POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME 5 Payee name 7 Payoe address; Check if travel outside of Texas, Complete Schedule T, PURPOSE Check if Austin, TX, officeholder living expense Advertising **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name iscover City; State; Zip Code Amount (\$) PO BOX6103 60197-6103 Check if travel outside of Yexas Complete Schedule T PURPOSE Payment Of Credit Card Bill **EXPENDITURE** for Political advertising Candidate / Officeholder name Complete ONLY II direct expenditure to benefit C/OH POLK CO Publishing CO TIX Payee name Diate Payen address: Category (See Calegories listed at th Check it travel outside of Texas, Complete Schedule T. PURPOSE Advertising Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1	TE / OFFICEHOLDER N FINANCE REPORT	CODI	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Gulde explains how to complete this form.	ler ID (Ethics Commission Filars)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS (MIS) MR FIRST Betty NICKNAME LAST DAVIS	MI SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; 20 Oak Creek OR New Waverly TX M3 AREA CODE PHONE NUMBER 936 767-8309	STATE; ZIP CODE	PRINTO COUNTY OUR ADMINISTRATOR	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Barbara	MI SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1513 FM 980 Huntsville TX 7732	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 760-5302	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 Bth day before election	Runoff Exceeded \$500 limit	15th day after campalgn treasurer appointment (Olficeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THE	Month ROUGH	25/18	
11 ELECTION	60 (0)	ELECTION TYPE Runolf Other Description Special		
12 OFFICE	A) /	13 OFFICE SOUGHT (IT KNOWN)	sor-Collector	
	GO TO PAGE	2		

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	DLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		_	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1300,00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 8,56
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8.56
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 2050,00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$,00
18 AFFIDAVIT			
h-management and and and		I swear, or affirm, under penalty of perjury, true and correct and includes all informatio	
September 1	FRANKIE J. CHAVIS		arrequired to be reported by the
	ary Public, State of 1 ly Commission Expir	es	
The Control of	October 24, 2019) ett ()	icens
10 #	372486-6	Signature of Candidate	or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	×	_
Sworn to and subson	rihed before me, b	y the said Octty Davis	_, this the $_{-}$ 5 th
day of Februar	4. 20 <u>18</u> , t	o certify which, witness my hand and seal of office.	
Mankie V	Chairi	Frankie Chavis	Notary
Signature of officer a	dministering oath	Printed name of officer administering oath Ti	tle of officer administering oath

19 F	FILER NAME 20 Filer ID	(Ethlos Commission Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	15 \$ 1047.0°	
G.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	IONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
0.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

		COVERS	SHEET PG 3
19 FILER	Betty Davis	20 Filer ID (Ethics Co.	mmlssion Filers)
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
i V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1300°C
S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		ŝ
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		Ş
9. [SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	TIONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1. The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 9 Employer (See Instructions) haw Office Full name of contributor Thomas Amount of contribution (\$) City; State; Zip Code Contributor address; 801 Camilla OR Employer (See Instructions) Full name of contributor out-of-state PAC (ID#__ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) State; Zip Code Contributor address: City; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



1 Filer ID (Ethics Commission Filers) 2 Total pages filed:	
The C/OH Instruction Guide explains how to complete this form.	
CANDIDATE / OFFICE USE	
CAMPAIGN TREASURER NAME MS / MRS / MR FIRST COLOR SUFFIX Date Processand Date Imaged CITY: STATE; ZIP CODE	9
CAMPAIGN TREASURER ADDRESS (NO PO BOX PECKED) 1513 FM 980 WIND TREASURER PHONE PHONE NUMBER EXTENSION AREA CODE PHONE NUMBER EXTENSION (936) 760-5302	
9 REPORT TYPE January 15 30th day before election Runoff Hunoff 15th day after camp treasurer appointme (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach	ent
10 PERIOD COVERED 12/06/2017 THROUGH 12/31/201	7
11 ELECTION ELECTION DATE Month Day Year Primary Runoff Other Description O3/06/18 General Special	
12 OFFICE CIFFICE HELD (IT MIN) NIA Tax Assessor-Collect	OR.
GO TO PAGE 2	

14 C/OH NAME	Setty D	avis	15 Filer II	D (Ethics Comm	nission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDING TO POLITICAL EXPENDIDING TO PROLITICAL EXPENDIONATE OF THE PROLITICAL EXPENDITURES MAY HAVE BEEN MADE TO PROPERT TO PROP	WITHOUT THE	CANDIDATE'S OR	OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL GENERAL	COMMITTEE NAME COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		\$. 00
a y v m a m a awa m	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			s 75	0,00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$.00
15 + 3 + 3 + 5 + 10 + 10 + 1	4. TOTAL	POLITICAL EXPENDITURES		\$ 1,43	1.98
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	T DAY	\$.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE	\$.00
18 AFFIDAVIT		I swear, or affirm, under penalty of true and correct and includes all in under Title 14, Election Code.			
	TALISHA D. FUSSELL COMMISSION EXPIRES September 16, 2019	Signature A Ca	1	Officeholder	
AFFIX NOTARY STAM		by the said BCHY DAVIS		this the	nth
Signature of efficient a	assell	to certify which, witness my hand and seal of office A Flora Fussell Printed name of officer administering path	Notar	Y Fuld	Inistering oath

19 FI	Betty Davis	20 Filer ID (Ethics Con	nmission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
i.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
SCHEDULE E: LOANS			\$
ō.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
3	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7_	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	_ CONTRIBUTIONS	\$
8 ,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 681.98
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	* 750,00
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1. The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:____ Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Ponations Made By Candidate/Officeholder/Political Committee 1 Total pages Schedule F4: 2 FILER NAME 4 TOTAL OF UNITEMIZED EXPENDIT 5 Date 6 Payee name 7 Amount (\$) 8 Payee address	Office Overh polling Expense Printing Expense Services Instruction Guide explains how to con TURES CHARGED TO A CRE City State: Zip Code	ment/Reimbursement lead/Rental Expense lense lense lense ges/Contract Labor mplete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above) Filer ID (Ethics Commission Filers)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 1 Total pages Schedule F4: 2 FILER NAME 4 TOTAL OF UNITEMIZED EXPENDIT 5 Date 6 Payee name 7 Amount (\$) 8 Payee address	Office Overh Polling Expense Services Instruction Guide explains how to con TURES CHARGED TO A CRE Chr. State: Zip Code.	read/Rental Expense sinse ense ense ges/Contract Labor mplete this form. S EDIT CARD \$	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: 2 FILER NAME 4 TOTAL OF UNITEMIZED EXPENDIT 5 Date 6 Payee name 7 Amount (\$) 8 Payee address	Betty Davi TURES CHARGED TO A CRE Lynch Sig	S 3 EDITCARD \$	Filer ID (Ethics Commission Filers)
5 Date 6 Payee name 7 Amount (\$) 8 Payee address	Lynch Sig	-	
7 Amount (\$) 8 Payee address	Citie State: Zhi Coda	905	
681.98	s; Cily; State; Zip Code		
	Conroe TX	5 E 336)
EXPENDITURE Political	Non-Polii	tical	
	Categories listed at the top of this schedule)		al oulside of Texas. Complete Schedule T stin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / expenditure to benefit C/OH	Officeholder name Offi	ice sought	Office held
Date Payee name			
Amount (\$) Payee address	s; City; State; Zip Code		
TYPE OF EXPENDITURE Political	Non-Poli	itical	
PURPOSE	Calegories listed at the top of this schedule)		el outside of Texas, Complete Schedule T,
EXPENDITURE		GRECK II All	alin. TX, olifceholder living expense
Complete ONLY if direct Candidate / expenditure to benefit C/OH	Officeholder name Offi	ice sought	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officoholder/Polit Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Println	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Oul Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME BEHY Day	ris	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/17	5 Payee name San Jacinto	Co Repu	blices Party
6 Amount (\$) 750 Philippolitical contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		ie of Texas. Complete Schedule T. X., officeholder Ilving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit G/		Office sought	Office held
Date	Payee name	-	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)		fe of Texas_Complete Schedule T. X. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions inlended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Scherlula T X., officeholder, living .expense.
Complete ONLY If direct expenditure to benefit Co		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS / MRS / MR OFFICE USE ONLY CANDIDATE NAME Filor ID # SUFFIX NICKNAME Date Rec ADDRESS / PO BOX: APT / SUITE #; STATE: ZIP CODE CANDIDATE MAILING Cak Creek DR ADDRESS Receipt # AREA CODE PHONE NUMBER EXTENSION CANDIDATE PHONE OFFICE Date Imaged HELD (if any) OFFICE ax Assessor - Collector SOUGHT (if known) SUFFIX LAST CAMPAIGN TREASURER NAME arbara Shelly ZIP CODE 8 CAMPAIGN TREASURER STREET **ADDRESS** (residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER (936) 760-5302 PHONE 10 CANDIDATE Lam aware of the Nepotism Law, Chapter 573 of the Texas Government Code. SIGNATURE I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. Signaty e of Candidate **GO TO PAGE 2**

APPOINTM BY A CAN	IENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA PG 1
Sec	e CTA Instruction Guide for detailed instructions.	Total pages filed:
2 CANDIDATE NAME 3 CANDIDATE MAILING ADDRESS	MS / MRS / MR FIRST MI Betty NICKNAME LAST SUFFIX Davis ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 20 Oak Creek DR	OFFICE USE ONLY Filer DE SAN AUG 0 7
4 CANDIDATE PHONE	New Waverly TX 77358-5197 AREA CODE PHONE NUMBER EXTENSION (936) 767-8309	Date I brow-delivered or Postmarket Receip Amount Date Processed
5 OFFICE was trans HELD (if any)	Tax Assessor-Collector	Date Imaged
OFFICE SOUGHT (if known)	Tax Assessor-Collector	
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME Betty Davis	LAST SUFFIX
CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY: 20 Oak Creek DR New Waverly TX 77358-5197	STATE; ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936-) 767-8309	
CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	as Government Code.
	I am aware of my responsibility to file timely reports as the Election Code. I am aware of the restrictions in title 15 of the Election Cofrom corporations and labor organizations.	
	Signature of Candidate	Date Signed
	GO TO PAGE 2	

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Betty Davis
MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to which declaration applies Signature of Candidate
	tment is effective on the date it is filed with the appropriate filing authority.
TEC Fi	lers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICEHOLDER OFFICE USE ONLY NAME NICKNAME SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #; ZIP CODE OFFICEHOLDER 20 Oak Creek DR MAILING New Woverly Tx 77358-5197 **ADDRESS** Change of Address 5 CANDIDATE/ PHONE NUMBER EXTENSION OFFICEHOLDER (936) hand delivered or Date Postmarked 767-8309 PHONE (3) CAMPAIGN MI Amalint S **TREASURER** NAME Date Processed NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE TREASURER 1513 FM 980 **ADDRESS** Lluntsville TV 77320 (Residence or Business) 8 CAMPAIGN AREA CODE EXTENSION **TREASURER** 936) 760-5302 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD COVERED 16/2020 THROUGH 11 ELECTION ELECTION-DATE ELECTION TYPE Primary Month Runoit Other Description Year General Special 12 OFFICE 13 OFFICE SOUGHT (If known) Tax Assessor-Collector Tax Assessor - Collector

GO TO PAGE 2

14 C/OH NAME	setty Do	vis	15 Filer ID	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE NOWSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	VITHOUT THE C	ANDIDATE'S OR OFFICEROLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	GI LOING			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
-		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	IN \$	()()
İ		OLITICAL CONTRIBUTIONS		. 00
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS	3. TOTAL POUNLESS	DLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$. 00
8 1 2 1 1 1 1 1 1 1 1	4. TOTAL P	OLITICAL EXPENDITURES	\$.00
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	PAY \$,00
OUTSTANDING LOAN TOTALS	6. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	HE \$,00
8 AFFIDAVIT				
Not My	Elizabeth Munselle ary Public, State of 7 Comm. Exp. 07/13/ Notary ID 13160809	I swear, or affirm, under penalty of per true and correct and includes all informations Texas 2022 under Title 15. Election Code.	rjury, that the mation requi	e accompanying report is accompanying report is accompanying reported by me
		Signature / Candid	date or Offi	ceholder
AFFIX NOTARY STAMP	SEALABOVE	L		1
Sworn to and subscrib	ed before me. by	the said Betty Davis		1
day of 10/26		certify which, witness my hand and seal of office.	this	lino
Du	004	ELizaboth R.Musselle	No	tarn
Signature of officer adm	inistering oath	Printed name of officer administering oath		fficer administering oath

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	1 C/OHNAME Petty Davis 2 Filer ID (Ethics Commission Filers)						
3	SIGN	TURE					
4	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
•		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	confly one:					
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B.	ASSETS					
	Check	only one:					
		I do not retain assets purchased with political contributions or interest or other income	from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
		Sig	nature of Candidate				
OFFICEHOLDER Complete this section only if you are an officeholder							
	1	am aware that I remain subject to filing requirements applicable to an officeholder who do le. I am also aware that I will be required to file reports of unexpended contributions if, after fficeholder, I retain political contributions, interest or other income from political contributional contributions or interest or other income from political contributions. Sign	er filing the last required report as an				

The C/OH Instructio	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	NICKNAME LAST	tty suffix	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	20 Oak Creek Dr. New Waverly Tx M3:	STATE; ZIP CODE S8-5197 EXTENSION	Date Fond-delivered on Date Foulmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Bir NICKNAME LAST Shel	bara Suffix Ly-Rushing	Pate Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Rosidence or Business) 8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER		ZIP CODE
PHONE REPORT TYPE	(936) 160-530 Z January 15 30th day before elect July 15 8th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	01 /01 / 2020	THROUGH 0.7	Day Year 15 / 2020
1 ELECTION	Month Day Year Primary	Runoll Other Description Special	
2 OFFICE	OFFICE HELD (IT any) TAX ASSESSOY - Collector	13 OFFICE SOUGHT (IF KNOWN)	-Collector

14 C/OH NAME	Betty Do	Wis	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	DLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER.			NDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION				
TOTALS	TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N ED \$,00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS		DLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$.00
59 (4 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0	4. TOTAL P	OLITICAL EXPENDITURES	\$	108.37
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DIRTING PERIOD	DAY \$,00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	[₹] E \$,00
18 AFFIDAVIT				
Notary P	ISHA BASHAM ublic, State of Texas	I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
1 3.75	Expires 03-14-2022	1 lts &)aui	
		Signature of Candi	date or Offic	eholder
AFFIX NOTARY STAMP /		West of M		
Sworn to and subscrib	ed before me, by	the said Bethy Davis	a this t	he 14
Max of Julys		certify which, witness my hand and seal of office.	, ,,,,,,	
Mishila	han	Trisha Basham	NIA	am
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of off	icer administering oath

	RNAME	20 Filer ID (Ethics Co	ommission Filers)
		,	, , , , , , ,
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
1 _w	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5, [SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$
5.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
(i)	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
в. [SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DŞ	\$ 108.37
). [SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	8
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

omplete this form.		ory not listed above)
ompiete this form.		,
	3 Filer ID (Ethic	s Commission Filer
city;	State;	Zip Code
5197		
(b) Description		
Check if Austin, T	X, officeholder living e	xpense
ffice sought		Office held
City.	State;	Zip Code
Description		
Check if Austin, TX	(, officeholder living ex	pense
fice sought		Office held
City;	State;	Zip Code
Description		
Check if Austin, TX.	officoholdor living avai	9.039
		ffice held
	Check if Austin, TX, co-sought DULE AS NEEDED	



		1	
The C/OH Instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS MRS/MR FIRST Bett NICKNAME LAST Davis	SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #: CI 20 Oak C reek DR New Wayerly TX 1739 AREA CODE PHONE NUMBER (936) 767-8309	ITY; STATE; ZIP CODE 58 - 5197 EXTENSION	JAN 1 4 2020 AN JACINTO C Date Permarked Date Hand-delivered or Date Permarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Barba	ra MI 4 - Rushing SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT 1513 FM 980 Huntsville TX 71320		ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 760-5302	EXTENSION	
REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	07 /01 / 2019	THROUGH 12/3	Day Year 31/2019
ELECTION	Month Day Yuar Primary 03/03/2020 General	FLECTION TYPE Runoll Other Description Special	
OFFICE	Tax Assessor - Collecti	13 OFFICE SOUGHT (If known) Tax Assesso	r-Collector
L	GO TO PA	IGE 2	

