009	5 Payee name Boswell, Charles R. 6 Payee address; City; State; Zip Code P.O. Box 17632 Fort Worth, TX 76102	7 Amount (\$) \$456.87
---------------------------------	---	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Salary**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/15/2009	Payee name Boswell, Charles R. Payee address; City; State; Zip Code P.O. Box 17632 Fort Worth, TX 76102	Amount (\$) \$456.87
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/30/2009	Payee name Boswell, Charles R. Payee address; City; State; Zip Code P.O. Box 17632 Fort Worth, TX 76102	Amount (\$) \$456.87
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/29/2009	Payee name Buda, Dan Payee address; City; State; Zip Code 1406B Matthews Ln. Austin, TX 78745	Amount (\$) \$438.33
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/64 Report: 84/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 11/02/2009	5 Payee name Buda, Dan 6 Payee address; City; State; Zip Code 1406B Matthews Ln. Austin, TX 78745	7 Amount (\$) \$438.33
---------------------------------	---	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Salary**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/12/2009	Payee name Buda, Dan Payee address; City; State; Zip Code 1406B Matthews Ln. Austin, TX 78745	Amount (\$) \$230.87
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/27/2009	Payee name Buda, Dan Payee address; City; State; Zip Code 1406B Matthews Ln. Austin, TX 78745	Amount (\$) \$230.88
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/15/2009	Payee name Buda, Dan Payee address; City; State; Zip Code 1406B Matthews Ln. Austin, TX 78745	Amount (\$) \$230.87
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Salary** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 20/64 Report: 85/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 12/30/2009	5 Payee name Buda, Dan	7 Amount (\$) \$230.88
6 Payee address; City; State; Zip Code 1406B Matthews Ln. Austin, TX 78745		

8 Purpose of payment (See instructions regarding type of information required.) Salary	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 11/23/2009	Payee name Candlelight Christmas in Ryan Place	Amount (\$) \$100.00
Payee address; City; State; Zip Code P.O. Box 11816 Fort Worth, TX 76110-0816		

Purpose of payment (See instructions regarding type of information required.) Advertisement in Tour Brochure	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 12/22/2009	Payee name Carol Kent Campaign	Amount (\$) \$1,000.00
Payee address; City; State; Zip Code P.O. Box 743713 Dallas, TX 75374-3713		

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 07/13/2009	Payee name CDW Graphics	Amount (\$) \$102.68
Payee address; City; State; Zip Code 1201 W. Park Row Arlington, TX 76013		

Purpose of payment (See instructions regarding type of information required.) Car Magnets	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/64 Report: 86/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/16/2009

5 Payee name

Chris Turner Campaign

7Amount
(\$)

\$2,500.00

6 Payee address; City; State; Zip CodeP.O. Box 171138
Arlington, TX 76003**8** Purpose of payment (See instructions regarding type of information required.)

Contribution

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

City Kitchen

Amount
(\$)

\$1,898.24

Payee address; City; State; Zip Code

2317 Blue Smoke Ct N
Fort Worth, TX 76105

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

Catering for fundraiser

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/16/2009

Payee name

City of Forest Hill

Amount
(\$)

\$300.00

Payee address; City; State; Zip Code

6800 Forest Hill Dr
Forest Hill, TX 76140

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

Event sponsorship donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/23/2009

Payee name

City of Kennedale

Amount
(\$)

\$500.00

Payee address; City; State; Zip Code

405 Municipal Drive
Kennedale, TX 76060

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

Sponsorship--Do Art in the Park

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 22/64 Report: 87/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 10/16/2009	5 Payee name Civic Strategies 6 Payee address; City; State; Zip Code 1201 West Park Row Dr Arlington, TX 76013	7 Amount (\$) \$4,974.95
---------------------------------	--	--

8 Purpose of payment (See instructions regarding type of information required.)
Fundraiser Invitations and postage**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/07/2009	Payee name Constant Contact Payee address; City; State; Zip Code 1601 Trapelo Road Ste 329 Waltham, MA 02451	Amount (\$) \$164.69
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Email marketing service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 08/07/2009	Payee name Constant Contact Payee address; City; State; Zip Code 1601 Trapelo Road Ste 329 Waltham, MA 02451	Amount (\$) \$164.69
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Email marketing service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 09/07/2009	Payee name Constant Contact Payee address; City; State; Zip Code 1601 Trapelo Road Ste 329 Waltham, MA 02451	Amount (\$) \$164.69
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Email marketing service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 23/64 Report: 88/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 10/07/2009	5 Payee name Constant Contact 6 Payee address; City; State; Zip Code 1601 Trapelo Road Ste 329 Waltham, MA 02451	7 Amount (\$) \$164.69
---------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Email marketing service**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/07/2009	Payee name Constant Contact Payee address; City; State; Zip Code 1601 Trapelo Road Ste 329 Waltham, MA 02451	Amount (\$) \$164.69
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Email marketing service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/30/2009	Payee name Crowley Area Chamber of Commerce Payee address; City; State; Zip Code 200 East Main Street Crowley, TX 76036-4211	Amount (\$) \$400.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Annual Auction sponsorship** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/16/2009	Payee name Crowley Area Chamber of Commerce Payee address; City; State; Zip Code 200 East Main Street Crowley, TX 76036-4211	Amount (\$) \$20.00
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Luncheon ticket** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 24/64 Report: 89/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 09/30/2009	5 Payee name Cru 6 Payee address; City; State; Zip Code 238 W. 2nd Street Austin, TX 78701	7 Amount (\$) \$803.99
---------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Staff food and beverage**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/22/2009	Payee name Davis, Wendy Payee address; City; State; Zip Code 2737 Calder Court Fort Worth, TX 76107	Amount (\$) \$1,922.20
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Schedule G expenses reimbursement** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 09/29/2009	Payee name Davis, Wendy Payee address; City; State; Zip Code 2737 Calder Court Fort Worth, TX 76107	Amount (\$) \$992.51
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Schedule G expenses reimbursement** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/22/2009	Payee name Davis, Wendy Payee address; City; State; Zip Code 2737 Calder Court Fort Worth, TX 76107	Amount (\$) \$900.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Schedule G expenses reimbursement** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/64 Report: 90/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/30/2009

5 Payee name

Davis, Wendy

7Amount
(\$)

\$924.75

6 Payee address; City; State; Zip Code2737 Calder Court
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Schedule G expenses reimbursement

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/16/2009

Payee name

Design Installations

Amount
(\$)

\$337.50

Payee address; City; State; Zip Code

6200 Trail Lake Dr
Fort Worth, TX 76133

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

Office picture hanging

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/04/2009

Payee name

Eddie V's

Amount
(\$)

\$194.69

Payee address; City; State; Zip Code

301 E. 5th St
Austin, TX 78701

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

Staff food and beverage

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

07/10/2009

Payee name

Ellerbe Fine Foods

Amount
(\$)

\$308.31

Payee address; City; State; Zip Code

1501 W. Magnolia Ave
Fort Worth, TX 76104

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

Staff food and beverage

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 26/64 Report: 91/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 10/26/2009	5 Payee name FedEx Kinko's 6 Payee address; City; State; Zip Code 3905 Oak Lawn Ave Ste 110 Dallas, TX 75219-4608	7 Amount (\$) \$301.99
---------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Printing**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/29/2009	Payee name Fort Worth Costume Payee address; City; State; Zip Code 2300 W Freeway Fort Worth, TX 76102	Amount (\$) \$71.39
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.)
PA system/stand** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/16/2009	Payee name Fort Worth Country Day Fund Payee address; City; State; Zip Code 4200 Country Day Ln Fort Worth, TX 76109	Amount (\$) \$250.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/01/2009	Payee name Frank and Angie's Payee address; City; State; Zip Code 508 West Avenue Austin, TX 78701	Amount (\$) \$165.04
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Staff food and beverage** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/64 Report: 92/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 07/30/2009	5 Payee name Girls Inc. 6 Payee address; City; State; Zip Code 2820 Matlock Road Arlington, TX 76015	7 Amount (\$) \$400.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation - event table host (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 10/16/2009	Payee name Glencrest Civic League Payee address; City; State; Zip Code 2601 Timberline Dr. Fort Worth, TX 76119	Amount (\$) \$200.00	
Purpose of payment (See instructions regarding type of information required.) Membership (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 07/30/2009	Payee name Grogg, Sonya Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704	Amount (\$) \$876.67	
Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 09/04/2009	Payee name Grogg, Sonya Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704	Amount (\$) \$438.33	
Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 28/64 Report: 93/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 09/17/2009	5 Payee name Grogg, Sonya 6 Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704	7 Amount (\$) \$438.33
---------------------------------	---	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 10/14/2009	Payee name Grogg, Sonya Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704	Amount (\$) \$438.33
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 10/29/2009	Payee name Grogg, Sonya Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704	Amount (\$) \$438.33
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 11/12/2009	Payee name Grogg, Sonya Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704	Amount (\$) \$438.33
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 29/64 Report: 94/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 11/27/2009	5 Payee name Grogg, Sonya	7 Amount (\$) \$438.33
6 Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/15/2009	Payee name Grogg, Sonya	Amount (\$) \$438.33
Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 12/30/2009	Payee name Grogg, Sonya	Amount (\$) \$438.33
Payee address; City; State; Zip Code 127 E. Riverside #514 Austin, TX 78704		

Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 08/28/2009	Payee name HEB Chamber of Commerce	Amount (\$) \$150.00
Payee address; City; State; Zip Code 2109 Martin Drive Bedford, TX 76021-5910		

Purpose of payment (See instructions regarding type of information required.) Membership (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 30/64 Report: 95/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 10/27/2009	5 Payee name HEB Chamber of Commerce 6 Payee address; City; State; Zip Code 2109 Martin Drive Bedford, TX 76021-5910	7 Amount (\$) \$20.00
---------------------------------	--	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
State of the Cities event registration**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/21/2009	Payee name Hedgepeth, Jane Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$) \$500.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Reporting services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/16/2009	Payee name Hedgepeth, Jane Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$) \$500.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Reporting services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/22/2009	Payee name Hedgepeth, Jane Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$) \$500.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Reporting services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 31/64 Report: 96/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 07/30/2009	5 Payee name Henson McAlister 6 Payee address; City; State; Zip Code P.O. Box 470931 Fort Worth, TX 76147	7 Amount (\$) \$149.32
---------------------------------	---	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Framing for office**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 08/28/2009	Payee name Henson McAlister Payee address; City; State; Zip Code P.O. Box 470931 Fort Worth, TX 76147	Amount (\$) \$149.09
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Framing for office** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 07/23/2009	Payee name Hispanic Wellness Coalition Payee address; City; State; Zip Code Ft. Worth Hispanic Chamber of Commerce 1327 N. Main St. Fort Worth, TX 76164	Amount (\$) \$300.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
2009 Exhibitor Booth** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/09/2009	Payee name Holiday Chevrolet Payee address; City; State; Zip Code P.O. Box 707 Whitesboro, TX 76273	Amount (\$) \$56.52
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Vehicle maintenance: replacement keys** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 32/64 Report: 97/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/09/2009

5 Payee name

Holiday Chevrolet

7Amount
(\$)

\$123.44

6 Payee address; City; State; Zip CodeP.O. Box 707
Whitesboro, TX 76273**8** Purpose of payment (See instructions regarding type of information required.)

Vehicle maintenance: replacement keys

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

07/29/2009

Payee name

Hut's Hamburgers

Amount
(\$)

\$82.71

Payee address; City; State; Zip Code

807 W. 6th St
Austin, TX 78703

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

Staff food and beverage

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/07/2009

Payee name

Imagination Celebration

Amount
(\$)

\$250.00

Payee address; City; State; Zip Code

1300 Gendy #210
Fort Worth, TX 76107

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

Donation

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

07/30/2009

Payee name

Internal Revenue Service

Amount
(\$)

\$1,269.35

Payee address; City; State; Zip Code

Dept. of the Treasury
Ogden, UT 84201

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

Employment taxes

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 33/64 Report: 98/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

09/04/2009

5 Payee name

Internal Revenue Service

7Amount
(\$)

\$630.70

6 Payee address; City; State; Zip CodeDept. of the Treasury
Ogden, UT 84201**8** Purpose of payment (See instructions regarding type of information required.)

Employment taxes

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/17/2009

Payee name

Internal Revenue Service

Amount
(\$)

\$630.68

Payee address; City; State; Zip Code

Dept. of the Treasury
Ogden, UT 84201

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

Employment taxes

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/14/2009

Payee name

Internal Revenue Service

Amount
(\$)

\$748.12

Payee address; City; State; Zip Code

Dept. of the Treasury
Ogden, UT 84201

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

Employment taxes

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/30/2009

Payee name

Internal Revenue Service

Amount
(\$)

\$721.10

Payee address; City; State; Zip Code

Dept. of the Treasury
Ogden, UT 84201

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

Employment taxes

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 34/64 Report: 99/132**2** FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095

4 Date 11/12/2009	5 Payee name Internal Revenue Service 6 Payee address; City; State; Zip Code Dept. of the Treasury Ogden, UT 84201	7 Amount (\$) \$650.71
---------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Employment taxes**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/27/2009	Payee name Internal Revenue Service Payee address; City; State; Zip Code Dept. of the Treasury Ogden, UT 84201	Amount (\$) \$650.67
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Employment taxes** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/15/2009	Payee name Internal Revenue Service Payee address; City; State; Zip Code Dept. of the Treasury Ogden, UT 84201	Amount (\$) \$421.35
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Employment taxes** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/30/2009	Payee name Internal Revenue Service Payee address; City; State; Zip Code Dept. of the Treasury Ogden, UT 84201	Amount (\$) \$421.33
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Employment taxes** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 35/64 Report: 100/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/27/2009

5 Payee name

Jeff Kubes Memorial Scholarship Fund

7Amount
(\$)

\$250.00

6 Payee address; City; State; Zip CodeTexas Wesleyan School of Law
1515 Commerce
Fort Worth, TX 76102**8** Purpose of payment (See instructions regarding type of information required.)
Donation**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/16/2009

Payee name

Leadership Arlington

Amount
(\$)

\$550.00

Payee address; City; State; Zip Code

4002 West Pioneer Parkway
Arlington, TX 76013-2903Purpose of payment (See instructions regarding type of information required.)
Membership dues**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

08/25/2009

Payee name

Lili's Bistro

Amount
(\$)

\$118.51

Payee address; City; State; Zip Code

1310 W. Magnolia Ave
Fort Worth, TX 76104Purpose of payment (See instructions regarding type of information required.)
Staff food and beverage**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/16/2009

Payee name

Max Renea Hicks

Amount
(\$)

\$60.98

Payee address; City; State; Zip Code

101 West 6th St Ste 504
Austin, TX 78701Purpose of payment (See instructions regarding type of information required.)
Legal services**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 36/64 Report: 101/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/04/2009

5 Payee name

Merchant Account Services

7Amount
(\$)

\$9.32

6 Payee address; City; State; Zip CodeP.O. Box 36001
Fort Lauderdale, FL 33336**8** Purpose of payment (See instructions regarding type of information required.)

Service fee

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/04/2009

Payee name

Merchant Account Services

Amount
(\$)

\$79.35

Payee address; City; State; Zip Code

P.O. Box 36001
Fort Lauderdale, FL 33336

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

Service fee

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/04/2009

Payee name

Merchant Account Services

Amount
(\$)

\$718.96

Payee address; City; State; Zip Code

P.O. Box 36001
Fort Lauderdale, FL 33336

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

Service fee

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/02/2009

Payee name

Merchant Account Services

Amount
(\$)

\$7.56

Payee address; City; State; Zip Code

P.O. Box 36001
Fort Lauderdale, FL 33336

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

Service fee

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 37/64 Report: 102/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/02/2009

5 Payee name

Merchant Account Services

7Amount
(\$)

\$36.26

6 Payee address; City; State; Zip CodeP.O. Box 36001
Fort Lauderdale, FL 33336**8** Purpose of payment (See instructions regarding type of information required.)

Service fee

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/03/2009

Payee name

Merchant Account Services

Amount
(\$)

\$312.88

Payee address; City; State; Zip Code

P.O. Box 36001
Fort Lauderdale, FL 33336

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

Service fee

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/03/2009

Payee name

Merchant Account Services

Amount
(\$)

\$1.05

Payee address; City; State; Zip Code

P.O. Box 36001
Fort Lauderdale, FL 33336

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

Service fee

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

07/30/2009

Payee name

Mulhollands

Amount
(\$)

\$46.25

Payee address; City; State; Zip Code

P.O. Box 161220
Fort Worth, TX 76161

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

Office supplies

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 38/64 Report: 103/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

09/16/2009

5 Payee name

Mulhollands

7 Amount
(\$)

\$42.50

6 Payee address; City; State; Zip CodeP.O. Box 161220
Fort Worth, TX 76161**8** Purpose of payment (See instructions regarding type of information required.)

Nametags

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/16/2009

Payee name

NAACP

Amount
(\$)

\$100.00

Payee address; City; State; Zip Code

1107 E. 11th St Ste A
Austin, TX 78702

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

Sponsorship

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/27/2009

Payee name

NAACP Arlington Chapter

Amount
(\$)

\$50.00

Payee address; City; State; Zip Code

P.O. Box 173746
Arlington, TX 76003

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

Contribution

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/16/2009

Payee name

NGP Software Inc

Amount
(\$)

\$1,050.00

Payee address; City; State; Zip Code

1225 Eye St NW Suite 1225
Washington, DC 20005

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

Software fees

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 39/64 Report: 104/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

09/30/2009

5 Payee name

NGP Software Inc

7Amount
(\$)

\$500.00

6 Payee address; City; State; Zip Code1225 Eye St NW Suite 1225
Washington, DC 20005**8** Purpose of payment (See instructions regarding type of information required.)

Software

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/24/2009

Payee name

Office Depot

Amount
(\$)

\$75.21

Payee address; City; State; Zip Code

401 Carroll Street
Fort Worth, TX 76107

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

Printable name badges and printer ink

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

Office Depot

Amount
(\$)

\$122.80

Payee address; City; State; Zip Code

401 Carroll Street
Fort Worth, TX 76107

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

Sharpie markers and printer ink

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/29/2009

Payee name

Office Depot

Amount
(\$)

\$103.89

Payee address; City; State; Zip Code

2909 Forest Ln
Dallas, TX 75234-7503

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

Supplies

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 40/64 Report: 105/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/29/2009

5 Payee name
Office Depot**6** Payee address; City; State; Zip Code
2909 Forest Ln
Dallas, TX 75234-7503**7** Amount
(\$)

\$94.16

8 Purpose of payment (See instructions regarding type of information required.)
Supplies(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/09/2009

Payee name
Office DepotPayee address; City; State; Zip Code
2909 Forest Ln
Dallas, TX 75234-7503Amount
(\$)

\$302.48

Purpose of payment (See instructions regarding type of information required.)
Supplies(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/04/2009

Payee name
Office MaxPayee address; City; State; Zip Code
907 West 5th Street
Austin, TX 78703Amount
(\$)

\$19.19

Purpose of payment (See instructions regarding type of information required.)
Binder and 3-hole punch(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/13/2009

Payee name
Office MaxPayee address; City; State; Zip Code
907 West 5th Street
Austin, TX 78703Amount
(\$)

\$111.43

Purpose of payment (See instructions regarding type of information required.)
Binders printer Ink Pens Printer paper(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 41/64 Report: 106/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/14/2009

5 Payee name

Office Max

7

Amount

(\$)

\$138.54

6 Payee address; City; State; Zip Code907 West 5th Street
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Printer Ink USB cable for printer

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/29/2009

Payee name

Ozarka

Amount

(\$)

\$40.95

Payee address; City; State; Zip Code

P.O. Box 856680
Louisville, KY 40285-6680

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

Office water service

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/16/2009

Payee name

Ozarka

Amount

(\$)

\$28.08

Payee address; City; State; Zip Code

P.O. Box 856680
Louisville, KY 40285-6680

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

Office water service

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/06/2009

Payee name

Parkside

Amount

(\$)

\$252.94

Payee address; City; State; Zip Code

301 E 6th Street
Austin, TX 78701

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

Staff food and beverage

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/64 Report: 107/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 12/07/2009	5 Payee name Planned Parenthood of North Texas Inc. 6 Payee address; City; State; Zip Code 301 S. Henderson St Fort Worth, TX 76104	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 07/21/2009	Payee name Public Storage Payee address; City; State; Zip Code 1015 Henderson St Fort Worth, TX 76102-4520	Amount (\$) \$170.45	
Purpose of payment (See instructions regarding type of information required.) Storage rent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 08/28/2009	Payee name Public Storage Payee address; City; State; Zip Code 1015 Henderson St Fort Worth, TX 76102-4520	Amount (\$) \$170.45	
Purpose of payment (See instructions regarding type of information required.) Storage rent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 09/11/2009	Payee name Public Storage Payee address; City; State; Zip Code 1015 Henderson St Fort Worth, TX 76102-4520	Amount (\$) \$170.45	
Purpose of payment (See instructions regarding type of information required.) Storage rent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 43/64 Report: 108/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/16/2009

5 Payee name
Public Storage**6** Payee address; City; State; Zip Code
1015 Henderson St
Fort Worth, TX 76102-4520**7** Amount
(\$)

\$170.45

8 Purpose of payment (See instructions regarding type of information required.)
Storage rent(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/16/2009

Payee name
Public StoragePayee address; City; State; Zip Code
1015 Henderson St
Fort Worth, TX 76102-4520Amount
(\$)

