CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Dynette NAME Date Received 2022 NICKNAME LAST SUFFIX Davis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 3401 Paradise Valley Dr. MAILING Receipt # Amount **ADDRESS** Change of Address Plano, TX 75025 **Date Processed** Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** NAME NICKNAME LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE REPORT TYPE January 15 30th day before election X Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 07/01/2021 THROUGH 12/31/2021 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Frisco ISD Board of Trustees Place 4 District Frisco Collin

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

S SEE NE VENEZURE S				2 of 10			
13 C / OH NAME	Davis, Dynette	14	4 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	e candidate's or officeho	nmittees to support the older's knowledge or ce of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME		54.5c			
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTRIBUTION TOTALS	TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN F ES OF LOANS, OR CONTRIBUTIONS MADE ELECT	PLEDGES, LOANS, RONICALLY)	\$ 0.00			
PROPERTY AND ADDRESS OF THE STATE OF THE STA		\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 147.09			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	T DAY OF THE	\$ 39.40			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF	F THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
*	MICHELE L. CRUTCHEF My Notary ID # 333320 Expires June 14, 2024		nformation required to t	be reported by me			
	Dynatte A. Davis Signature of Candidate or Officeholder						
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid DAJETTE A. DAJI & ertify which, witness my hand and seal of office.	_, this the	Hday			
Signature of office	Luthu cer administering	MICHELE L. CRUTCHER Printed name of officer administering	Title of officer a	AR J			
SE O							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 10

18 FII	8 FILER NAME 19 Filer ID								
	vis, Dy		19 Filer ID						
20 SC	HEDUL ME OF		SUBTOTAL AMOUNT						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00				
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4.	X	SCHEDULE E: LOANS		\$	0.00				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	147.09				
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00				
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.		\$							

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how to comp	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/10	
2 FILER NAME	3 Filer ID	
Davis, Dynette	dynetteadavis4fisd.treasurer@gmail.	
TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID)#:)	8 Amount of pledge (\$) 9 In-kind description (If applicable)
7 Pledgor Address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule 1
10 Principal occupation / Job title (See Instructions)	11 Employer (See Instr	ructions)
Forms provided by Texas Ethics Commission www.	ethics.state.tx.us	Version V1.1.ab979f0

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/10
2 FILER NAME Davis, Dynette	3 Filer ID
4 TOTAL OF UNITEMIZED LOANS	\$ 0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code	
	11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Employer (S	See Instructions)
14 Description of Collateral 15 Check if pe	rsonal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (S	See Instructions)

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide		Wages	s/Contract Labor		OTHER (enter a categ	jory not listed above)
1	Total pages Schedule F1:	\$555 ES 5555					3	Filer ID	
	Sch: 1/5 Rpt: 6/10	Davis, Dyne	7. s00.00 (second)						
4	Date	5 Payee name							
	07/01/2021	Bank of Am							38.765 <u>0.000</u>
	Amount (\$) \$16.00	7 Payee addre	ess; City;	State; Zip Co	ode				
8	PURPOSE OF EXPENDITURE	(a) Category (s Accounting	See Categories listed at the to 1/Banking	op of this schedule)	(b)		, TX, c	de of Texas. Complete : officeholder living expe fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office sou	ught			Office held	
	Date	Payee name							
	08/02/2021	Bank of Am	nerica						
	Amount (\$) \$16.00	Payee addre	ess; City;	State; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a) Category (s. Accounting	Gee Categories listed at the to 1/Banking	op of this schedule)	(b)		, TX, c	le of Texas. Complete sofficeholder living expe	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office held	
	Date	Payee name		0.7 = 200			100		
	09/01/2021	Bank of Am	nerica						
	Amount (\$) \$16.00	Payee addre	ess; City;	State; Zip Co	ode				
_		TX							
	PURPOSE OF EXPENDITURE	(a) Category (so	See Categories listed at the to /Banking	op of this schedule)		_	, TX, o	le of Texas. Complete S officeholder living exper	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ught			Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	d Committee	Legal Services The Instruction Guid			s/Contract Labor ete this form.	OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM	1E			3	3 Filer ID	
	Sch: 2/5 Rpt: 7/10	Davis, Dyr	ACCOUNTED AND ACCOUNTED ACCOUNTED AND ACCOUNTED AND ACCOUNTED AND ACCOUNTED ACCOUNTED AND ACCOUNTED ACCOUNTED AND ACCOUNTED ACCOUNTED AND ACCOUNTED					
4		5 Payee name						
	10/01/2021	Bank of Ar						
	Amount (\$) \$16.00	7 Payee addr	5.000	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE	(a) Category (a) Accounting	(See Categories listed at the g/Banking	top of this schedule)	(b)	. 1	utside of Texas. Complete Schedule T. FX, officeholder living expense INT Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		fficeholder name	Office so	ught		Office held	
3	Date	Payee name	е					
	11/01/2021	Bank of Ar	nerica					
	Amount (\$) \$16.00	Payee addr	10 Section	State; Zip C	ode			400.500000
	PURPOSE OF EXPENDITURE	(a) Category (a) Accounting	See Categories listed at the l g/Banking	top of this schedule)	(b)		ntside of Texas. Complete Schedule T. IX, officeholder living expense INT Fee	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ught		Office held	
	Date	Payee name	e					
	12/01/2021	Bank of Ar	nerica					
	Amount (\$) \$16.00	Payee addre	ess; City;	State; Zip C	ode			
L	200000				1			
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the t g/Banking	top of this schedule)	(b)		itside of Texas. Complete Schedule T. IX, officeholder living expense INT Fee	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ught		Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/5 Rpt: 8/10	Davis, Dynette
4	Date	5 Payee name
	07/02/2021	GoDaddy.com
6	Amount (\$) \$5.32	7 Payee address; City; State; Zip Code TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Domain fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2021	GoDaddy.com
	Amount (\$) \$5.32	Payee address; City; State; Zip Code TX
_	DUDDOCE	-
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Domain fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/02/2021	GoDaddy.com
	Amount (\$) \$5.32	Payee address; City; State; Zip Code TX
	PURPOSE	-
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Domain fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense By - Gift/Awards/Memorials Expense			rhea pens pens pens /ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID		
L	Sch: 4/5 Rpt: 9/10	Davis, Dy	nette							
4	Date	Payee nan	ne							
L	10/04/2021	GoDaddy	com.							
6	Amount (\$) \$5.32	' Payee add	dress; City;	State; Zip Co	de					
8	PURPOSE OF EXPENDITURE		(See Categories listed at the top of ng Expense	this schedule)	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/C	Officeholder name	Office sou	ght			Office held		
	Date	Payee nan	ne							
	11/02/2021	GoDaddy	.com							
	Amount (\$) \$5.32	Payee add	ress; City;	State; Zip Co	de					
		TX								
	PURPOSE OF EXPENDITURE	a) Category Advertisir	(See Categories listed at the top of ng Expense	this schedule)	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense Fee		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/C	Officeholder name	Office sou	ght			Office held		
	Date 12/02/2021	Payee nan GoDaddy								
	Amount (\$) \$5.32	Payee add	ress; City;	State; Zip Co	de					
	PURPOSE	a) Category	(See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		ng Expense	,		Check if travel of	TX,	de of Texas. Complete Schedule T. officeholder living expense Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/C	officeholder name	Office sou	ght			Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (septer a school used listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	tegory not listed above)
1	Total pages Schedule F1: Sch: 5/5 Rpt: 10/10	1: 2 FILER NAME 3 Filer ID	
4		5 Payee name GoDaddy.com	
6	Amount (\$) \$19.17	7 Payee address; City; State; Zip Code TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living expense.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	