

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>				<b>FORM C/OH COVER SHEET PG 1</b>			
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR		FIRST		MI	
		Ms		Crystal			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		NICKNAME		LAST		SUFFIX	
				Dávila			
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE		PHONE NUMBER		EXTENSION	
		(713 )		518-8029			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR		FIRST		MI	
				Yasmeen		L	
7 CAMPAIGN TREASURER ADDRESS		NICKNAME		LAST		SUFFIX	
				Dávila			
8 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER		EXTENSION	
		(346 )		717-5969			
9 REPORT TYPE		<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
		<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	
10 PERIOD COVERED		<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
11 ELECTION		Month		Day		Year	
		4		23		21	
12 OFFICE		ELECTION DATE		ELECTION TYPE			
		Month		Day		Year	
13 OFFICE SOUGHT (if known)		5		1		21	
		Primary		Runoff		Other Description	
14 NOTICE FROM POLITICAL COMMITTEE(S)		<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special			
15 OFFICE HELD (if any)		Trustee Position 2		Pasadena ISD Board of Trustee			
16 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		COMMITTEE NAME			
Additional Pages		GENERAL		COMMITTEE ADDRESS			
		SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
				COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$

320.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

4095.00

CONTRIBUTION  
BALANCE

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

\$

475.00

OUTSTANDING  
LOAN TOTALS

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

\$

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information  
required to be reported by me under Title 15, Election Code.

*Crystal Dávila*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Crystal Dávila, and my date of birth is May 6, 1993.

My address is 2210 Fenwood Drive, Pasadena, TX, 77502, USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 15 day of July, 2021.  
(month) (year)

*Crystal Dávila*

Signature of Candidate/Officeholder (Declarant)



SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3	
19 FILER NAME		20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 320
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS			\$ 1000.00
4. SCHEDULE E: LOANS			\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 4095
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$ 7416.25
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

<b>MONETARY POLITICAL CONTRIBUTIONS</b>		<b>SCHEDULE A1</b>
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Crystal Dávila		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Burgundy Anderson 6 Contributor address; City; State; Zip Code 9608 Bayou Brook Street, Houston, TX 77063	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions) Secondary Math Teacher		9 Employer (See Instructions)
Date 4/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Gina Hinojosa Contributor address; City; State; Zip Code 1216 Avenue K, South Houston, TX 77587	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Secondary Math Teacher		Employer (See Instructions)
Date 6/15/2021	Full name of contributor out-of-state PAC (ID#: _____) Antonio Salas Contributor address; City; State; Zip Code 2335 Chalet Road, Pasadena, TX 77038	Amount of contribution (\$) 175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME Crystal Dávila		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date  6/11/2021	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Monty 7 Pledgor address; City; State; Zip Code 150 W Parker Road, Houston, TX 77076	8 Amount of Pledge \$  1000	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions) Attorney		11 Employer (See Instructions) Monty & Ramirez LLP	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

<b>POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</b>		<b>SCHEDULE F1</b>	
If the requested information is not applicable, DO NOT include this page in the report.			
<b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b>			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:		2 FILER NAME Crystal Davila	
3 Filer ID (Ethics Commission Filers)			
4 Date		5 Payee name	
6 Amount (\$)		7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



Date	First Name	Last Name	Address	City	State	Zip	Amount Paid	Category
5/11/2021	Kenneth	<u>Lonsford</u>	3527 Truxton	Pasadena	TX	77503	\$255.00	Wages
5/8/2021	Brisa	Peña	2002 Lenny Lane	Pasadena	TX	77502	\$180.00	Wages
5/3/2021	Monica	Cook	3700 Burkett Street #48E	Houston	TX	77004	\$360.00	Wages
5/3/2021	Anthony	Jackson	2409 Rosedale Street	Houston	TX	77004	\$120	Wages
6/1/2021	Yasmeen	<u>Dávila</u>	214 Kolb Road	Pasadena	TX	77502	\$720	Wages
7/30/2021	Agustin	Herrera	2210 <u>Fenwood Drive</u>	Pasadena	TX	77502	\$1050	Wages
5/18/2021	Bryan	Santamaria	16805 Rosewood Circle	Splendora	TX	77372	\$240	Wages
5/7/2021	Anthony	Barajas	2208 Perez Road	Pasadena	TX	77502	\$225	Wages
5/7/2021	Montserrat	Garcia	1839 Mountain Breeze Court	Dickinson	TX	77539	\$420	Wages
6/23/2021	Ruby	Chavez	1109 Sunset Drive	Pasadena	TX	77506	\$30	Wages
6/23/2021	Vicente	Gomez	1109 Sunset Drive	Pasadena	TX	77506	\$45	Wages
5/3/2021	Tosha	Felder	7730 West Gulf Bank Road	Houston	TX	77040	\$150	Wages

UNPAID INCURRED OBLIGATIONS		SCHEDULE F2	
If the requested information is not applicable, DO NOT include this page in the report.			
<div>EXPENDITURE CATEGORIES FOR BOX 10(a)</div> <div>Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee</div> <div>Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services</div> <div>Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor</div> <div>Solicitation/Fundraising Expense Transportation Equipment &amp; Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)</div> <div>The Instruction Guide explains how to complete this form.</div>			
1 Total pages Schedule F2:	2 FILER NAME Crystal Dávila		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 7416.25	
5 Date 6/11/2021	6 Payee name Jacob Monty		
7 Amount (\$)	8 Payee address; 150 W Parker Road, Houston, TX 77076		City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description Recount Legal Services from Monty & Ramirez LLP	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			