

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)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR)	FIRST KARL	MI R.
	NICKNAME	LAST DAVIDSON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / POBOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. BOX 5027 HUNTSVILLE TX 77342		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	661-6609	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST CASSIE DAVIDSON	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. BOX 5027 HUNTSVILLE, TX 77342		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	- 661-6608	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	9 / 30 / 11		10 / 29 / 11
11 ELECTION	Month Day Year	ELECTION TYPE	
	11 / 8 / 11	<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)	
	N.A.	MAYOR	
GO TO PAGE 2			

OFFICE USE ONLY	
Date Received	10/31/11
Date Hand-delivered or Postmarked	MES
Receipt #	Amount
Date Processed	
Date Imaged	

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

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

14 C/OH NAME KARL DAVIDSON 15 ACCOUNT # (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.

N.A.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

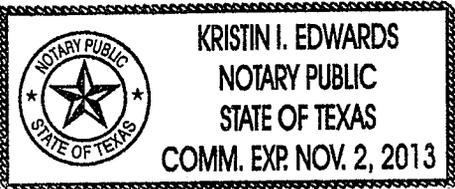
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	*\$ 551.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

** SEE Schedule G*

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.

Karl Davidson
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karl Davidson, this the 20th day of October, 20 11, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Kristin Edwards Title of officer administering oath Deputy City Secretary

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME KARL DAVIDSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/11		5 Payee name KSAM RADIO			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$432.00		7 Payee address; City; State; Zip Code P.O. Box 330, HUNTSVILLE, TX 77342			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Adv. Exp		(b) Description (If travel outside of Texas, complete Schedule T) RADIO Ad	
Date 10/21/11		Payee name WAGAMON PRINTING			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$27.98		Payee address; City; State; Zip Code 1410 SYCAMORE, HUNTSVILLE TX 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Adv. EXPENSE		Description (If travel outside of Texas, complete Schedule T) PRINTING	
Date 10/10/11		Payee name ENTERGY			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$76.42		Payee address; City; State; Zip Code P.O. BOX 8104, BATON, LA 70691			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) ELECTRICITY	
Date 10/7/11		Payee name CITY OF HUNTSVILLE			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 15.00		Payee address; City; State; Zip Code 1212 AVE M HUNTSVILLE, TX 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) WATER	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED