

# 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:** 13

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS (MRS) / MR  MR FIRST *Andre'* MI *A*  
 NICKNAME LAST SUFFIX  
*Davidson*

**OFFICE USE ONLY**  
 Date Received **RECEIVED**  
*Blair*  
**JAN 22 2010**  
*2:15 pm*  
**CITY SECRETARY'S OFFICE**  
 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  
*2713 Royal Troon Plano, TX 75025*  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
*(214) 914-5992*

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR  MR FIRST *David* MI  
 NICKNAME LAST SUFFIX  
*McCall III*

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

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
*(972) 424-8501*

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year THROUGH Month Day Year  
*01 / 01 / 2010 THROUGH 01 / 20 / 2010*

**11 ELECTION**  
 ELECTION DATE: Month Day Year *01 / 30 / 2010*  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**  
*Plano City Council - Place 3*

**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 *None*  
 Address / PO Box, Apt. / Suite #, City, State, Zip Code  
 additional pages

GO TO PAGE 2

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

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

15 C/OH NAME

*Andre Davidson*

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

GENERAL

SPECIFIC

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

\$ *740.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *10,561.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *40.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *3357.29*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *6806.63*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT



**SHAREE WHITWORTH**  
Notary Public  
State of Texas  
Comm. Expires 04-02-2012

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.

*Andre Davidson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Andre Davidson*, this the *22<sup>nd</sup>* day of *Jan*, 20 *10*, to certify which, witness my hand and seal of office.

*Sharee Whitworth*  
Signature of officer administering oath

*Sharee Whitworth*  
Printed name of officer administering oath

*Notary / Legacy Texas Bank*  
Title 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>9</b>	
2 FILER NAME <b>Andre Davidson</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/1/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Margorie Bode</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2032 Switzerland Ave Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Judith W. Broadwell</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3400 Ranchero Rd Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thomas Venner</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3845 Glasgow Dr. Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Heselton</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1704 Windermere Dr. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Wallace</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3313 Estacado Ln. Plano, TX 75025</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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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2 FILER NAME <b>Andre' Davidson</b>		3 ACCOUNT# (Ethics Commission filers)	
4 Date <b>1/3/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bruce Cutlip</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6816 Highfield Tr Plano, TX 75023</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mitch Bramlett</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3713 Bonita Dr. Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alan L. Johnson</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2408 Peachtree Ln. Plano, TX 75074</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda Nelson</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2109 Plantation Lane Plano TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jenny Birge</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2900 Oates Dr. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date <b>1/4/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sandra Parks</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9601 Royal Latham Dr. Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Allen M. Feltman</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5509 St. Andrews Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/5/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Otis Carroll</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>15608 Eastside Rd. Tyler, TX 75707</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karen B. Fishero</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5920 Newgate Ln. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Emelia Ahmed</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4304 Sahara Ln. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**SCHEDULE A**

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2 FILER NAME <b>Andre Davidson</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/5/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Beverly D. Comeaux</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1511 S Huntington, Box 113 Sulphur, La 70663</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/6/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lloyd F. Jenkins</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3321 Melanie Ln. Plano, TX 75023</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/5/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jenny McCall</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5729 Pantheon Ct. Plano, TX 75024</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/6/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>June Wadley</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2801 Robin Plano, TX 75075</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/7/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jill Richmond</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9520 Southern Hills Dr Plano, TX 75023</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A**

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2 FILER NAME <b>Andre' Davidson</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/9/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robb Blanchette</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2408 Royal Birkdale Dr. Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/8/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Allen Griffin</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1612 Old Course Dr. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/9/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lisa Austin</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2729 Royal Troon Plano Texas 75025</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/8/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Laura Curran</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3921 Dove Creek Ln. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/8/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dawnetta Miller</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3321 Ashington Ln. Plano, TX 75023</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **9**

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

4 Date <b>1/8/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kristi M. Garrey</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>114 Salisbury Cir Murphy TX 75094</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>1/8/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rebecca E McKinney</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2516 Skipwith Dr Piano, TX 75023</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/7/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brenda Longstreet</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7809 Zurich Dr Piano TX 75025</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/7/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Don Strain</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2716 Royal Troon Dr. Piano TX 75025</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/9/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>George S Robinson</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6101 Ohio Dr. Unit 4 Piano, TX 75024</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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2 FILER NAME <b>Andre Davidson</b>		3 ACCOUNT # (Ethics Commission filers):	
4 Date <b>1/11/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Caroline J. Howard</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>	8 In-kind contribution description (if applicable):
6 Contributor address; City; State; Zip Code <b>7412 Crenshaw Dr, Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions):	10 Employer (See Instructions):
--	---------------------------------

Date <b>1/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard V. Maucieri</b>	Amount of contribution (\$) <b>\$ 50.00</b>	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code <b>1704 Knob Hill Dr, Plano, TX 75023</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	

Date <b>1/2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Manoranjan Mahadeva</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code <b>4113 Aldenham Dr, Plano, TX 75024</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	

Date <b>1/11/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kenneth W. Kay</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code <b>4525 Savino Dr. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	

Date <b>1/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alfonso Valente</b>	Amount of contribution (\$) <b>\$ 50.00</b>	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code <b>4008 Reading Dr, Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions):		Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME <b>Andre Davidson</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/12/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dale Long</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9524 Southern Hills Dr Plano, TX 75025</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/3/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andrea Thompson</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4664 Cowan Cir Plano, TX 75024</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steve Matthews</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>914 Tyler Ct. Allen TX 75013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Carol Thompson</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1200 Spruce Ct. Plano TX 75075</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <del>Carol</del> <b>Sharon O'Neal</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2809 Regal Rd. Plano, TX 75075</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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2 FILER NAME <b>Andre Davidson</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/15/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs. Warren Wilson</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4022 John St. Berwick, LA 70342</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karl Koen</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5904 Stone Meadow Dr. Plano, TX 75093</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/14/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lynn Bourke</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7009 Ivory Ct. Plano, TX 75024</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Plano Firefighters Assoc.</b>	Amount of contribution (\$) <b>6,911.30</b>	In-kind contribution description (if applicable) <b>Post card campaign mailing and postage</b>
Contributor address; City; State; Zip Code <b>2600 Ave. K, Ste 229 Plano, TX 75074</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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

5 Payee name

7 Amount (\$)

*1/11/10*

*Label Systems, Inc.*

*\$ 388.93*

6 Payee address; City; State; Zip Code

*P.O. Box 827  
Addison, TX 75001*

8 Purpose of payment (See instructions regarding type of information required.)

*Campaign stickers*

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/19/10*

*First Graphic Services*

*\$ 1,231.34*

Payee address; City; State; Zip Code

*229 Garvon St.  
Garland, TX 75040*

Purpose of payment (See instructions regarding type of information required.)

*Yard Signs*

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/20/10*

*Booker Industries*

*\$ 1,686.40*

Payee address; City; State; Zip Code

*5415 Maple Ave., Suite 230  
Dallas, TX 75235*

Purpose of payment (See instructions regarding type of information required.)

*Campaign logo, letter & postage  
and mailing*

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G: <b>1</b>
2 FILER NAME <b>Andre Davidson</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/8/10</b>	5 Payee name <b>Staples</b>	8 Amount (\$) <b>\$ 34.39</b>
6 Payee address; City; State; Zip Code <b>8876 TX Hwy 121 McKinney, TX 75070</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <b>Stapler &amp; staples</b> (If travel outside of Texas, complete Schedule T)		

Date <b>1/11/10</b>	Payee name <b>Office Max</b>	Amount (\$) <b>\$ 16.23</b>
Payee address; City; State; Zip Code <b>Office Max # 960, Suite 111 Piano, TX 75024</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>Envelopes</b> (If travel outside of Texas, complete Schedule T)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED