

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00084214		2 Total pages filed: 6		OFFICE USE ONLY			
						Date Received	
3 CANDIDATE / OFFICEHOLDER NAME		FIRST Mr. Timothy E.		ELECTRONICALLY FILED 01/14/2026			
		NICKNAME Tim Davis		LAST Davis		Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____			
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit			Receipt #	Amount
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			Date Processed	
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			Date Imaged	
5 ORIGINAL PERIOD COVERED		Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
THROUGH							

6 EXPLANATION OF CORRECTION

I received a notice of a banking charge after I filed my report that included a banking charge that fell within the reporting period. I am amending my report to include that charge.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Timothy E. Davis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00084214	2 Total pages filed: 6	
3 CANDIDATE NAME	MS / MRS / MR FIRST Mr. Timothy E.			MI	
	NICKNAME LAST Tim Davis			SUFFIX	
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 140 Green Oaks Lane Southlake , TX 76092				
					Date Received ELECTRONICALLY FILED 01/14/2026
					Date Hand-delivered or Date Postmarked
					Receipt # <input type="text"/> Amount
5 CAMPAIGN TREASURER NAME	FIRST Mr. Timothy E.				MI
	NICKNAME LAST Tim Davis				SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1209 S. White Chapel Boulevard Suite 180 Southlake , TX 76092				
7 CAMPAIGN TREASURER PHONE	AREA CODE (877) 427-4707			PHONE NUMBER EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before convention / election		<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before convention / election		<input type="checkbox"/> Final report (Attach SC C/OH-FR)
9 PERIOD COVERED	Month 07/01/2025	Day	Year	THROUGH	Month 12/31/2025 Day Year
10 CONVENTION / ELECTION DATE	Month	Day	Year	11 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
12 POLITICAL PARTY	Republican			COUNTY (If Applicable) Tarrant	

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

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

3 of 6

17 AFFADAVIT

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.

Mr. Timothy E. Davis

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - SC C/OH**FORM SC C/OH
COVER SHEET PG 3**

4 of 6

18 CANDIDATE NAME Davis, Timothy E. (Mr.)	19 Filer ID (Ethics Commission Filers) 00084214
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 100.00	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$ 14.00	
\$	

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/6
2 FILER NAME Davis, Timothy E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00084214
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Timothy 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Member		9 Employer (See Instructions) Basin Ventures II, LLC

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME Davis, Timothy E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00084214
4 Date 12/31/2025	5 Payee name Frost Bank	
6 Amount (\$) 14.00	7 Payee Address; City; State; Zip P.O. Box 16509 Fort Worth, TX 76162	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking charge