

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide contains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. NICKNAME	FIRST RICHARD SUFFIX DAVID	MI OFFICE USE ONLY Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		Date Received AUG 01 2023 BISD Superintendant's Office
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE; PHONE NUMBER [REDACTED]		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. NICKNAME	FIRST BILL LAST FENNIMORE	MI Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6120 Ashbury Lane # 113 North Richards Hills, TX 76180		
8 CAMPAIGN TREASURER PHONE	AREA CODE; PHONE NUMBER; EXTENSION (817) 247-3450		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officers) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2023 THROUGH 06 / 30 / 2023		
11 ELECTION	Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE: _____ COMMITTEE NAME: _____ <input type="checkbox"/> GENERAL COMMITTEE ADDRESS: _____ <input type="checkbox"/> SPECIFIC COMMITTEE PHONE NUMBER: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____		

GO TO PAGE 2

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15 C/OH NAME RICHARD DAVIS 16 Filer ID (Ethics Commission) _____

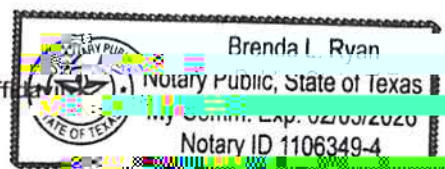
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MINUS TOTALS OF THE LAST DAY OF REPORTING PERIOD	\$	11.53
OUTSTANDING LOAN TOTALS	6. TOTAL FINANCIAL LIABILITY OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 SIGNATURE 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.

Richard Davis

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirmation of Notary Public
Brenda L. Ryan
Notary Public, State of Texas
Comm. Exp. 02/03/2020
Notary ID 1106349-4
NOTARY STAMP/SEAL

Sworn to and subscribed before me by Richard Davis this the 1st day of August, 2023

to certify which, witness my hand and seal of office.
Brenda L. Ryan Brenda L. Ryan Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)