# JOSE L. DAVILA, JR.

SEMI-ANNUAL REPORT JANUARY 16, 2024

#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mr. Jose L NAME Date Received JAN 1:7 2024 NICKNAME **SUFFIX** LAST Skippy Davila Jr ADDRESS / PO BOX; APT / SUITE #; CANDIDATE / CITY; ZIP CODE **OFFICEHOLDER** 38 Shadowbrook Ln MAILING Receipt# Amount **ADDRESS** Brownsville, TX 78521 Change of Address Date Processed Date Imaged MS/MRS/MR CAMPAIGN MI **FIRST TREASURER** Carlos Α NAME NICKNAME LAST SUFFIX Buentello CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 6040 Surrey Ln **ADDRESS** (Residence or Business) Brownsville, TX 78526 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER (832) 341-8383 PHONE REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff Х appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit **PERIOD** Day Month Day Year Month Year COVERED **THROUGH** 09/06/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month X Primary Other Day Year Runoff 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE County Tax Assessor Collector None Cameron **GO TO PAGE 2**

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

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

				2 of 8			
13 C / OH NAME	Davila, Jose L	14	Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the d officeholders are required to report this information or	candidate's or officeho	older's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN F ES OF LOANS, OR CONTRIBUTIONS MADE ELECTI	PLEDGES, LOANS, RONICALLY)	<b>\$</b> 72.68			
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				<b>\$</b> 1,202.33			
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES \$ 24,617						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	T DAY OF THE	<b>\$</b> 502.33			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	<b>\$</b> 0.00			
17 AFFIDAVIT							
	DENNISE CHAP Notary Public, State of Comm. Expires 07-14 Notary ID 1302950	7 Texas -2027 17-2	perjury, that the accor formation required to b depend on the accordance of the acco	pe reported by me			
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
Sworn to and subscribed before me, by the said <u>Jose L. Davila</u> , this the <u>17<sup>th</sup></u> day of <u>January</u> , 20 <u>24</u> , to certify which, witness my hand and seal of office.							
UI DATIONIC	1 20 <u>27</u> , 10 CE	anny which, whitess my hand and sear or office.					
Oemic O Signature of office	Glusa cer administering	Printed name of officer administering	Notary D Title of officer a	けんこ dministering oath			

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

				3 of 8			
18 FILER NA	ME	19 Filer ID					
Davila, Jose L							
20 SCHEDUL	011070						
NAME OF	SUBTO	TAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,202.33				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	24,617.59			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

	MONET	^A	RY POLITICAL CONTRIBUTIONS		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/1 Rpt: 4/8		
2	FILER NAME Davila, Jose L			3	Filer ID		
4	Date 12/27/2023  5 Full name of contributor  out-of-state PAC (ID#: ) Fragoso, Maria Guadalupe  6 Contributor address; City; State; Zip Code 1214 Cottonwood Dr			7	Amount of Contribution (\$)	\$413.20	
8	Principal occu	pat	Brownsville, TX 78520-8237 ion / Job title (See Instructions)  9 Employer (See Instruction	ıs)			
	Date 10/20/2023	te Full name of contributor out-of-state PAC (ID#:)  /20/2023 Gonzalez, Cesar		Ţ	Amount of Contribution (\$)	\$516.45	
			Contributor address; City; State; Zip Code  124  Brownsville, TX 78520				
	Principal occu	pat	ion / Job title (See Instructions) Employer (See Instruction	is)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/07/2023 Lezama, Luis Alberto  Contributor address; Clty; State; Zip Code  2035 N Coria St				Amount of Contribution (\$)	\$200.00	
	Principal occu	pati	Brownsville, TX 78520-8350 ion / Job title (See Instructions)  Employer (See Instruction	s)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overnead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Consulting Expense Travel in District Contributions/ Donations Made By -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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Davila, Jose L Sch: 1/4 Rpt: 5/8 4 Date Payee name 12/31/2023 Buildasign Enterprise Signs 6 Amount (\$) Payee address; City; State; Zip Code 11525 Stonehollow Dr \$4,387.57 Ste A100 Austin, TX 78758-3269 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2023 Cimpress plc Amount (\$) Payee address; City; State; Zip Code \$398.23 275 Wyman St Waltham, MA 02451-1200 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2023 Impresos Del Noreste Amount (\$) Payee address; City; State; Zip Code Calle Fresno Numero 7 \$12,230.00 Col. Mariano Matamoros Matamoros Tamau 87380 Mexico **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

# SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Relat

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		y - al Committee	Food/Beverage Expense Poiling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel Out of District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.							
	es Schedule F1: 2/4 Rpt: 6/8	2 FILER NAME Davila, Jose		***************************************		3 Filer ID	
4 Date		5 Payee name	······································				
12/31/20	023	Karina Jokl	-Mireles				
6 Amount (	\$)	7 Payee addre	ss; City; St	ate; Zip Code	÷		
	\$350.00	1180 Robin	hood St				
		Brownsville	, TX 78521-4275				
8 PURF		(a) Category (S	ee Categories listed at the top of this	s schedule) (b	) Description		
O EXPENI		Advertising	Expense		11	outside of Texas. Complete Schedule <sup>-</sup> n, TX, officeholder living expense ertising	Г, :
	ONLY if direct re to benefit C/O		ceholder name	Office sough	t	Office held	
Date		Payee name					
12/31/20	023	Meta Platfo	rms Inc				
Amount (	\$)	Payee addre	ss; City; St	ate; Zip Code	<b>;</b>		
	\$2,058.31	1 Meta Way	<i>(</i>				
		Menio Park	, CA 94025-1444				
PURF		(a) Category (Se	ee Categories listed at the top of this	s schedule) (b	<b>)</b> Description		
O EXPENI		Advertising		,	1I	outside of Texas. Complete Schedule 1 n, TX, officeholder living expense ertising	г.
	ONLY if direct re to benefit C/O		ceholder name	Office sough	t	Office held	
Date		Payee name					
12/31/20	23	NGP VAN					
Amount (S	\$479.70	Payee addres 655 15th St Ste 650 Washington	•	ate; Zip Code			:
PURP	nse.			I ru	) Description		
OI EXPENI	F	Fees	ee Categories listed at the top of this	s schedule)	<u></u>	outside of Texas. Complete Schedule 1 , TX, officeholder living expense S	Г.
	ONLY if direct re to benefit C/OI	Candidate/Offi	ceholder name	Office sough	ŧ	Office held	
-		thics Cammissi		ee etata ty ue			/3 5 1 Objects 67

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

# 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		Committee Legal Services Salaries/Wages/Contract Labor		e se	Iransportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains	how to compl	ete this form.	
1	Total pages Schedule F1: Sch: 3/4 Rpt: 7/8	2 FILER NAME Davila, Jose L		3	Filer ID
4	Date	5 Payee name		<b>I</b>	
	12/31/2023	Saint Mary's Catholic School			
6	Amount (\$)	7 Payee address; City; State	; Zip Code		
	\$325.00	1300 E Los Ebanos Blvd			
		Brownsville, TX 78520-8631			
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b)	Description	
	OF EXPENDITURE	Advertising Expense		<u>i</u>	ide of Texas. Complete Schedule T. , officeholder living expense Sing
	Complete ONLY & discort	Continue (City)			OCT. L. L.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office held
	Date	Payee name			
	12/31/2023	Squarespace Inc.			
	Amount (\$)	Payee address; City; State	; Zip Code	· · · · · · · · · · · · · · · · · · ·	
	\$276.00	225 Varick St			
		Fl 12			
		New York, NY 10014-4383			
	PURPOSE	(a) Category (See Categories listed at the top of this sch	(b)	Description	
	OF	Advertising Expense	ledule) (1-7		ide of Texas. Complete Schedule T.
	EXPENDITURE	a management		Check if Austin, TX	, officeholder living expense
				Political Advertis	sing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name C	Office sought		Office held
	Date	Payee name			***************************************
	12/31/2023	Texas Democratic Party			
	Amount (\$)	Payee address; City; State	; Zip Code		
	<b>\$1,326.00</b>	PO Box 15707			
		Austin, TX 78761-5707			
	PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b)	Description	
	OF EXPENDITURE	Consulting Expense			ide of Texas. Complete Schedule T.
				ш	, officeholder living expense
				VAN	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name C	I Office sought		Office held
	expenditure to benefit C/Of		co cougnit		22
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### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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 Filer ID Davila, Jose L Sch: 4/4 Rpt: 8/8 4 Date Payee name 12/31/2023 Texas Secretary of State 6 Amount (\$) Payee address; City; State; Zip Code 1019 Brazos St \$1,250.00 Bldg Austin, TX 78701-2413 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Primary Registration Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2023 The Home Depot Inc. Amount (\$) Payee address: City; State; Zip Code \$233,24 605 W Morrison Rd Brownsville, TX 78520-8489 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2023 Tractor Supply Co. Amount (\$) Payee address; City; State; Zip Code \$494.00 901 FM 509 San Benito, TX 78586-6320 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Advertising Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH