

**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 # (See Commission Page)

2 Total pages filed

6

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR MRS.	FIRST LYNN	MI C.	OFFICE USE ONLY Date Reported	
		MIDDLE DAVENPORT	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS (NO PO BOX)		APT / SUITE #	CITY	STATE ZIP CODE
		9629 Windy Hill Road			DALLAS, TX	75238
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (214)	PHONE NUMBER 673-4018	Date Received/Revised or Date Postmarked		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MRS.	FIRST ELIZABETH	MI	FORMER # NUMBER #	
		MIDDLE BEAT	LAST BIESEL	SUFFIX	Date Prepared Date Mailed	
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE ZIP CODE
		3601 Southwestern Blvd.			DALLAS, TX	75225
8 CAMPAIGN TREASURER PHONE		AREA CODE (214)	PHONE NUMBER 794-1542	EXTENSION		
9 REPORT TYPE						
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final <input type="checkbox"/> 15th day after election/ 30th day after appointment (Candidate Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 90th day before election <input type="checkbox"/> Extended Modified Reporting Period <input type="checkbox"/> Final Report (After C/OH-1-F)						
10 PERIOD COVERED						
Month Day Year 4 / 7 / 22 THROUGH Month Day Year 4 / 29 / 22						
11 ELECTION						
ELECTION DATE Month Day Year 5 / 7 / 22 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Recall <input type="checkbox"/> Other						
12 OFFICE				13 OFFICE SIGHT (if applicable)		
OFFICE BUILD (if any)				DALLAS COLLEGE TRUSTEE DISTRICT 1		
14 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 SAID EXPENDITURES.						
COMMITTEE TYPE		COMMITTEE NAME				
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS				
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020



**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 CANDIDATE NAME LYNN DAVENPORT		16 Pair ID (Ethics Commission File)
17 CONTRIBUTION TOTALS	1. TOTAL UNREIMBURSED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS); W-KIND	\$ 1700.00
EXPENDITURE TOTALS	3. TOTAL UNREIMBURSED POLITICAL EXPENDITURE	\$ 1349.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 3049.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Lynn Davenport
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20_____, 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 _____
OR

(2) Unsworn Declaration

My name is **LYNN DAVENPORT** and my date of birth is **9-2-71**
My address is **9627 WINDY HILL ROAD** **DALLAS** **TX** **75238** **US**
(street) (city) (state) (zip code) (country)
Executed at **DALLAS** County, State of **TEXAS** on the **29** day of **APRIL** 20**22**
(city) (county) (state) (month) (year)
Lynn Davenport
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>LYNN DAVENPORT</i>		20 Filer ID (Ethics Commission Filer)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>19.00</i>
3	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	<input type="checkbox"/> SCHEDULE C: 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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1347.63</i>
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 CON	\$
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	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2 1
2 FILER NAME LYNN DAVENPORT		3 FIRM ID (Leave Commission blank)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1700
5 Date 4/19/22	6 Full name of contributor <input type="checkbox"/> Non-PAAC PAC 004 ANGELA ROBERTSON	8 Amount of Contribution \$ \$ 1700
7 Contributor address: City: State: Zip Code 10111 IVYHART CIR, DALLAS TX 75238		9 In-kind contribution description LETTERS TO VOTERS IN LAKE HIGHLANDS
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CPA		11 Employer (FOR NON-JUDICIAL) (See instructions) RETIRED
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC 004	Amount of Contribution \$	In-kind contribution description
	Contributor address: City: State: Zip Code		
		<input type="checkbox"/> (Check if travel outside of Texas. Complete Schedule T.)	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expenses Accounting/Billing Consulting Expenses Construction/Construction Made By Counselors/Attorneys/Political Committee	Event Expenses Fees Food/Beverage/Entertainment Gifts/Entertainment/Travel Expenses Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expenses Political Expenses Printing Expenses Business/Management/Travel: other	Subscription/Printing Expenses Transportation Equipment & Rental Expenses Travel In-Industry Travel Out-Of-State Other (check a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4 2	2 FILER NAME LYNN DAVENPORT	3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNLIMITED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1341.63
5 Date 4/9/22	6 Payee name VISTA PRINT	
7 Amount (\$) \$93.63	8 Payee address 190 DATA DRIVE WAREHAM MA 02451	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description CAMPAIGN BUSINESS CARDS
	(c) <input type="checkbox"/> Check if from words of form. Complete Schedule F <input type="checkbox"/> Check if Audit 12. Alternative filing required	
11 Complete ONLY if direct expenditure to benefit C/O's	Candidate / Officeholder name _____ Office sought _____ Office held _____	
12 Date 4/19/22	13 Payee name PROJECT BROADCAST	
14 Amount (\$) \$500.00	15 Payee address PROJECT BROADCAST.COM	
16 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
17 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description TEXT MESSAGING SERVICE
	(c) <input type="checkbox"/> Check if from words of form. Complete Schedule F <input type="checkbox"/> Check if Audit 12. Alternative filing required	
18 Complete ONLY if direct expenditure to benefit C/O's	Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event expenses	Loan Proceeds/Retirement	Subscriptions and other E. expense
Assuming/Renting	Fees	Other Dues/Fees/Member Expense	Travel in District
Covering Expense	Facilities/Meeting Expense	Printing Expense	Travel Out of District
Candidate/Officeholder Made By	Office/Meeting/Political Expense	Printing Expense	Other (enter category not listed above)
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3 2 FILER NAME: LYNN DAVENPORT 3 Form ID (Ethics Commission Form):

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD: \$

5 Date: 4/21/02 6 Payee name: USPS

7 Amount (\$): \$154.00 8 Payee address: 401 TOM LANARK HWY City: DALLAS State: TX Zip Code: 75248

9 TYPE OF EXPENDITURE: Political Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): MAILING INFO - OTHER (b) Description: POSTAGE STAMPS

(c) Check if item subject of Texas Campaign Reform Act Check if item is a political party expense

11 Complete ONLY if direct expenditure to benefit CASH: Candidate / Officeholder name: Office sought: Office held:

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code:

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Description:

Check if item subject of Texas Campaign Reform Act Check if item is a political party expense

Complete ONLY if direct expenditure to benefit CASH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED