

# 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: <b>4</b>
--	---	----------------------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <b>Andre</b>	MI <b>A.</b>	NICKNAME <b>Davidson</b>	LAST <b>Davidson</b>	SUFFIX
---------------------------------	---	-----------------------	-----------------	-----------------------------	-------------------------	--------

<b>OFFICE USE ONLY RECEIVED</b>	
Date Received <b>DEC 31 2009 1:07 p.m.</b>	
<b>CITY SECRETARY'S OFFICE</b> <i>Alvin D. Sydnor</i>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
<input type="checkbox"/> Change of Address	<b>2713 Royal Troon</b>	<b>Plano</b>	<b>TX</b>	<b>75025</b>	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(214)</b>	<b>914-5992</b>	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <b>David</b>	MI <b>III</b>	NICKNAME <b>McCall</b>	LAST <b>McCall</b>	SUFFIX
---------------------------	---	-----------------------	------------------	---------------------------	-----------------------	--------

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	<b>777 E. 15th St.</b>	<b>Plano</b>	<b>TX</b>	<b>75074</b>	

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(972)</b>	<b>424-8501</b>	

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 \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<b>12</b>	<b>22</b>	<b>09</b>		<b>12</b>	<b>31</b>	<b>09</b>

11 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE
	<b>  /  /  </b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Plano City Council - Place 3</b>
-----------------------------------	--

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **	
	Name <b>None</b>	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
<input type="checkbox"/> additional pages		

GO TO PAGE 2

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

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

15 C/OH NAME \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

17 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1690.36
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 3.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 2412.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4770.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 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.

*Andrie Davidson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

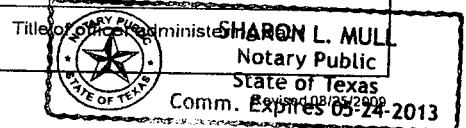
Sworn to and subscribed before me, by the said Andrie Davidson, this the 31 day of Dec., 2009, to certify which, witness my hand and seal of office.

*Sharon L. Mull*

Signature of officer administering oath

Sharon L. Mull

Printed name of officer administering oath



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>André Davidson</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/24/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jim Norton</b>	7 Amount of contribution (\$) <b>\$ 90.36</b>	8 In-kind contribution description (if applicable) <b>Wood braces and ties for road signs</b>
6 Contributor address; City; State; Zip Code <b>3322 E. Parker Rd. Plano, TX 75074</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/27/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shelley Strickland</b>	Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2721 Royal Troon Dr. Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/29/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Plano Firefighter Assoc.</b>	Amount of contribution (\$) <b>\$ 1,150.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2600 K Ave, Ste 229, Plano, TX 75074</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/30/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Janice Dyer</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2709 Royal Troon, Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/27/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Duncan Webb</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3113 Harvard Ct. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES** **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME Andre Davidson 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12/24/09</u>	5 Payee name <u>First Graphic Services</u>	7 Amount (\$) <u>\$ 2116.29</u>
6 Payee address; City; State; Zip Code <u>229 Garvon St., Garland, TX 75040</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Road-side 4x4 signs</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought <span style="float: right;">Office held</span></span>
---	--

Date <u>12/29/09</u>	Payee name <u>Color Dynamics</u>	Amount (\$) <u>\$ 296.00</u>
Payee address; City; State; Zip Code <u>200 E. Bethany Dr., Allen, TX 75002</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Business Cards</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought <span style="float: right;">Office held</span></span>
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought <span style="float: right;">Office held</span></span>
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought <span style="float: right;">Office held</span></span>
---	--

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**