	TE / OFFICEHOLDE	· -		FORM C/OH
CAMPAIG	N FINANCE REPOR	<u> </u>		COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete t	his form. 1 Filer ID		2 Total pages filed: 39
3 CANDIDATE / OFFICEHOLDER		RST	МІ	OFFICE USE ONLY
NAME	Sie	ephanne		Date Received CITIA
	NICKNAME LA		SUFFIX	& KELLIVED
		venport	33.17	S III 14 2017
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU	ITE#; CITY;	ZIP CODE	Bate Hand-delivered or Date Postmarked
MAILING ADDRESS	409 S. Rivershire		}	Receipt# CAMOUNT
Change of Address	Conroe, TX 77304			(esc)
_				Date Processed
_				Date Imaged M M 7/17/17
5 CAMPAIGN TREASURER	MS/MRS/MR FIR	_	MI	
NAME	Do	na Rodin	NIPY CPA	
	NICKNAME LAS		SUFFIX	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	23. 10,000	0.0.		
(Residence or Business)	The Woodla	i holde	·	
	O' WORK	nds, it	17382	
7 CAMPAIGN TREASURER	AREA CODE PHONE NU			·
PHONE	936-321-0	ો વાા		
8 REPORT TYPE	January 15	Oth day before election	Runoff X	15th day after campaign treasurer
		<u> </u>		appointment (officeholder only)
	X July 15 8	h day before election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2017	TUDOUGU	Month Day	Year
	01/01/2017	THROUGH	06/30/2017	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
	Month Day Year 03/06/2018	X Primary General	Runoff	Other
		Ceneral	Special	
11 OFFICE	OFFICE HELD (if any)	· · · · · · · · · · · · · · · · · · ·	12 OFFICE SOUGHT (in	known)
	Montgomery County Treasurer			
				·
		GO TO PAGE 2		
orms brovided by Le	xas Ethics Commission	www.ethics.state.tx.us	3	Version V1.0.2645

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH COVER SHEET PG 2

	<u> </u>			2 of 39
13 C / OH NAME	Davenport, Stephanr	re :	14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without the difficeholders are required to report this information.	ne candidate's or officehol	older's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES	!	\$ 10,127.17
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 173.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 13,845.00
	VICTORIA LYNN MATTH Notary Public, State of Comm. Expires 02-01- Notary ID 1309937	Signature of C	information required to be considered to	e reported by me
of () W	cribed before me, by the s	ertify which, witness my hand and seal of office. Printed name of officer administering	this the Title of officer ad	day day
	ŭ	·		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 39

					3 01 39			
18 F	8 FILER NAME 19 Filer ID							
D	Davenport, Stephanne							
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT			
1,7	ANIE OF	SCHEDULE						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2.	×	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	Х	SCHEDULE E: LOANS		\$	13,845.00			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	10,127.17			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$				
11	L	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
1.2	<u>2</u> .	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$				
			············					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/39 2 FILER NAME 3 Filer ID Davenport, Stephanne \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 0.00 5 Date 6 Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID#:_ contribution (\$) description 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to c	complete this	form.	1	ages Schedule E: /2 Rpt: 5/39
2	FILER NAME Davenport, Step	phanne			3 Filer ID	
4		NITEMIZED LOANS				\$ 9,345.00
5	Date of loan 04/02/2017	7 Name of lender Davenport, Stephanne	out-of-state PA	\C (ID#:		9 Loan Amount (\$) \$2,500.00
6	Is lender a financial institution?	8 Lender address; City; 409 S. Rivershire	State;	Zip Code		10 Interest Rate 11 Maturity Date
12	≥ Principal occupation	Conroe, TX 77304 ion / Job title (See Instructions)		13 Employer (See Instruction	ons)	1.
14	Description of Coll X None	lateral		15 Check if personal funds	were deposited	d into political account (See Instructions)
16	6 GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruction	ons)	
	Date of loan	Name of lender	out-of-state PA	1 4C (ID#:		Loan Amount (\$)
	06/01/2017	Davenport, Stephanne	~ ~ ~			\$1,000.00
	Is lender a financial institution?	Lender address; City; 409 S. Rivershire	State;	Zip Code		Interest Rate
ا _	No	Conroe, TX 77304				Maturity Date
_	Principal occupation	ion / Job title (See Instructions)		Employer (See Instruction	ns)	
_	Description of Colla	iateral		Check if personal funds	were deposited	d into political account (See Instructions)
_	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instructio	ins)	

	LOANS					SCHEDULE E
	The Instruction	<u> </u>	ages Schedule E: /2 Rpt: 6/39			
2	FILER NAME Davenport, Step	phanne			3 Filer ID	
4	TOTAL OF UN	IITEMIZED LOANS				\$ 9,345.00
5	Date of loan 06/12/2017	7 Name of lender Davenport, Stephanne	out-of-state P.	AC (ID#:)	9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address; City 409 S. Rivershire	State;	Zip Code		10 Interest Rate
	No	Conroe, TX 77304				11 Maturity Date
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Ins	tructions)	
14	Description of Col	lateral		15 Check if personal f	unds were deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		•		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City	; State;	Zip Code	•	,
20	Principal occupation	on .		21 Employer (See Inst	tructions)	
_						
						:

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
<u> </u>	-	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/33 Rpt: 7/39	Davenport, Stephanne
4	Date	5 Payee name
L	02/20/2017	American Cancer Society GA
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 250 Williams Street NW
l_		Atlanta, GA 30303
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Misti Jeter Relay for Life
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/01/2017	American Heart Association
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 7272 Greenville Avenue
L		Dallas, TX 75231
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charitable Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	01/28/2017	Americans Stand United
	Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 524
L		Magnolia, TX 77353
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charitable Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expen Printing Expe Salaries/Wag	ense jes/Contract Labor	T T	ransportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)
L	<u> </u>		The Instruction Guide explains	s how to comp	olete this form.		
1	Total pages Schedule F1:					3 F	Filer ID
_	Sch: 2/33 Rpt: 8/39	Davenport	t, Stephanne				
4	Date	5 Payee name	e	*****			·
	01/06/2017	1 1	Yacht and Country Club				
6	Amount (\$)	7 Payee addre		e; Zip Code			
Ì	\$20.00	800 Bentwa	• • • • • • • • • • • • • • • • • • • •	2,			
	·	000	alci Diive				
		Montgome	ery, TX 77356				
8	PURPOSE	(a) Category	See Categories listed at the top of this sci	chadula) (b) Description		
	OF EVDENDITUDE		see Calegories listed at the top of this sci erage Expense	.neduie)	Check if travel of		of Texas. Complete Schedule T.
	EXPENDITURE		9- 1		Check if Austin,	, TX, of	fficeholder living expense
					Meetings/Lun	nch	
<u> </u>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sough	t		Office held
Г	Date	Payee name	e				
	02/03/2017	Bentwater	Yacht and Country Club				
\vdash	Amount (\$)	Payee addre		e; Zip Code	<u> </u>		
	\$20.00	800 Bentwa	- ·	7, Elp			
	Approximates a sign to	000 20	ALEI DIIVC				
		Montgomer	ery, TX 77356				
	PURPOSE	(a) Category (5	See Categories listed at the top of this sch	:hedule) (b	Description	_	
	OF EXPENDITURE		erage Expense				of Texas. Complete Schedule T.
	60/31 60/31 60/31						ficeholder living expense
ĺ					Meetings/Lun	ich	
L		<u></u>					
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought	t		Office held
_	expenditure to benefit ordi	ភ ————					
Γ	Date	Payee name	<u> </u>				, , , , , , , , , , , , , , , , , , ,
	05/04/2017	_	Yacht and Country Club				
\vdash	Amount (\$)	Payee addre		e; Zip Code			
	\$20.00	800 Bentwa	-	1, 21p 0000			
l	Ψευιου	800 DOMEST	alei Diive				
l							
		Conroe, TX	(77356				
Γ	PURPOSE	(a) Category (5	See Categories listed at the top of this sch	:hedule) (b') Description		
	OF EXPENDITURE		erage Expense		Check if travel o		of Texas. Complete Schedule T.
	EXPENDITORE				<u> </u>		ficeholder living expense
[I				Meetings/Lun	ich	
	Complete ONLY if direct		ficeholder name (Office sought	[Office held
	expenditure to benefit C/Ol	Н					