\$170.45

Purpose of payment (See instructions regarding type of information required.)
Storage rent(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/22/2009

Payee name
Public StoragePayee address; City; State; Zip Code
1015 Henderson St
Fort Worth, TX 76102-4520Amount
(\$)

\$170.45

Purpose of payment (See instructions regarding type of information required.)
Storage rent(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/14/2009

Payee name
Radio ShackPayee address; City; State; Zip Code
2600 W. 7th St.
East Bldg. Suite 100
Fort Worth, TX 76107Amount
(\$)

\$8.65

Purpose of payment (See instructions regarding type of information required.)
Holiday parade materials extension cords converter(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 44/64 Report: 109/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/14/2009

5 Payee name

Radio Shack

7 Amount
(\$)

\$54.11

6 Payee address; City; State; Zip Code2600 W. 7th St.
East Bldg. Suite 100
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Holiday parade materials extension cords converter

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/27/2009

Payee name

Reata

Amount
(\$)

\$4,750.65

Payee address; City; State; Zip Code

310 N. Houston
Fort Worth, TX 76102

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

Fundraiser catering

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

07/13/2009

Payee name

Renaissance Cultural Center

Amount
(\$)

\$500.00

Payee address; City; State; Zip Code

3400 Mount Vernon Ave
Fort Worth, TX 76103

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

2009 Festival Sponsorship

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

08/08/2009

Payee name

Residence Inn

Amount
(\$)

\$37.06

Payee address; City; State; Zip Code

2500 Museum Way
Fort Worth, TX 76107

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

Staff lodging (amount not paid by State)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 45/64 Report: 110/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

08/08/2009

5 Payee name

Residence Inn

7Amount
(\$)

\$37.06

6 Payee address; City; State; Zip Code2500 Museum Way
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Staff lodging (amount not paid by State)

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

08/08/2009

Payee name

Residence Inn

Amount
(\$)

\$37.06

Payee address; City; State; Zip Code

2500 Museum Way
Fort Worth, TX 76107

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

Staff lodging (amount not paid by State)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

08/08/2009

Payee name

Residence Inn

Amount
(\$)

\$37.06

Payee address; City; State; Zip Code

2500 Museum Way
Fort Worth, TX 76107

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

Staff lodging (amount not paid by State)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/27/2009

Payee name

Sapristi Bistro and Wine

Amount
(\$)

\$84.28

Payee address; City; State; Zip Code

2418 Forest Park Blvd
Fort Worth, TX 76110

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

Fundraising meeting: food and beverage

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 46/64 Report: 111/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

07/31/2009

5 Payee name

Scheffler, Bernie R.

7Amount
(\$)

\$1,309.04

6 Payee address; City; State; Zip Code3028 Willing Ave
Fort Worth, TX 76110**8** Purpose of payment (See instructions regarding type of information required.)

Salary

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/04/2009

Payee name

Scheffler, Bernie R.

Amount
(\$)

\$654.52

Payee address; City; State; Zip Code

3028 Willing Ave
Fort Worth, TX 76110

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/18/2009

Payee name

Scheffler, Bernie R.

Amount
(\$)

\$654.53

Payee address; City; State; Zip Code

3028 Willing Ave
Fort Worth, TX 76110

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/20/2009

Payee name

Scheffler, Bernie R.

Amount
(\$)

\$654.52

Payee address; City; State; Zip Code

3028 Willing Ave
Fort Worth, TX 76110

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 47/64 Report: 112/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/18/2009

5 Payee name

Scheffler, Bernie R.

7Amount
(\$)

\$654.53

6 Payee address; City; State; Zip Code3028 Willing Ave
Fort Worth, TX 76110**8** Purpose of payment (See instructions regarding type of information required.)

Salary

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/19/2009

Payee name

Scheffler, Bernie R.

Amount
(\$)

\$654.52

Payee address; City; State; Zip Code

3028 Willing Ave
Fort Worth, TX 76110

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/17/2009

Payee name

Scheffler, Bernie R.

Amount
(\$)

\$654.52

Payee address; City; State; Zip Code

3028 Willing Ave
Fort Worth, TX 76110

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/13/2009

Payee name

Shapleigh for Senate

Amount
(\$)

\$76.50

Payee address; City; State; Zip Code

P.O. Box 12068
Austin, TX 78711

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

Donation for end-of-session gift for Sen. Leticia Van de Putte

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 48/64 Report: 113/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/20/2009

5 Payee name

Sickle Cell Disease Asso. of Tarrant Co.

7Amount
(\$)

\$75.00

6 Payee address; City; State; Zip Code1350 S. Main Street Suite 3600
Fort Worth, TX 76104**8** Purpose of payment (See instructions regarding type of information required.)

2009 Luncheon Ticket

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

Southlake Chamber of Commerce

Amount
(\$)

\$250.00

Payee address; City; State; Zip Code

1501 Corporate Circle
Southlake, TX 76092

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

Annual membership

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/16/2009

Payee name

Sprint

Amount
(\$)

\$218.32

Payee address; City; State; Zip Code

6391 Spring Parkway
Overland Park, KS 66251

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

Campaign Internet Service

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/27/2009

Payee name

Sprint

Amount
(\$)

\$74.33

Payee address; City; State; Zip Code

6391 Spring Parkway
Overland Park, KS 66251

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

Campaign Internet Service

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 49/64 Report: 114/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

07/31/2009

5 Payee name

Stadler, Graham

7Amount
(\$)

\$876.67

6 Payee address; City; State; Zip Code2610 Greene Ave
Fort Worth, TX 76109**8** Purpose of payment (See instructions regarding type of information required.)

Salary

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/04/2009

Payee name

Stadler, Graham

Amount
(\$)

\$438.33

Payee address; City; State; Zip Code

2610 Greene Ave
Fort Worth, TX 76109

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/18/2009

Payee name

Stadler, Graham

Amount
(\$)

\$438.33

Payee address; City; State; Zip Code

2610 Greene Ave
Fort Worth, TX 76109

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/19/2009

Payee name

Stadler, Graham

Amount
(\$)

\$438.33

Payee address; City; State; Zip Code

2610 Greene Ave
Fort Worth, TX 76109

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 50/64 Report: 115/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/03/2009

5 Payee name

Stadler, Graham

7Amount
(\$)

\$438.33

6 Payee address; City; State; Zip Code2610 Greene Ave
Fort Worth, TX 76109**8** Purpose of payment (See instructions regarding type of information required.)

Salary

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/17/2009

Payee name

Stadler, Graham

Amount
(\$)

\$438.33

Payee address; City; State; Zip Code

2610 Greene Ave
Fort Worth, TX 76109

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/01/2009

Payee name

Stadler, Graham

Amount
(\$)

\$438.33

Payee address; City; State; Zip Code

2610 Greene Ave
Fort Worth, TX 76109

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/15/2009

Payee name

Stadler, Graham

Amount
(\$)

\$438.33

Payee address; City; State; Zip Code

2610 Greene Ave
Fort Worth, TX 76109

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 51/64 Report: 116/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/30/2009

5 Payee name

Stadler, Graham

7Amount
(\$)

\$438.33

6 Payee address; City; State; Zip Code2610 Greene Ave
Fort Worth, TX 76109**8** Purpose of payment (See instructions regarding type of information required.)

Salary

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

07/20/2009

Payee name

Staples

Amount
(\$)

\$32.38

Payee address; City; State; Zip Code

1600 S. University Dr
Fort Worth, TX 76107

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

Office supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/16/2009

Payee name

Staples

Amount
(\$)

\$108.24

Payee address; City; State; Zip Code

1600 S. University Dr
Fort Worth, TX 76107

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

Software

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/29/2009

Payee name

Staples

Amount
(\$)

\$20.34

Payee address; City; State; Zip Code

1600 S. University Dr
Fort Worth, TX 76107

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

Envelopes for letters

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 52/64 Report: 117/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

09/29/2009

5 Payee name

Staples

7 Amount
(\$)

\$38.97

6 Payee address; City; State; Zip Code1600 S. University Dr
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Letterhead for letters

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/03/2009

Payee name

Staples

Amount
(\$)

\$66.28

Payee address; City; State; Zip Code

1600 S. University Dr
Fort Worth, TX 76107

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

Envelopes and office supplies

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/20/2009

Payee name

Staples

Amount
(\$)

\$144.41

Payee address; City; State; Zip Code

1600 S. University Dr
Fort Worth, TX 76107

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

Copies

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

10/22/2009

Payee name

Staples

Amount
(\$)

\$27.05

Payee address; City; State; Zip Code

1600 S. University Dr
Fort Worth, TX 76107

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

Printer paper

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/64 Report: 118/132	
2 FILER NAME Davis, Wendy		3 ACCOUNT # (Ethics Commission filers) 00062095	
4 Date 10/27/2009	5 Payee name Staples 6 Payee address; City; State; Zip Code 1600 S. University Dr Fort Worth, TX 76107	7 Amount (\$) \$5.41	
8 Purpose of payment (See instructions regarding type of information required.) Printer paper (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 08/07/2009	Payee name Target Payee address; City; State; Zip Code 301 Carroll Street Fort Worth, TX 76107	Amount (\$) \$62.91	
Purpose of payment (See instructions regarding type of information required.) Drinks for staff meeting plates and cups scotch tape for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 10/30/2009	Payee name Target Payee address; City; State; Zip Code 301 Carroll Street Fort Worth, TX 76107	Amount (\$) \$52.64	
Purpose of payment (See instructions regarding type of information required.) Candy for TCU Homecoming parade (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 11/12/2009	Payee name Target Payee address; City; State; Zip Code 301 Carroll Street Fort Worth, TX 76107	Amount (\$) \$20.91	
Purpose of payment (See instructions regarding type of information required.) Coffee and water for staff meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 54/64 Report: 119/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/12/2009

5 Payee name

Target

7 Amount
(\$)

\$8.96

6 Payee address; City; State; Zip Code301 Carroll Street
Fort Worth, TX 76107**8** Purpose of payment (See instructions regarding type of information required.)

Coffee creamer for staff meeting

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/07/2009

Payee name

Target

Amount
(\$)

\$124.23

Payee address; City; State; Zip Code

9440 Marsh Ln
Dallas, TX 75220-4924

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

Office supplies

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/07/2009

Payee name

Target

Amount
(\$)

\$87.09

Payee address; City; State; Zip Code

9440 Marsh Ln
Dallas, TX 75220-4924

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

Office supplies

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/22/2009

Payee name

Tarrant Area Food Bank

Amount
(\$)

\$1,440.00

Payee address; City; State; Zip Code

2600 Cullen Street
Fort Worth, TX 76107-1302

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

Donation

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 55/64 Report: 120/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/30/2009

5 Payee name

Taylor's Rental Equipment Company

7Amount
(\$)

\$471.97

6 Payee address; City; State; Zip CodePO Box 470764
Fort Worth, TX 76147-0764**8** Purpose of payment (See instructions regarding type of information required.)

