

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form		1 Filer ID(Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Willie Davis			OFFICE USE ONLY Date Received 10/26/2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	3131 W. Bellfort, #1017 Houston TX 77054		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 204-4252			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Edd Hendee			Receipt # Amount Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
7 Radney Estates Houston TX 77024			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 805-1679			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
9/25/2015	THROUGH	10/24/2015	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
11/3/2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council - At Large Position 2	

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 FILER NAME Willie R Davis 15 Filer ID (Ethics Commission Filers)

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.

16 NOTICE FROM POLITICAL COMMITTEE(S) <input checked="" type="checkbox"/> additional pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Campaign for Houston COMMITTEE ADDRESS PO Box 75190 Houston TX 77234 COMMITTEE CAMPAIGN TREASURER NAME Standley Bart COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 75190 Houston TX 77234
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17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$11,350.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$21,702.04
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$597.96
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$3,000.00

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.

Larry M. Hicks

Signature of Candidate or Officeholder

AFFIX NOT 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

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Willie R Davis		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	11350
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	3000
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	20752.04
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	950
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Willie R Davis

ACCOUNT # (Ethics
Commission filers)

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.

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Conservative Republicans of Harris County

COMMITTEE ADDRESS

PO Box 75190

Houston TX 77234

COMMITTEE CAMPAIGN TREASURER NAME

Standley, Bart

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 75190

Houston TX 77234

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total Pages Schedule A1:
2 FILER NAME Willie R Davis			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	
9/30/2015	Alan Helfman		
6 Contributor address; City; State; Zip Code		\$500.00	
Houston TX 77098			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	
9/30/2015	Allen Hartman		
6 Contributor address; City; State; Zip Code		\$5,000.00	
Houston TX 77057			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	
10/6/2015	Robin Morrison		
6 Contributor address; City; State; Zip Code		\$50.00	
Houston TX 77029			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	
10/8/2015	Bemer Motors		
6 Contributor address; City; State; Zip Code		\$500.00	
Houston TX 77063			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Willie R Davis	3 Filer ID (Ethics Commission filers)
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	Lisa Marie Hartman	7 Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code	
10/21/2015	Houston TX 77063	5,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	Craig Dohse	
	6 Contributor address; City; State; Zip Code	
10/23/2016	Houston TX 77044	200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	Elmo Johnson	
	6 Contributor address; City; State; Zip Code	
10/23/2015	Houston TX 77019	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME Willie R Davis		3 Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>			
5 Date of loan 10/7/2015	7 Name of lender Jeff Yates	<input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$) 3,000.00
6 Is Lender a Financial Institution?	8 Lender Address; Houston TX 77234	City; State; Zip Code	10 Interest rate 0.00%
			11 Maturity date 12/31/2015
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> None		15 <input type="checkbox"/>	Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation		21 Employer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Willie R Davis		3 Filer ID (Ethics Commission filers)
4 Date 10/2/2015	5 Payee name Roy L Guinn		
6 Amount (\$) 1,512.95	7 Payee address; City; State; Zip Code 18600 S Park View Dr, #1824 Houston TX 77084		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website design and maintenance	
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held		

4 Date 10/6/2015	5 Payee name Sprint 2 Print		
6 Amount (\$) 1,896.54	7 Payee address; City; State; Zip Code 8748 Clay Road, #300 Houston TX 77080		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs	
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held		

4 Date 10/7/2015	5 Payee name The What's Up Radio Program		
6 Amount (\$) 8,000.00	7 Payee address; City; State; Zip Code 12337 Jones Road, Suite 450 Houston TX 77070		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	(This section is partially obscured by the page number in the original image)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Willie R Davis		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print ad
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/7/2015	5 Payee name Conservative Media Properties		
6 Amount (\$) 6,000.00	7 Payee address; City; State; Zip Code 2211 Norfolk St, Suite 920 Houston TX 77098		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print ad
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Willie R Davis	3 Filer ID (Ethics Commission filers)
4 Date 10/7/2015	5 Payee name The Yates Company	
6 Amount (\$) 2,182.55	7 Payee address; City; State; Zip Code PO Box 77234 Houston TX 77234	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/22/2015	5 Payee name Larry M. Hicks, CPA	
6 Amount (\$) 160.00	7 Payee address; City; State; Zip Code 10500 Northwest Freeway, Suite 212 Houston TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting and compliance services
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/22/2015	5 Payee name Urban Houston Network	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 11500 Northwest Freeway, Suite 445 Houston TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Willie R Davis		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Field work
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Willie R Davis	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 10/7/2015	6 Payee name The Yates Company	
7 Amount (\$) 3,000.00	8 Payee address; City; State; Zip Code PO Box 75190 Houston TX 77234	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print ad
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Willie R Davis	3 FilerID (Ethics Commission filers)		
4 Date 10/19/2015	5 Payee name Church of God in Christ PAC			
6 Amount (\$) 250.00	7 Payee Address; 1505 Gregg Street	City; Houston	State; TX	Zip Code 77020
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Political contribution	
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

4 Date 10/19/2015	5 Payee name South Union Church of Christ			
6 Amount (\$) 700.00	7 Payee Address; 7427 Ardmore	City; Houston	State; TX	Zip Code 77054
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sponsorship of Community Partnership Exchange Breakfast	
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED