

## **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: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dynette	MI	OFFICE USE ONLY		
	NICKNAME	LAST Davis	SUFFIX	Date Received 11/24/26		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 3401 Paradise Valley Dr.	APT / SUITE #: Plano	CITY: TX	STATE: 75025		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 773 )	PHONE NUMBER 575-8001	EXTENSION		Date Hand-delivered or Date Postmarked 11/24/26	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Kimberly	MI	Receipt #	Amount \$ —	
	NICKNAME	LAST Evans	SUFFIX	Date Processed 11/30/26	Date Imaged 11/30/26	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 12702 Winding Creek Dr.			CITY: Frisco	STATE: TX ZIP CODE 75035	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 972 )	PHONE NUMBER 938-6350	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input 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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 07	Day 01	Year 2025	Month 12	Day 31	Year 2025
11 ELECTION	ELECTION DATE Month 05 Day 02 Year 2026			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Frisco ISD Place #4			13 OFFICE SOUGHT (if known) Same		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	Davis, Dynette		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 1325.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES		\$ 0
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 5,595.45
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0

18 SIGNATURE 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.

*Dynette A. Davis*  
Signature of Candidate or Officeholder



(1) Affidavit

NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by Dynette Davis this the 84th day of January, 20 26 to certify which, witness my hand and seal of office.

Michelle Arellano Signature of officer administering oath

Michelle Arellano Printed name of officer administering oath

Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 2
2 FILER NAME Davis, Dynette			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Cindy Hons	□ out-of-state PAC (ID#: _____)	
	6 Contributor address; 7145 Yellowstone Drive	City; Frisco	State; TX Zip Code 75033
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor Chad Rudy	□ out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500.00
	Contributor address; 12186 Kennedale Dr.	City; Frisco	State; TX Zip Code 75033
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Jamell Meeks	□ out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
	Contributor address; 11824 South Indiana	City; Chicago	State; IL Zip Code 60628
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Mica Coleman	□ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; 5800 Allemong Drive	City; Matteson	State; IL Zip Code 60443
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.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Davis, Dynette			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor Melissa Trezza	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	<b>7</b> Amount of contribution (\$) \$25.00
	<b>6</b> Contributor address; 3204 Duval Dr	City; Plano	State; TX Zip Code 75024
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date	Full name of contributor Keith Shipman	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) \$150.00
	Contributor address; 10141 Calvary Court	City; Frisco	State; TX Zip Code 75035
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Dana Burns	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$) \$150.00
	Contributor address; 6018 Wallis Dr.	City; Frisco	State; TX Zip Code 75033
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: <u>                  </u> )	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			