J Ale		DE REPORT	COVER SHEET PG 2
14 C/OH NAME	Betty Do	wis	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND IDIOATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE IN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE	WITHOUT THE CAMBIDATE'S OR OFFICE HOLDER
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$.00
2311111111	4. TOTAL F	POLITICAL EXPENDITURES	\$ 750.00
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	
OUTSTANDING LOAN TOTALS	6 TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	\$,00
AFFIDAVIT			
Notary Comm	MARIE LEMMONS Public, State of Texa . Expires 01-31-2023		rjury, that the accompanying report is mation required to be reported by me
William Moto		Signature of Caution	late or Officeholder
AFFIX NOTARY STAMP/	SEALABOVE		
Sworn to and subscrib	0.33		this the 14th
ay of Colonol	, 20 (1) , to	certify which, witness my hand and seal of office.	
Jou Jenu Signature of officer adm	WWW	Printed name of officer administering oath	Notary
			Title of officer administering oath

19	FILERNA	etty Davis	20 Filer ID (Ethics Co	ommission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
ją,		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3,		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4 ,		SCHEDULE E: LOANS		\$
5.	5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
6,		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7,	s	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	s	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9,	✓ s	CHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 750.00
10.	☐ s	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$
11.	S	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12.	☐ SC	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION OF THE PROPERTY	ONS	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Denations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	ine instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	Betty Davis		3 ACCOUNT # (Ethics Commission Filers)
11/9/19	SJC Republican Pa	rty	
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 201 HWY 150 Coldspring Tx 7733	•	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Filing Fee	(b) Description (If tra-	vel outside of Texas, complete Schedule T)
Date	Payee name	•	
Amount (\$)	Payee address; City; State; Zip Code		
Relmbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the lop of this schedule)	Description (If trav	el outside of Texes, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	il outside of Texas, complete Schedule T)
Date	Payee name		
	9		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions from from the front political contributions			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Iftravel	outside of Texas, complete Schedule T)
1,	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEEDE	ED .

	ATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form. 1 Filer ID (Ethlos Commission Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST SUFFIX Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE OCIL Creek DR New Waver by Tx 77358-5 197 AREA CODE PHONE NUMBER EXTENSION MS / MRS / MR PIRST BY COXCL NICKNAME LAST Shelly-Rushing Date Pricosand Date Imaged
CAMPAIGN TREASURER ADDRESS Residence or Business) CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE 1513 FM 980 Huntsville Tx 77320 AREA CODE PHONE NUMBER EXTENSION 936) 760-5302
REPORT TYPE	January 15 January 15 Sth day before election Runoff Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year Month Day Year
ELECTION	ELECTION DATE Month Day Year
	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) Tax Assessor - Collector Tax Assessor - Collector
	GO TO PAGE 2

14 C/OH NAME			15 Filer ID	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI UNICE.	ITHOUT THE CA	ANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N ED \$,(OO)
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$.00
* 118811188039	4. TOTAL F	OLITICAL EXPENDITURES	\$.00
CONTRIBUTION BALANCE	5 TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ATING PERIOD	AY \$	108.37
OUTSTANDING LOAN TOTALS	6. TOTAL PE	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	\$,00
DA DUE	Elizabeth Munselle	true and correct and includes all inform		
M	otary Public, State of y Comm. Exp. 07/13 Notury ID 13160809	/2022	Coulate or Office	ceholder
day of Due	ped before me, by	the said retty Dovis certify which, witness my hand and seal of office.	, this	
Signature of officer adm	ministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filters)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS/MR FIRST Betty NICKNAME LAST SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX; APT/SUITE#; CITY; STATE; ZIP CODE DO Cak Creek DR New Waverly TX 77358-5197	Date Hand-delivered or Postmarkind
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 767-8309	Date Processor
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Parbara MI NICKNAME LAST Shelly-Rushing	Date Maged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#: CITY; STATE: 1513 FM 980 Huntsville TX 77320	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 760-5302	
REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year THROUGH 1/15/	Year
1 ELECTION	ELECTION DATE Month Day Year Primary Runoff G	ieneral Special
2 OFFICE	Tax Assessor - Collector Tax-As	sessor-Collector
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