Stage rental

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

08/07/2009

Payee name

Texas Democratic Party

Amount
(\$)

\$2,500.00

Payee address; City; State; Zip Code

505 W. 12th St Ste 202
Austin, TX 78701

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

DNC Reception Sponsor

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

09/16/2009

Payee name

Texas Energy Report

Amount
(\$)

\$324.75

Payee address; City; State; Zip Code

Harvey Kronberg P.O. Box 8
Austin, TX 78767

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

Subscription

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

08/05/2009

Payee name

Texas State Senate--Purchasing

Amount
(\$)

\$40.45

Payee address; City; State; Zip Code

P.O. Box 12068
Austin, TX 78711

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

State flags (for donations)

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 56/64 Report: 121/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/15/2009

5 Payee name

Texas State Senate--Purchasing

7Amount
(\$)

\$20.22

6 Payee address; City; State; Zip CodeP.O. Box 12068
Austin, TX 78711**8** Purpose of payment (See instructions regarding type of information required.)

Texas flag (donation)

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/16/2009

Payee name

Texas State Senate--Purchasing

Amount
(\$)

\$40.50

Payee address; City; State; Zip Code

P.O. Box 12068
Austin, TX 78711

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

Texas flags (donation)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/27/2009

Payee name

Texas State Senate--Purchasing

Amount
(\$)

\$20.25

Payee address; City; State; Zip Code

P.O. Box 12068
Austin, TX 78711

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

Texas flags (donation)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/29/2009

Payee name

The Flower Studio

Amount
(\$)

\$230.03

Payee address; City; State; Zip Code

1406 W 6th Street
Austin, TX 78703

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

Flowers for funeral

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 57/64 Report: 122/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

11/04/2009

5 Payee name

The Giant Party in Fort Worth 2010

7Amount
(\$)

\$2,000.00

6 Payee address; City; State; Zip CodeP.O. Box 8040
Fort Worth, TX 76124**8** Purpose of payment (See instructions regarding type of information required.)

Table sponsorship

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

08/05/2009

Payee name

The Monarch

Amount
(\$)

\$3,223.64

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Rent and utilities

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

08/28/2009

Payee name

The Monarch

Amount
(\$)

\$154.86

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Utilities

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

08/28/2009

Payee name

The Monarch

Amount
(\$)

\$2,998.25

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Rent and parking

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 58/64 Report: 123/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/16/2009

5 Payee name

The Monarch

7Amount
(\$)

\$2,998.25

6 Payee address; City; State; Zip Code801 W. 5th St
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Rent and parking

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/16/2009

Payee name

The Monarch

Amount
(\$)

\$139.92

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Utilities

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

The Monarch

Amount
(\$)

\$110.00

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Rent utilities parking

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

The Monarch

Amount
(\$)

\$101.24

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Utilities

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 59/64 Report: 124/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

10/27/2009

5 Payee name

The Monarch

7Amount
(\$)

\$2,998.25

6 Payee address; City; State; Zip Code801 W. 5th St
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Rent and parking

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/04/2009

Payee name

The Monarch

Amount
(\$)

\$160.00

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Rent utilities parking

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/27/2009

Payee name

The Monarch

Amount
(\$)

\$2,998.28

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Rent and parking

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/27/2009

Payee name

The Monarch

Amount
(\$)

\$139.89

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Utilities

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 60/64 Report: 125/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/22/2009

5 Payee name

The Monarch

7Amount
(\$)

\$2,998.25

6 Payee address; City; State; Zip Code801 W. 5th St
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Rent and parking

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/22/2009

Payee name

The Monarch

Amount
(\$)

\$59.12

Payee address; City; State; Zip Code

801 W. 5th St
Austin, TX 78703

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

Utilities

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/22/2009

Payee name

Time Warner Cable

Amount
(\$)

\$1,006.39

Payee address; City; State; Zip Code

P.O. Box 660097
Dallas, TX 75266-0097

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

Cable and Internet services

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/13/2009

Payee name

Time Warner Cable

Amount
(\$)

\$248.30

Payee address; City; State; Zip Code

P.O. Box 660097
Dallas, TX 75266-0097

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

Cable

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 61/64 Report: 126/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/15/2009

5 Payee name

Time Warner Cable

7Amount
(\$)

\$248.28

6 Payee address; City; State; Zip CodeP.O. Box 660097
Dallas, TX 75266-0097**8** Purpose of payment (See instructions regarding type of information required.)

Cable

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/27/2009

Payee name

Times Ten Cellars

Amount
(\$)

\$1,165.85

Payee address; City; State; Zip Code

1100 Foch St
Fort Worth, TX 76107

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

Fundraising event

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/16/2009

Payee name

TX Asso. for Black City Council Members

Amount
(\$)

\$250.00

Payee address; City; State; Zip Code

1821 Rutherford Ln Ste 400
Austin, TX 78754-5128

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

Membership

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/11/2009

Payee name

United States Postal Service

Amount
(\$)

\$501.60

Payee address; City; State; Zip Code

7800 N Stemmons Fwy
Dallas, TX 75247

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

Postage

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 62/64 Report: 127/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

12/30/2009

5 Payee name

USAA

7 Amount
(\$)

\$2,433.00

6 Payee address; City; State; Zip CodeP.O. Box 659464
San Antonio, TX 78265**8** Purpose of payment (See instructions regarding type of information required.)