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explai	_	inse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	IE		;	3 Filer ID	
	Sch: 3/33 Rpt: 9/39	Davenport	, Stephanne				
4	Date	5 Payee name	e				
	01/11/2017	Calendar V	Niz				
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Code			
	\$8.00	45 Lafayet	te Rd				
		North Ham	npton, NH 03862				
8	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) Description		
	OF EXPENDITURE	Advertising			=	utside of Texas. Complete Schedule T.	
					Check if Austin, Community Ca	TX, officeholder living expense alendar	
L							
တ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sought	t 	Office held	
	Date	Payee name	<u> </u>				
	02/11/2017	Calendar V	Viz				
	Amount (\$)	Payee addre	· ·	ate; Zip Code			
İ	\$8.00	45 Lafayett	te Rd				
		North Ham	npton, NiH 03862				
Ī	PURPOSE OF		See Categories listed at the top of this	schedule) (b) Description		_
į	EXPENDITURE	Advertising	j Expense		<u>-</u>	utside of Texas. Complete Schedule T. TX, officeholder living expense	
	ļ				Community Ca	- ,	
					•		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought	t	Office held	
	Date	Payee name	<u></u>				
	03/11/2017	Calendar V					
\vdash	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Code			
	\$8.00	45 Lafayett	te Rd				
	ļ						
	ļ	North Ham	pton, NH 03862				
一	PURPOSE	(a) Category (5	See Categories listed at the top of this	schedule) (b') Description		
	OF EXPENDITURE	Advertising			ш	utside of Texas. Complete Schedule T.	
					Community Ca	TX, officeholder living expense alendar	
	ļ				Community	nenda	
-	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sought	<u> </u>	Office held	
	expenditure to benefit C/O		Renouer name	Office adagm		Office rigid	
<u> </u>						11.00	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		.y - :al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor		nse	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L	·	 	The Instruction Guide explain	s how to comp!	lete this form.	<u>-</u>		
1	Total pages Schedule F1:	i			3	3 Filer ID		
L	Sch: 4/33 Rpt: 10/39	<u> </u>	t, Stephanne					
4	•	5 Payee name						
L	04/11/2017	Calendar V						
6	Amount (\$)	7 Payee addre		te; Zip Code				
	\$8.00	45 Lafayeti	te Rd					
		North Harr	npton, NH 03862	_				
8	PURPOSE OF		See Categories listed at the top of this so	schedule) (b)) Description			
	OF EXPENDITURE	Advertising				uside of Texas. Complete Schedule T.		
İ					Community Ca	TX, officeholder living expense alendar		
					Community 2	.cnaa		
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sought		Office held		
-	Date	Payee name	ė					
	05/11/2017	Calendar V						
一	Amount (\$)	Payee addre	ess; City; State	te; Zip Code				
	\$8.00	45 Lafayett	- ·	• •				
İ	Ţ							
	;	Conroe, Ni	H 03862					
Н	PURPOSE		See Categories listed at the top of this so	chadula) (b)) Description			
	OF EXPENDITURE	Advertising		medule)		tside of Texas. Complete Schedule T.		
l	EAFENDITORL		·		<u> </u>	X, officeholder living expense		
	!				Community Cal	lendar		
_	CALLY if divers	2 17-4-101		- ***				
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sought		Office held		
	Date	Payee name						
	06/12/2017	Calendar W						
Γ	Amount (\$)	Payee addre	=	te; Zip Code				
ĺ	\$8.00	45 Lafayett	ie Rd					
1	,							
_		Conroe, NI-	1 03862					
Γ	PURPOSE		See Categories listed at the top of this so	chedule) (b)	Description			
	OF EXPENDITURE	Advertising	Expense		ш	tside of Texas. Complete Schedule T.		
l	1				Check if Austin, TO	x, officeholder living expense lendar		
1	!				Ommoniy J.	Clica		
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sought		Office held		
	expenditure to benefit C/OF		ocholder halle	Omoc occes		Onice neig		
\vdash								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/ Donations Made By Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 5/33 Rpt: 11/39 Davenport, Stephanne 4 Date Payee name 02/15/2017 California Pizza Kitchen Payee address; Amount (\$) City; State; Zip Code \$120.00 1900 Hughes Landing Blvd. Sutie 200 D-4 The Woodlands, TX 77380 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense (3) \$40 dollar gift cards for Leadership Montgomery County Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2017 Charlie Riley Campaign Pavee address: Amount (\$) City: State: Zip Code \$100.00 PO Box 1605 Magnolia, TX 77353 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/18/2017 Conroe High School Band Boosters Payee address; City; State; Zip Code Amount (\$) \$100.00 3200 West Davis Street Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation for High School Students Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhe Polling Expen Printing Expe		Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a	·
	Credit Card Payment		The Instruction Guide explai	ns how to comp	olete this form.		
1	Total pages Schedule F1:	2 FILER NAM	IE .			3 Filer ID	-
	Sch: 6/33 Rpt: 12/39	Davenport	, Stephanne				
4	Date	5 Payee name	e			- 	
	01/28/2017	Conroe No	oon Lions Club				
6	Amount (\$) \$40.00	7 Payee addre	•	ate; Zip Code			
		Conroe, T)	× 77304				
8	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top of this	schedule) (b		I outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OR		ficeholder name	Office sought	t	Office held	
	Date	Payee name	e				
	04/28/2017	1 *	oon Lions Club				
	Amount (\$) \$55.00	Payee addre		ate; Zip Code			
		Conroe, T	X 77304			_	
į	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top of this :	schedule) (b)	<u></u>	i outside of Texas. Complete Schedule T. n, TX, officeholder living expense S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sought		Office held	
	Date	Payee name					
l	05/29/2017	Conroe No	oon Lions Club				
	Amount (\$) \$55.00	Payee addre 1106 Wilso		ate; Zip Code			
		Conroe, TX	< 77304				
	PURPOSE OF EXPENDITURE	(a) Category (s Fees	See Categories listed at the top of this s	achedule) (b)	L.maril	outside of Texas. Complete Schedule T. n, TX. officeholder living expense S	
<u> </u>	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought	:	Office held	
ı							

L			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1: Sch: 7/33 Rpt: 13/39	2 FILER NAME Davenport, Stephanne 3 Filer ID	
4	Date 06/28/2017	5 Payee name Conroe Noon Lions Club	_
6	Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 1106 Wilson Road	
8	PURPOSE OF EXPENDITURE	Conroe, TX 77304 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Fees	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	_
	Date 03/28/2017 Amount (\$) \$55.00	Payee name Conroe Noons Lions Club Payee address; City; State; Zip Code 1106 Wilson Road	
	PURPOSE OF EXPENDITURE	Conroe, TX 77304 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 01/12/2017	Payee name Corner Bakery Caf	=
	Amount (\$) \$33.15	Payee address; City; State; Zip Code 2415 Research Forest Drive	_
		The Woodlands, TX 77381	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for New Danville Committee Meeting	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	_
		•	_

	<u></u>	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 8/33 Rpt: 14/39	2 FILER NAME Davenport, Stephanne 3 Filer ID
4	Date 01/02/2017	5 Payee name Facebook inc.
6	Amount (\$) \$26.99	7 Payee address; City; State; Zip Code 1601 Willow Rd
		Menlo Park, CA 94025
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising for Montgomery County Women of Distinction and The Woodlands Charities
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2017	Facebook Inc.
	Amount (\$) \$46.00	Payee address; City; State; Zip Code PO Box 737 Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising for FAITH Fighting Cancer and Montgomery County Women of Distinction
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/01/2017	Facebook Inc.
	Amount (\$) \$35.95	Payee address; City; State; Zip Code 1601 Willow Rd
		Menlo Park, CA 94025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Stephanne Davenport, Montgomery County Treasurer
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Polling Expense Glit/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form							
1	Total pages Schedule F1:	2 FILER NAM					Filer ID			
	Sch: 9/33 Rpt: 15/39		, Stephanne							
4	Date	5 Payee name	9							
	04/01/2017	Facebook	Inc.							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de		-			
	\$45.71	1601 Wilio	w Rd							
		Menlo Par	k, CA 94025							
8	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisino	g Expense			<u> </u>	de of Texas. Complete Schedule T.			
							officeholder living expense			
							y Cty Women of Distinct, Faith , Stephanne Davenport, MC			
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ght		Office held			
	Date	Payee name	•							
	05/01/2017	Facebook	Inc.							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de					
	\$88.80	1601 Willo	w Rd							
		Menlo Pari	c, CA 94025							
	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description	-			
	OF EXPENDITURE	Advertising	j Expense				de of Texas. Complete Schedule T.			
							officeholder living expense y Cty Women of Distinct, FAITH			
							Stephanne Davenport, MC			
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sou	ght		Office held			
_	· · · · · · · · · · · · · · · · · · ·									
	Date	Payee name								
	06/01/2017	Facebook	inc.							
	Amount (\$)	Payee addre	•	State; Zip Co	de					
	\$6.87	1601 Willo	w Rd							
		Conroe, C	A 94025							
	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising					de of Texas. Complete Schedule T.			
	·						officeholder living expense			
I						Advertising, Mor Distinction	tgomery County Women of			
	Complete ONLY if direct expenditure to benefit C/OF		īceholder name	Office sou	ght		Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B: Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Office O Polling E pense Printing Salaries	rerhead xpense Expense Wages/	e Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
L	<u>-</u>	·	The Instruction Guid	e explains how to c	omple	te this form.		
1	Total pages Schedule F1:	1	·· ···· -			3	Filer ID	
L	Sch: 10/33 Rpt: 16/39	Davenp	ort, Stephanne					
4	Date	5 Payee n	ame				_	
ĺ	04/06/2017	Faith Fi	ghting Cancer					
6	Amount (\$) \$100.00	7 Payee a PO Box 445 Conroe		State; Zip C	ode			
8	PURPOSE OF EXPENDITURE	Contrib	(See Categories listed at the tutions/Donations Madeate/Officeholder/Politic	е Ву			side of Texas. Complete Schedule T. C. officeholder living expense Event	
9	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Office so	ught		Office held	
	Date	Payee n	ame					
	05/08/2017	Faith Fi	ghting Cancer					
	Amount (\$) \$300.00	Payee a PO Box Conroe		State; Zip C	ode			
	PURPOSE OF EXPENDITURE	Contrib	/ (See Categories listed at the to utions/Donations Made ate/Officeholder/Politic	e By			ide of Texas. Complete Schedule T. , officeholder living expense Event	
	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office so	ı ıght		Office held	
	Date	Payee na	ame					
	04/27/2017	-	Promise of Montgomer	у				
	Amount (\$) \$50.00	Payee au PO Box Conroe	•	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	Contribu	(See Categories listed at the to utions/Donations Made ate/Officeholder/Politica	в Ву	[ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		/Officeholder name	Office sou	ght		Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fee_{\$} Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 11/33 Rpt: 17/39 Davenport, Stephanne Payee name 04/11/2017 Interfaith - Special Events The Woodlands TX 6 Amount (\$) Payee address; City; State; Zip Code \$50.00 4242 Interfaith Way The Woodlands, TX 77381 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/26/2017 Jennifer Robin Amount (\$) Payee address; State; Zip Code \$50.00 2101 Graystone Hills Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense High School Field Trip to Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/24/2017 Lake Conroe Area Republican Women Amount (\$) Payee address: City; State; Zip Code \$15.00 PO Box 737 Montgomery, TX 77356 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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/Fundralsing 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: 2 FILER NAME 3 Filer ID Sch: 12/33 Rpt: 18/39 Davenport, Stephanne 4 Date Payee name 04/25/2017 Lake Conroe Area Republican Women 6 Amount (\$) Payee address; State; Zip Code City; \$250.00 PO BOX 737 Montgomery, TX 77356 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2017 Liberty Belles Republican Women Amount (\$) Payee address; City; State; Zip Code \$20.00 73 Greenbriar Dr Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/25/2017 Liberty Belles Republican Women Amount (\$) Payee address; City; State; Zip Code

OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetings/Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

(b) Description

\$15.00

PURPOSE

OF

73 Greenbriar Dr

Conroe, TX 77304

(a) Category (See Categories listed at the top of this schedule)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/ Donations Made By Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 13/33 Rpt: 19/39 Davenport, Stephanne 4 Date Payee name 03/02/2017 Liberty Belles Republican Women Payee address: Amount (\$) City; State; Zip Code \$100.00 73 Greenbriar Dr Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/21/2017 Liberty Belles Republican Women Amount (\$) Payee address; State; Zip Code \$15.00 73 Greenbriar Dr Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 01/04/2017 MTOT/Bankcard Payee address; Amount (\$) City; State; Zip Code \$39.95 3101 W Davis St Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Fees Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Contributions/ Donations Made By -Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 14/33 Rpt: 20/39 Davenport, Stephanne 4 Date Payee name 02/02/2017 MTOT/Bankcard 6 Amount (\$) Payee address; City; State; Zip Code \$24.95 3101 W Davis St Conroe, TX 77304 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Merchant Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2017 MTOT/Bankcard Payee address; Amount (\$) City; State; Zip Code \$24.95 3101 W Davis St Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Merchant Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 01/09/2017 Microsoft Store Amount (\$) Payee address; City; State; Zip Code \$7.57 15563 NE 31st St Redmond, WA 98052 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Microsoft Office 365 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Legal Services

Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Pollina Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 15/33 Rpt: 21/39 Davenport, Stephanne 4 Date Payee name 06/12/2017 Microsoft Store 6 Amount (\$) Payee address; State; Zip Code \$10.81 15563 NE 31st St Conroe, WA 98052 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2017 Montgomery Bakehouse Amount (\$) Payee address; State; Zip Code \$54.50 240 Lingmire Road Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Montgomery County Tax Office Staff Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH Date Payee name 01/19/2017 Montgomery County Amount (\$) Payee address; City; State; Zip Code \$984.00 9055 Airport Road Conroe, TX 77303 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense November Fundraiser Event Facility Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 16/33 Rpt: 22/39 Davenport, Stephanne 4 Date Payee name 02/28/2017 Montgomery County Association of Business Women Foundation Amount (\$) Payee address; State; Zip Code City: \$250.00 13921 Hwy 105 West Suite 130 Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship of Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/08/2017 Montgomery County Association of Business Women Foundation Amount (\$) Payee address; City; State: Zip Code \$220.00 13921 Hwy 105 West Suite 130 Conroe, TX 77304 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/27/2017 Montgomery County Association of Business Women Foundation Amount (\$) Pavee address; City: State; Zip Code \$77.94 13921 Hwy 105 West Suite 130 Conroe, TX 77304 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Lunch Sponsor Office held Candidate/Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	
1	Total pages Schedule F1:	
	Sch: 17/33 Rpt: 23/39	Davenport, Stephanne
4	Date	5 Payee name
	02/02/2017	Montgomery County Food Bank
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code One Food For Life Way Conroe, TX 77385
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charitable Contribution (NSRW)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/17/2017	Montgomery County Republican Women
	Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 1766 Conroe, TX 77305
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetings/Lunch (2)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/04/2017	Montgomery County Right to Life
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 3394
		Conroe, TX 77305
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship of Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
:		

	Advertising Common	EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense
	Consulting Expense Contributions/ Donations Made By	
	Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/33 Rpt: 24/39	Davenport, Stephanne
4	Date	5 Payee name
	05/15/2017	Montgomery County Women of Distinction
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	PO Box 8504
		Conroe, TX 77387
8	PURPOSE	
٥	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
		Ticket / Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Deline name
	04/13/2017	Payee name Montgomery County Women of Distinction / MCWCO
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 8504
		The Woodlands, TX 77378
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		of Distinction Event
	O LI ONIVERS	0 - 114 + 1045 - 1-14
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2017	Montgomery County Youth Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	105 W Lewis Street
		Conroe, TX 77301
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Shelter for Shelter Fundraiser Event - Charitable
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 19/33 Rpt: 25/39	Davenport, Stephanne
4	Date 01/17/2017	5 Payee name New Danville
6	Amount (\$) \$166.67	7 Payee address; City; State; Zip Code 10951 Shepard Hill Road Willis, TX 77318
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Founders Circle Donation
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2017	New Danville
	Amount (\$) \$166.67	Payee address; City; State; Zip Code 10951 Shepard Hill Road
		Willis, TX 77318
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Founders Circle Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2017	New Danville
	Amount (\$) \$166.67	Payee address; City; State; Zip Code 10951 Shepard Hill Road
		Willis, TX 77318
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Founders Circle Donation
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhea Polling Expens Printing Expen Salaries/Wage	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	Credit Card Payment		The Instruction Guide explai	ins how to comp	lete this form.		
1	Total pages Schedule F1: Sch: 20/33 Rpt: 26/39		IE t, Stephanne			3 Filer ID	
4	Date 04/15/2017	5 Payee name New Danvi					
6	Amount (\$) \$166.67	7 Payee addre 10951 She Conroe, TX	epard Hill Road	tate; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top of this ons/Donations Made By /Officeholder/Political Cor		=	outside of Texas. Complete S TX, officeholder living expen cle Donation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office sought		Office held	
	Date	Payee name	e				
_	05/19/2017	New Danvi	ille				
Г	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Code			
	\$166.67	10951 She	epard Hill Road				
L		Conroe, TX	K 77318				
	PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the top of this ons/Donations Made By /Officeholder/Political Con		_	outside of Texas. Complete S TX, officeholder living expen cle Donation	
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sought		Office held	
	Date 06/19/2017	Payee name New Danvil					***************************************
\vdash	Amount (\$)	Pavee addre		ate; Zip Code			
	\$166.67	1	epard Hill Road	ate, 20			
		Conroe, TX	〈 77318 ————————				
	PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the top of this ons/Donations Made By /Officeholder/Political Con	<u> </u>		utside of Texas. Complete S TX, officeholder living expen cle Donation	
	Complete ONLY if direct expenditure to benefit C/Ol-		ficeholder name	Office sought		Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made i Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule F1: Sch: 21/33 Rpt: 27/39	2 FILER NAME 3 Filer ID Davenport, Stephanne
4 Date 01/24/2017	5 Payee name North Shore Republican Women
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code PO Box 524 Willis, TX 77378
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetings/Lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
02/16/2017	North Shore Republican Women
Amount (\$) \$80.00	Payee address; City; State; Zip Code PO BOX 524 Willis, TX 77378
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetings/Lunch (4)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date 05/16/2017	Payee name North Shore Republican Women
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO BOX 524
	Conroe, TX 77378
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship of Event
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

