

**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) 00090479	2 Total pages filed: 9		
3 CANDIDATE NAME	MS / MRS / MR Ms.	FIRST Shiriki K.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Davis	SUFFIX	Date Received ELECTRONICALLY FILED 02/03/2026		
4 CANDIDATE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 27406 Jupiter Landing Ct.  Spring, TX 77386					
					Receipt #	
					Date Hand-delivered or Date Postmarked	
					Amount	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Tracy	MI	Date Processed		
	NICKNAME	LAST Smith	SUFFIX	Date Imaged		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 27435 Shady Hills Landing  Spring, TX 77386					
7 CAMPAIGN TREASURER PHONE	AREA CODE (281) 808-3964			PHONE NUMBER		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before convention / election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election			<input type="checkbox"/> Runoff <input type="checkbox"/> Final report (Attach SC C/OH-FR)		
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	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	Democrat			COUNTY (If Applicable) Montgomery		

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STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS

FORM SC C/OH  
COVER SHEET PG 2

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13 CANDIDATE NAME	Davis , Shiriki K. (Ms.)		14 Filer ID (Ethics Commission Filers) 00090479												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,930.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 0.00												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,930.00												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												

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.

Ms. Shiriki K. 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**

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<b>18</b> CANDIDATE NAME Davis , Shiriki K. (Ms.)	<b>19</b> Filer ID (Ethics Commission Filers) 00090479
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" 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 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	
\$ 1,930.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/9
<b>2</b> FILER NAME Davis , Shiriki K. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090479
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Natalie	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Flora	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost-Tadlock, Courtney	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Ralph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibikunle, Leslie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
<b>2</b> FILER NAME Davis , Shiriki K. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090479
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, April	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knott, Russell	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77380	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lightfield, Michele	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Jacqueline	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michelle	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
<b>2</b> FILER NAME Davis , Shiriki K. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090479
<b>4</b> Date 01/06/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsom, Lydia	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunnery, Angela	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Kingwood, TX 77339	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rish-Gage, Adiki	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Wilma	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salem, Christian	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
<b>2</b> FILER NAME Davis , Shiriki K. (Ms.)			<b>3</b> Filer ID (Ethics Commission Filers) 00090479
<b>4</b> Date 01/06/2026	<b>5</b> Full name of contributor Taylor, Kelley	<b>6</b> Contributor address; City; State; Zip Code Spring, TX 77386	<b>7</b> Amount of Contribution (\$) \$300.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 01/08/2026	Full name of contributor Wiley, Danielle	<b>5</b> Full name of contributor Wiley, Danielle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Spring, TX 77386		Employer (See Instructions)	

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Davis , Shiriki K. (Ms.)			
<b>4 TOTAL OF UNITEMIZED PLEDGES</b> <span style="float: right;">\$ 0.00</span>			
<b>5 Date</b>	<b>6 Full name of pledgor</b> .....	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8 Amount of pledge (\$)</b>
	<b>7 Pledgor Address;</b> .....		<b>9 In-kind description (If applicable)</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10 Principal occupation / Job title (See Instructions)</b>		<b>11 Employer (See Instructions)</b>	

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 9/9
<b>2</b> FILER NAME Davis , Shiriki K. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090479
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)