

# 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	2 Total pages filed: 10					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dynette	MI	<b>OFFICE USE ONLY</b>				
	NICKNAME	LAST Davis	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked				
	3401 Paradise Valley Dr.			Receipt #      Amount				
	Plano, TX 75025			Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Robin	MI					
	NICKNAME	LAST Banks	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	3220 Edwards			Plano	TX	75025		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		214-763-0680						
8 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)							
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
			07/01/2023				12/31/2023	
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		
				<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)				
	FISD Board of Trustees Place 4 Place 4 District Frisco ISD Collin							

**GO TO PAGE 2**

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

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

2 of 10

<b>13 C / OH NAME</b> Davis, Dynette	<b>14 Filer ID</b>
--------------------------------------	--------------------

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,982.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	150.19
	4. TOTAL POLITICAL EXPENDITURES	\$	327.54
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,504.27
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.

Dynette A. Davis  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dynette Davis, this the 16th day of July, 2024, to certify which, witness my hand and seal of office.

Michelle Arellano  
Signature of officer administering

Michelle Arellano  
Printed name of officer administering

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Davis, Dynette	<b>19 Filer ID</b>
--	--------------------

<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,982.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 327.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/10
<b>2</b> FILER NAME Davis, Dynette		<b>3</b> Filer ID
<b>4</b> Date 07/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blessing, Susan	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code 11106 Williamsburg Ln.  Frisco, TX 75035		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britton, Keith	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 10106 Summit Run Dr.  Frisco, TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britton, Keith	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 10106 Summit Run Dr.  Frisco, TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britton, Keith	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 10106 Summit Run Dr.  Frisco, TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Peter	Amount of Contribution (\$)  \$1,607.00
Contributor address; City; State; Zip Code 6018 Wallis Dr.  Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/10
<b>2</b> FILER NAME Davis, Dynette		<b>3</b> Filer ID
<b>4</b> Date 07/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emerson, Michele	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 10808 Riesling Dr.  Frisco, TX 75035		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fair, Kelly	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 10816 South Parnell Avenue  Chicago, IL 60628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haq, Sadaf	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 12167 Toscana Way  Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hons, Cindy	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 7145 Yellowstone Dr.  Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hons, Cindy	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 7145 Yellowstone Dr.  Frisco, TX 75033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/10
<b>2</b> FILER NAME Davis, Dynette		<b>3</b> Filer ID
<b>4</b> Date 08/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Timothy	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code 2640 Atrium Dr.  Grand Prairie, TX 75052		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luney, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6012 Pisa Lane  Frisco, TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCord, Kelli	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 712 W. Main St.  Celina, TX 75009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 798 Sleepy Creek Dr.  Frisco, TX 75036		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Chakosha	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6521 Canyon Crest Dr.  McKinney, TX 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/10
<b>2</b> FILER NAME Davis, Dynette		<b>3</b> Filer ID
<b>4</b> Date 07/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tysell, Kenneth	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$100.00</span>
<b>6</b> Contributor address; City; State; Zip Code 1213 Gladewater Trail  Frisco, TX 75033		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Alice	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Contributor address; City; State; Zip Code 8928 Yosemite Trl  Crossroads, TX 76227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watland, Katrina	Amount of Contribution (\$) <span style="float:right">\$50.00</span>
Contributor address; City; State; Zip Code 1242 Timber Ln.  Frisco, TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wortham, Shana	Amount of Contribution (\$) <span style="float:right">\$50.00</span>
Contributor address; City; State; Zip Code 591 Amistad Dr.  Prosper, TX 75078		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 8/10	<b>2</b> FILER NAME Davis, Dynette	<b>3</b> Filer ID
<b>4</b> Date 07/03/2023	<b>5</b> Payee name Chase Bank	
<b>6</b> Amount (\$) \$26.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 25118  Tampa, FL 33622-5118	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank account fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 08/01/2023	Payee name Chase Bank	
Amount (\$) \$26.00	Payee address; City; State; Zip Code P.O. Box 25118  Tampa, FL 33622-5118	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Bank account fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/01/2023	Payee name Chase Bank	
Amount (\$) \$16.00	Payee address; City; State; Zip Code P.O. Box 25118  Tampa, FL 33622-5118	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 bank account fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 9/10		2 FILER NAME Davis, Dynette		3 Filer ID	
4 Date 10/02/2023		5 Payee name Chase Bank			
6 Amount (\$) \$16.00		7 Payee address; City; State; Zip Code P.O. Box 25118  Tampa, FL 33622-5118			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Bank Account fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/01/2023		Payee name Chase Bank			
Amount (\$) \$16.00		Payee address; City; State; Zip Code P.O. Box 25118  Tampa, FL 33622-5118			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Bank account fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/18/2023		Payee name Square Space			
Amount (\$) \$38.97		Payee address; City; State; Zip Code 8 Clarkson St.  New York, NY 10014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 web hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 10/10	2 FILER NAME Davis, Dynette	3 Filer ID
4 Date 08/18/2023	5 Payee name Square Space	
6 Amount (\$) \$38.38	7 Payee address; City; State; Zip Code 8 Clarkson St.  New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 web hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		