		EVERIBITURE OATEGORIES CON CO	· .
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel io Glit/Awards/Memorials Expense Printing Expense Travel O	on/Fundraising Expense tation Equipment & Related Expense District ut of District (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 22/33 Rpt: 28/39	Davenport, Stephanne	,
_	Date		
4	05/16/2017	5 Payee name North Shore Republican Women	
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO BOX 524	
		Conroe, TX 77378	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texa Check if Austin, TX, officehold Sponsorship of Event	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fice held
_	Date	Payee name	
	01/19/2017	PR Marketing and Publishing	
	Amount (\$)	Payee address; City; State; Zip Code	0 10
	\$595.00	26703 I-45 North The Woodlands, TX 77380	
	PURPOSE		
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texa Check if Austin, TX, officehold Advertising	•
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ice held
	Date	Payee name	
	01/21/2017	PR Marketing and Publishing	
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 26703 I-45 North	
		The Woodlands, TX 77380	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texa Check if Austin, TX, officehold Advertising	
	Complete ONLY if direct expenditure to benefit C/Oł	•	īce held

	Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense
	Accounting/Banking Consulting Expense Contributions/ Donations Made By	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glitt/Awards/Memorials Expense Printing Expense Travel Out of District
	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Fining Expense Fining Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	•	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID
	Sch: 23/33 Rpt: 29/39	Davenport, Stephanne
4	Date 03/30/2017	5 Payee name PR Marketing and Publishing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.00	26703 I-45 North
		The Woodlands, TX 77380
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising
		•
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2017	Proven Results Marketing
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.04	27351 Blueberry Hill
		Ste 35
		Conroe, TX 77385
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	270 211211 0112	Check if Austin, TX, officeholder living expense
		Advertising for MCABW
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiancie to benefit 6/0/	
	Date	Payee name
	06/06/2017	Quik Pics The Woodlands
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.84	25329 Budde Road
		Suite 604
		Conroe, TX 77380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Professional Headshots for Judy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Bankling Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	se Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)				
ļ_	Total pages Schedule F1:	The Instruction Guide explains how to complete this form					
ľ	Sch: 24/33 Rpt: 30/39	Davenport, Stephanne	3 Filer ID				
Ļ							
4	Date 01/31/2017	Payee name River Plantation Country Club					
6	Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 58 Conroe, TX 77302					
8	PURPOSE OF EXPENDITURE	. otta zovorage Expones	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/24/2017	Rock the Bath Bar					
	Amount (\$) \$75.78	Payee address; City; State; Zip Code 304 N Main Street					
		Conroe, TX 77301					
	PURPOSE OF EXPENDITURE	Check if A	n ravel outside of Texas. Complete Schedule T. sustin, TX, officeholder living expense e Member "Thank You" gifts for MCABW				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/02/2017	Rotary of The Woodlands					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 7353					
		The Woodlands, TX 77387					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship for annual fundraiser					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	-						

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ommittee	FOOD/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con			nse es/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
	<u> </u>	_			struction Guide e	explains how to	compl	lete this form.		
1		2	FILER NAM						3	Filer ID
	Sch: 25/33 Rpt: 31/39		Davenport,	, Stepha	anne					
4	Date	5	Payee name	3						
	01/14/2017		Send Out C	Cards						
6	Amount (\$)	7	Payee addre	ess;	City;	State; Zip	Code			
	\$42.22		413 Prattwo		•		~ -			
	•									
			League City	ıy, TX 7	7573					
8	PURPOSE	(a	Category (S	See Cateor	ories listed at the top	of this schedule)	(b)	Description	_	
	OF EXPENDITURE		Fees	,00 0	mos massa and a large	o,		Check if travel		ide of Texas. Complete Schedule T.
	EXPENDITURE							_		, officeholder living expense
								Subscription	Du	es
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholde	er name	Office s	sought			Office held
Π	Date	Π	Payee name							
	02/15/2017		Send Out C	Cards						
\vdash	Amount (\$)	\vdash	Payee addre	288	City;	State; Zip	Code			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	\$42.22		413 Prattwo			Ou, _ ,				
	•		740 , ,	30G						
	}		' · · · · · · · ·	· . TV 7						
		Ļ	League City							
	PURPOSE OF	(a)		See Catego	ories listed at the top o	of this schedule)	(b)	Description		
	EXPENDITURE		Fees							ide of Texas, Complete Schedule T.
l	,							Subscription		, officeholder living expense
	!							Subscriptor.	Du.	es
<u> </u>	Complete CAIL V if direct	上	Candidate/Off	Encholds		Office				Office held
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	Icenoioe	er name	Office s	30ugni			Office held
	- F	_								
	Date		Payee name	;					_	
	04/15/2017		Send Out C	Cards						
Г	Amount (\$)		Payee addre	 :ss;	City;	State; Zip	Code			
	\$42.22		413 Prattwo	ood Co	urt					
	,									
			League City	v TX 7	7572					
		Ļ		y, 1 / (1519					
	PURPOSE OF	(a)	-	ee Catego	ories listed at the top o	of this schedule)	(b)	Description		The Committee Controller
	EXPENDITURE		Fees							ide of Texas. Complete Schedule T. , officeholder living expense
	ļ							Subscription !		
	1						}		-	
<u> </u>	On well-the ONLY if divo at	L	Candidate/Offi	مامام داده		Office				7# L-II
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jandidate/Oii	icenoiae	r name	Office s	ougni			Office held
L		_								
1										

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		xpens Vages	se a/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID
	Sch: 26/33 Rpt: 32/39	<u> </u>	, Stephanne					
4	Date	5 Payee name	<u></u>		_			
	05/16/2017	Send Out C	Cards					
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	de			
	\$42.22	413 Prattwo	ood Court					
		Conroe, TX	(77573					
8	PURPOSE OF	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description		
	EXPENDITURE	Fees				—		de of Texas. Complete Schedule T. officeholder living expense
	,					Subscription i		
	,			ì				,,
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	aht			Office held
Ĺ	expenditure to benefit C/OI				5			
	Date	Payee name	:					
	06/15/2017	Send Out C	Cards					
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de	,		
	\$42.22	413 Prattwo	ood Court					
	,							
	•	Conroe, TX	(77573					
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE	Fees				=		de of Texas. Complete Schedule T.
	-	1				Check if Austin, Subscription I		officeholder living expense
		1				Subscribion	Duc	:5
\vdash	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	aht	<u></u>		Office held
	expenditure to benefit C/O		remoider hame	Ollice Jou	giit			Office field
⊨	B-12						_	
	Date	Payee name						
_	03/15/2017	Send Out C						
	Amount (\$)	Payee addre		ate; Zip Co	de			
	\$42.22	413 Prattwo	ood Court					
	!	1						
_		League City	y, ⊤X 77573					
	PURPOSE OF	(a) Category (Se	See Categories listed at the top of this	schedule)	(b)	Description	_	
	EXPENDITURE	Fees				ш		de of Texas. Complete Schedule T. officeholder living expense
		1				Subscription I		
		1				Jupaon puon.	Duc	,5
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht		—	Office held
	expenditure to benefit C/OI		renoted hame	Office Sout	giii			Office field
\vdash								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Over Food/Beverage Expense Polling Exp By Glit/Awards/Memorials Expense Printing Ex					se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						13	Filer ID		
	Sch: 27/33 Rpt: 33/39		Davenport,		е							
4	Date	5	Payee name									
	05/10/2017		Stephanie I	Davis								
6	Amount (\$)	7	Payee addre	ss; City	; Stat	te; Zip Co	de					
	\$250.00		6917 Gentl	e Breeze								
			Conroe, TX	77318								
8	PURPOSE	16					/L\					
°	OF	(2			sted at the top of this s	chedule)	(D)	Description	nutei	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising	Expense				_		, officeholder living expense		
								Professional				
9	Complete ONLY if direct		Candidate/Off	iceholder na	ıme	Office sou	aht			Office held		
	expenditure to benefit C/O	Н					•					
_	Date	Т	Payee name				-					
	04/13/2017		The Woodle		tiac							
		╀										
	Amount (\$)		Payee addre	•	•	te; Zip Co	de					
	\$500.00		1401 Wood	lands Park	way							
			The Woodla	ands, TX 7	7380							
	PURPOSE	(a	Category (S	ee Categories li	sted at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	l			ns Made By			=		de of Texas. Complete Schedule T.		
			Candidate/	Officeholde	er/Political Com	mittee				officeholder living expense		
								Sponsorship	10r	2017 Event		
		<u> </u>								0.00		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder na	me	Office sou	ght			Office held		
	Date		Payee name									
	01/13/2017	1	The Woodla	ands Repu	bilcan Women							
	Amount (\$)		Payee addre	ss; City	; Stat	te; Zip Co	de					
	\$25.00		PO Box 729	94								
		The Woodlands, TX 77380										
	PURPOSE	(a	Category (S	ee Categories li	sted at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Fees]		بيا		de of Texas. Complete Schedule T.		
								ш		officeholder living expense		
								Membership	սև			
<u> </u>										Office held		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder na	.me	Office sou	ght			Office held		
	Superiority to belief 0/01											
i												

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ea	Salaries/\	xpens Vages	e /Contract Labor	Travel in District Travel Out of Dist OTHER (enter a d	rict category not listed above}
1	Total pages Schedule F1:	2 FILER NAM	<u></u>			13	Filer ID	
	Sch: 28/33 Rpt: 34/39		t, Stephanne					
4	Date	5 Payee nam	ie					
	01/13/2017	The Wood	llands Repubilcan Wo	men				
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	de			·
	\$22.00	РО ВОХ	7294	. ,				
		The Wood	llands, TX 77380					
8	PURPOSE	(a) Category	(See Categories listed at the top of	f this schedule)	(b)	Description		
	OF EXPENDITURE		erage Expense			느	tside of Texas. Compl	
						_	X, officeholder living o	expense
						Meetings/Lunc	11	
_	Complete ONLY if direct	Camalidae 10	££	O#:			Off - 1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	gnt		Office hel	d
	Date	Payee nam	e					, ,
	02/10/2017	The Wood	llands Repubilcan Wor	nen				
	Amount (\$)	Payee add	ess; City;	State; Zip Co	de			.
	\$88.00	PO Box 7	294					
		The Wood	llands, TX 77380					
	PURPOSE	(a) Category	See Categories listed at the top o	f this schedule)	(b)	Description		
	OF EXPENDITURE		erage Expense				side of Texas. Compl	
						Check if Austin, T. Meetings/Lunci	X, officeholder living e h. (4)	expense
ľ						Meetings/Lunc	11 (4)	
	Complete ONLY if diseas	C	ffi a a la a l'ul a urus a a usa a	046			o#h.l	-i
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	gnı		Office hel	u
	Date	Payee nam	е					
	03/16/2017	The Wood	lands Repubilcan Wor	nen				
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de			
	\$150.00	PO Box 72	294	•				
		The Wood	lands, TX 77387					
	PURPOSE OF		See Categories listed at the top o		(b)	Description		
	EXPENDITURE		ons/Donations Made B			_	side of Texas. Compl X, officeholder living e	
		Candidate	/Officeholder/Political	Committee		_	_	s with Boots Fundraiser
				į		epondoranip to	. amida Dellet	Door unutaiset
	Complete ONLY if direct		fficeholder name	Office sou	ght		Office held	d
	expenditure to benefit C/OI	7						

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relate

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explair	nse ense ges/Contract Labor plete this form.		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	· · · · · · · · · · · · · · · · · · ·			3	Filer ID
	Sch: 29/33 Rpt: 35/39		t, Stephanne				
4	Date	5 Payee name			<u> </u>	<u> </u>	
	05/09/2017		llands Repubilcan Women				
6	Amount (\$)	7 Payee addre	<u> </u>	ite; Zip Code	<u> </u>		<u> </u>
	\$46.00	PO BOX 7			,		
_		Conroe, T	X 77387			_	
8	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this serage Expense	schedule) (b	<u> </u>	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense (2)
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sough	t		Office held
Γ	Date	Payee name	e			_	
	01/06/2017	Tracey Jov	wers, Virtual Assistant				
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip Code	,		
	\$101.75	10619 Twi	in Oaks Drive				
	١	Conroe, TX	X 77385				
	PURPOSE OF EXPENDITURE	(a) Category (s Accounting	See Categories listed at the top of this sg/Banking	schedule) (b	<u> </u>	, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sough	t		Office held
	Date	Payee name					
_	01/17/2017	Tracey Jov	wers, Virtual Assistant			_	
	Amount (\$) \$305.50		n Oaks Drive	te; Zip Code			
		Conroe, TX	Κ 77385 				
	PURPOSE OF EXPENDITURE	(a) Category (s Accounting	See Categories listed at the top of this s g/Banking	schedule) (b	_	, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sought	t		Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		:)
1	Total pages Schedule F1:		
	Sch: 30/33 Rpt: 36/39	Davenport, Stephanne	
4	Date	5 Payee name	
_	01/18/2017	Tracey Jowers, Virtual Assistant	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$123.50	10619 Twin Oaks Drive	
		Conroe, TX 77385	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENSITORE	Check if Austin, TX, officeholder living expense	
		Bookkeeping	
_	C-maleta CAILV if direct	Office hold	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
L	01/27/2017	Tracey Jowers, Virtual Assistant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.00	550 Country Club Drive	
		Conroe, TX 77385	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Bookkeeping	
	,	Bookkaaping	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
 	Date	Payee name	
	02/22/2017	Tracey Jowers, Virtual Assistant	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.25		
	- =	10010 TWIII Out Dilly	
		Conroe, TX 77385	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Bookkeeping	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
-			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/	xpens Wages	se s/Contract Labor	• • • • • • • • • • • • • • • • • • • •				
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID			
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4	Date	5 Payee name									
	03/20/2017	Tracey Jov	vers, Virtual Assistant								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode						
	\$32.00	10619 Twir	n Oaks Drive								
		Conroe, TX	(77385								
8	PURPOSE	(a) Category (5	See Categories listed at the top of i	this schedule)	(b)	Description					
	OF EXPENDITURE	Accounting				=		e of Texas. Complete Schedule T.			
į						Bookkeeping		officeholder living expense			
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	PURPOSE	(a) Category (S	See Categories listed at the top of t	this schedule)	(b)	Description					
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office held			
	experience to benefit of or										
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1; 2 FILER NAME 3 Filer ID Sch: 32/33 Rpt: 38/39 Davenport, Stephanne 4 Date Payee name 06/05/2017 Tracey Jowers, Virtual Assistant 6 Amount (\$) Payee address; City: State; Zip Code \$110.00 10619 Twin Oaks Drive Conroe, TX 77385 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Bookkeeping Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/05/2017 Tracey Jowers, Virtual Assistant Amount (\$) Payee address; City; State; Zip Code \$135.00 10619 Twin Oaks Drive Conroe, TX 77385 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bookkeeping Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 06/27/2017 Tracey Jowers, Virtual Assistant Amount (\$) Payee address; City: State; Zip Code \$125.00 10619 Twin Oaks Drive Conroe, TX 77385 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bookkeeping Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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		mmittee	Fees Office Overhea Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Frinting Expense Legal Services Salaries/Wages					Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
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	01/11/2017		Walden Yad	ht Club / LCAR	W					
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