

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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>KARL</u> LAST <u>DAVIDSON</u> NICKNAME SUFFIX	MI	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>OCT 11 2011</p> <p>BY: <u>[Signature]</u> CS.</p> <p>Date Hand-Delivered or Postmarked <u>10/11/11</u></p> <p>Receipt # <u>[Signature]</u></p> <p>Amount <u>[Signature]</u></p> <p>Date Processed <u>10/11/11</u></p> <p>Date Indexed <u>10/11/11</u></p> </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. BOX 5027 HUNTSVILLE TX 77342</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(936) 661-6609</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>CASSIE</u> LAST <u>DAVIDSON</u> NICKNAME SUFFIX	MI	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1436 FISH HATCHERY RD HUNTSVILLE, TX 77320</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(936) 661- 6608</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>9 / 7 / 11</u> <u>10 / 10 / 11</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 8 / 11</u>	ELECTION TYPE <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) <u>MAYOR</u>	
GO TO PAGE 2			

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *49.00*

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

\$ *160.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *—*

4. TOTAL POLITICAL EXPENDITURES

*\$ *911.07*

CONTRIBUTION
BALANCE

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

\$ *209.00*

OUTSTANDING
LOAN TOTALS

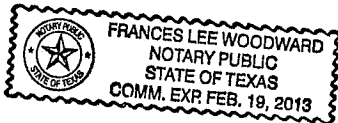
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 AFFIDAVIT

** Paid from personal account SEE
Schedule "B"*

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

Karl Davidson 10/11/11

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Lee Woodward City Secretary

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME

KARL DAVIDSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/26/11

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

ANDREW DEWEES

7 Amount of contribution (\$)

\$60.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**3783 SUMMER LAKE HUNTSVILLE, TX
77340**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/30/11

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

SCOTT LOGAN

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**831 OVERBROOK DR. HUNTSVILLE TX
77340**

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**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: 2		2 FILER NAME KARL DAVIDSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/11		5 Payee name WAGANON PRINTING COMPANY			
6 Amount (\$) 155.12 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE TX 77340			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		PRINTING EXPENSE		PUSH CARDS	
Date 9/12/11		Payee name GEORGE RUSSELL PROPERTIES			
Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1901 19th ST. HUNTSVILLE, TX 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		RENTAL EXPENSE		CAMPAIGN SPACE	
Date 9/14/11		Payee name GO DADDY .COM			
Amount (\$) \$10.95 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 14455 N. HAYDEN RD. STE # 226 SCOTTSDALE, AZ 85260			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Adv. Expense DOMAIN		DOMAIN NAME	
Date 9/20/11		Payee name CITY OF HUNTSVILLE			
Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended		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)		Description (If travel outside of Texas, complete Schedule T)	
		OFFICE Exp-WATER		WATER BILL	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2	2 FILER NAME KARL DAVIDSON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/5/11	5 Payee name GEORGE RUSSELL PROPERTIES	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 300.00	7 Payee address; City; State; Zip Code 1901 19th STREET - HUNTSVILLE, TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) RENTAL EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SPACE
Date 10/5/11	Payee name HUNTSVILLE ITEM	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 130.00	Payee address; City; State; Zip Code P.O. BOX 539 HUNTSVILLE, TX 77342	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv. EXP.	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN Ad -
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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