

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 FIRST MI		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/03/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	Ms. Shiriki K.					
		NICKNAME LAST SUFFIX				
		Davis				
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	27406 Jupiter Landing Ct.					
<input type="checkbox"/> Change of Address		Spring, TX 77386				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI					
	Ms. Tracy					
		NICKNAME LAST SUFFIX				
		Smith				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	27435 Shady Hills Landing					
(Residence or Business)		Spring, TX 77386				
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION	
	(281) 808-3964					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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	Day	Year	Month	Day	Year
			01/01/2026	THROUGH		01/22/2026
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
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,930.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	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
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SUBTOTALS - SC C/OH**FORM SC C/OH
COVER SHEET PG 3**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 4/4 Rpt: 7/9

2 FILER NAME

Davis , Shiriki K. (Ms.)

3 Filer ID (Ethics Commission Filers)
00090479

4 Date
01/06/2026

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Taylor, Kelley

7 Amount of Contribution (\$)
\$300.00

6 Contributor address; City; State; Zip Code

Spring, TX 77386

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/08/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wiley, Danielle

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

Spring, TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 8/9

2 FILER NAME
Davis , Shiriki K. (Ms.)

3 Filer ID (Ethics Commission Filers)
00090479

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

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