Campaign/officeholder vehicle and renters insurance

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/29/2009

Payee name

USPS

Amount
(\$)

\$220.00

Payee address; City; State; Zip Code

4450 Oak Park Ln
Fort Worth, TX 76109

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

Stamps for fundraiser letters

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

07/30/2009

Payee name

Witschey, Alex

Amount
(\$)

\$880.81

Payee address; City; State; Zip Code

124 Bellaire Court
Bellaire, TX 77401

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

09/04/2009

Payee name

Witschey, Alex

Amount
(\$)

\$440.40

Payee address; City; State; Zip Code

124 Bellaire Court
Bellaire, TX 77401

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

Salary

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 63/64 Report: 128/132

2 FILER NAME Davis, Wendy**3** ACCOUNT # (Ethics Commission filers)
00062095**4** Date

09/17/2009

5 Payee name

Witschey, Alex

7Amount
(\$)

\$440.40

6 Payee address; City; State; Zip Code124 Bellaire Court
Bellaire, TX 77401**8** Purpose of payment (See instructions regarding type of information required.)

Salary

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/14/2009

Payee name

Witschey, Alex

Amount
(\$)

\$440.40

Payee address; City; State; Zip Code

124 Bellaire Court
Bellaire, TX 77401

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/29/2009

Payee name

Witschey, Alex

Amount
(\$)

\$440.40

Payee address; City; State; Zip Code

124 Bellaire Court
Bellaire, TX 77401

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/12/2009

Payee name

Witschey, Alex

Amount
(\$)

\$440.40

Payee address; City; State; Zip Code

124 Bellaire Court
Bellaire, TX 77401

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

Salary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 64/64 Report: 129/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

4 Date 11/27/2009	5 Payee name Witschey, Alex 6 Payee address; City; State; Zip Code 124 Bellaire Court Bellaire, TX 77401	7 Amount (\$) \$440.40
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/15/2009	Payee name Witschey, Alex Payee address; City; State; Zip Code 124 Bellaire Court Bellaire, TX 77401	Amount (\$) \$440.40
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 12/30/2009	Payee name Witschey, Alex Payee address; City; State; Zip Code 124 Bellaire Court Bellaire, TX 77401	Amount (\$) \$440.40
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/3 Report: 130/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

<p>4 Date</p> <p>08/20/2009</p>	<p>5 Payee name American Airlines</p> <hr/> <p>6 Payee address; City; State; Zip Code 4255 Amon Carter Blvd. Fort Worth, TX 76155</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Airfare</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$72.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>11/20/2009</p>	<p>Payee name AT&T</p> <hr/> <p>Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$375.39</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>12/12/2009</p>	<p>Payee name AT&T</p> <hr/> <p>Payee address; City; State; Zip Code 1801 Valley View Ln Dallas, TX 75254</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Cell phone service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$384.09</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>12/07/2009</p>	<p>Payee name Constant Contact</p> <hr/> <p>Payee address; City; State; Zip Code 1601 Trapelo Road Ste 329 Waltham, MA 02451</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Email service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$164.69</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>07/02/2009</p>	<p>Payee name Embassy Suites</p> <hr/> <p>Payee address; City; State; Zip Code 4650 W. Airport Freeway Irving, TX 75062</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Lodging</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$251.82</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/3 Report: 131/132

2 FILER NAME Davis, Wendy

3 ACCOUNT # (Ethics Commission filers)
00062095

<p>4 Date</p> <p>12/22/2009</p>	<p>5 Payee name Greater Houston Transportation</p> <hr/> <p>6 Payee address; City; State; Zip Code 1406 Hays Street Houston, TX 77009</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Taxi service</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$72.75</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>08/21/2009</p>	<p>Payee name Hobby Lobby</p> <hr/> <p>Payee address; City; State; Zip Code 5020 South Hulen St Fort Worth, TX 76132</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Office supplies</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$16.23</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>12/16/2009</p>	<p>Payee name Lancaster Hotel</p> <hr/> <p>Payee address; City; State; Zip Code 701 Texas Avenue Houston, TX 77002</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Food and beverage: Meeting with campaign supporters</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$178.32</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>08/11/2009</p>	<p>Payee name Residence Inn</p> <hr/> <p>Payee address; City; State; Zip Code 2500 Museum Way Fort Worth, TX 76107</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff retreat lodging</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$202.50</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>09/16/2009</p>	<p>Payee name Staples</p> <hr/> <p>Payee address; City; State; Zip Code 1600 University Dr. Fort Worth, TX 76107</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Office supplies</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$38.83</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/3 Report: 132/132

2 FILER NAME Davis, Wendy

3 ACCOUNT #

(Ethics Commission filers)

00062095

<p>4 Date</p> <p>09/17/2009</p>	<p>5 Payee name Staples</p> <hr/> <p>6 Payee address; City; State; Zip Code 1600 University Dr. Fort Worth, TX 76107</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Office supplies</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)</p> <p>\$205.68</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>12/30/2009</p>	<p>Payee name Target</p> <hr/> <p>Payee address; City; State; Zip Code 301 Carroll St. Fort Worth, TX 76107</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Staff gifts</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$900.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>12/22/2009</p>	<p>Payee name Tarrant County Motor Vehicle</p> <hr/> <p>Payee address; City; State; Zip Code 100 E. Weatherford Fort Worth, TX 76196</p> <p>Purpose of expenditure (See instructions regarding type of information required.) State license plates</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$133.60</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>09/17/2009</p>	<p>Payee name U.S. Postal Service</p> <hr/> <p>Payee address; City; State; Zip Code 4600 Mark IV Parkway Fort Worth, TX 76161</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Postage</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)</p> <p>\$748.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>