			_
14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0,00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0,00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 16.00
*********	4. TOTAL	POLITICAL EXPENDITURES	\$ 16.00
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 16.00
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$,00
8 AFFIDAVIT			
(A) N	Kelsie Hollan Notary Public, State My Comm. Exp. 07/	d is true and correct and includes all info of Texas me under Title 15, Election Code.	
(0) 10	Notary ID 131608		Driss
		Signature of Q andida	le or Officeholder
AFFIX NOTARY STAMP		a by the said BOHLY DOWS	
100	of Januar		hand and seal of office
Heli Da	elad	Kelsie Holland	
Signature of officer admini	stering oath	Printed name of officer administering oath	Title of officer administering oath

19	FILER NAME	20 Filer ID (Ethics Co	ommission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
(8),	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 16.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
1-	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$



	TE / OFFICEHOLDER N FINANCE REPORT	16COSV	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Gulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS (MRS) MR FIRST BEH	MI SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: C 20 Oak Creek DR New Warety TX 77	1TY, STATE; ZIP CODE	JUL 13 ?
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 767-8309	EXTENSION	Date Harid-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	NICKNAME LAST	mi suffix y-Rushing	Receipt 4 Amount \$ Date Processed Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 1513 FM 980 Huntsvilk Tx 7732	TE #; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 760-5302	EXTENSION	
REPORT TYPE	January 15 30th day before elect	hannes	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	A /25/18	THROUGH 7	Day Year
I ELECTION	Month Day Yenr Primary General	Runoff Other Description	
2 OFFICE	OFFICE HELD (II any)	13 OFFICE SOUGHT (II known) TAX ASSESS	ior-Collector
	GO ТО Р	AGE 2	

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Addilional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
44				
17 CONTRIBUTION TOTALS	TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 000	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 20.00	
300 2 0 0 x = 0 x 100	4. TOTAL F	OLITICAL EXPENDITURES	\$ 100.00	
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	* 1a4.37	
OUTSTANDING LOAN TOTALS	6 TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 00	
18 AFFIDAVIT				
Manual M	FRANKIE J. CHAVIS pry Public, State of I ly Commission Expli October 24, 2019	exas es	ation required to be reported by me	
		Signatur of Candida	ate or Officendider	
AFFIX NOTARY STAMP	/SEALABOVE			
Sworn to and subscrip	bed before me. by	the said Setty Davis	, this the _13 th	
day of July	.)	certify which, witness my hand and seal of office.	- misine _ i /	
Julin Bii (havis	Frankie Charis	Notary	
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The instruction Guide explains h	ow to complete this form,	
1 Total pages Schedule F	Betty Davis)	3 Filer ID (Ethlos Commission Filers)
7/12/18	5 Payee name Amber Bu	unett	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
100.00	Hol Mckins	chy TX 773	58
B PURPOSE	(a) Category (See Categories listed at the top of this achedi	F	outside of Texas, Complete Schedule T.
OF EXPENDITURE	Advantage EVA		in. TX, officeholder living expense
ZXI ENDITORE	Advertising Expens Tshirts for Election D	se l	
Complete ONE VIE divers	Candidate / Officeholder name		
 Complete <u>ONLY</u> If direct expenditure to benefit C/C 		Office sought	Office held
Date	Payee name		
	. aysoname		
Amount (\$)	Payee address; City; State; Zip Co	ode	
Amount (\$)	Payee address; City; State; Zip Co	ode	
Amount (\$)			
	Payee address; City; State; Zip Co	Description	
PURPOSE OF		Description Check II travel of	tside of Texas, Complete Schedule T. , TX, officeholder living expense
PURPOSE		Description Check II travel of	tside of Texas, Complete Schedule T. T'X, officeholder living expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description Cneck if Austin	TX, officeholder living expense
PURPOSE OF	Category (See Categories listed at the top of this schedu	Description Check II travel of	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedul Candidate / Officeholder name	Description Cneck if Austin	TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedu	Description Cneck if Austin	TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedul Candidate / Officeholder name	Description Cneck if Austin	TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit G/OF	Category (See Categories listed at the top of this schedul Candidate / Officeholder name	Description Check II travel of Check if Austin Office sought	TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedu Candidate / Officeholder name Payee name	Description Check II travel of Check if Austin Office sought	TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedule Candidate / Officeholder name Payee name Payee address; City; State; Zip Con	Description Check il travel or Check if Austin Office sought	TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Category (See Categories listed at the top of this schedu Candidate / Officeholder name Payee name	Office sought Description Check if Austin Office sought	TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$)	Category (See Categories listed at the top of this schedule Candidate / Officeholder name Payee name Payee address; City; State; Zip Con	Description Check II travel of Check if Auslin Office sought Description Check if travel out	Office held Side of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$)	Category (See Categories listed at the top of this schedule Candidate / Officeholder name Payee name Payee address; City; State; Zip Con	Description Check II travel of Check if Auslin Office sought Description Check if travel out	TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Armount (\$)	Category (See Categories listed at the top of this schedule Candidate / Officeholder name Payee name Payee address; City; State; Zip Con	Description Check II travel of Check if Auslin Office sought Description Check if travel out	Office held Side of Texas, Complete Schedule T.

			COVER	SHEET PG 3
19	FILER	NAME	20 Filer ID (Ethics Co	ommission Filers)
		ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		s
5,		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM-	NTRIBUTIONS	\$ 124.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7:::		SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
8.		SCHEDULE F4; EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
Ο.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
1		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
2.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI RETURNED TO FILER	ONS	\$

	TE / OFFICEHOLDER N FINANCE REPORT FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Gulde explains how to complete this form. 1 Filer ID (Ethics Commission Files) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR FIRST BUTY NICKNAME LAST SUFFIX SUFFIX Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 20 ON Creek DR New Waverly TX 7758577 AREA CODE PHONE NUMBER — CE EXTENSION
5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME AREA CODE Date Hund-doilvered of Date Rostpracked Date Propersod Date Propersod Date Propersod Date Propersod Date Propersod Date Propersod Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1513 FM 980 Huntsville TX 17320 AREA CODE PHONE NUMBER EXTENSION
TREASURER PHONE REPORT TYPE	January 15 January 15 January 15 Bth day before election Bunoff Isth day after campaign treasurer appointment (Officeholder Only) July 15 Bth day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year 224/18
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Description General Special
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 1AX ASSESSOR- Collector
	GO TO PAGE 2

14 C/OH NAME		15 File	r ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TOWNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION.	THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	COMMITTEE ADDRESS				
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1 TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0,00		
1017.20	FLEDGE	0,00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, STEMIZED	\$ 4.00		
	4. TOTAL POLITICAL EXPENDITURES \$ 10H				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 244.37		
OUTSTANDING LOAN TOTALS	6 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 governmenting report is		
-		true and correct and includes all information	on required to be reported by me		
11 30 11 11 11	FRANKIE J. CHAVIS under Title 15, Election Code. Notary Public. State of Texas				
My Commission Expires A A A A					
October 24, 2019					
11) # 372 486-L Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	P/SEALABOVE		<i>f</i> 1		
Sworn to and subsc	ribed before me. I	by the said the try Davis	_, this the _26th		
day of Februar	1 . 1	to certify which, witness my hand and seal of office.			
Lankie Chans Frankie Chavis Notary					
Signature of officer a	administering oath	Printed name of officer administering oath Ti	tle of officer administering oath		

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER



TOR GARDIDATE/OTTIGETIGEDER					
1 Filer ID (Ethics Com	mission Filers)	2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE/ OFFICEHOLDER NAME	MS (MRS) MR FIRST	etty Sours	Date Received TRATOR TRATOR		
4 ORIGINAL REPORT TYPE	30th day before election 15th app	ceeded \$500 limit in day after treasurer pointment (officeholder only) al report	Date Hand-delivered or Date Postmarked Receipt # Amount C		
5 ORIGINAL PERIOD COVERED	1/01/18	ROUGH 1 25/18	Date Imaged		
EXPLANATION OF CORRECTION #5 Total Contributions Maintained I listed total contributions Not Balance remaining in contributions 31B #1291.44					
7 AFFIDAVIT		or affirm, under penalty of perjury, true and correct.	that this corrected		
	Check C	DNLY if applicable:			
Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.					
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Betty Davis , this the 24th day of February,					
Adunkii Signature of officer ad	Chain Fran	nkic Chavis	Notary Title of officer administering oath		
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					