

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|--|--|---|----------------------|
| 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 <i>Brian</i> MI <i>S</i> NICKNAME LAST <i>Davis</i> SUFFIX | | | OFFICE USE ONLY Date Received FILED FOR RECORD UPSHUR COUNTY, TEXAS | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: <i>115 W mimosa</i> APT / SUITE #: <i>0/City</i> CITY: <i>TX</i> ZIP CODE <i>75683</i> | | | JAN 29 2026 LORY HARVEY ELECTIONS ADMINISTRATOR <input checked="" type="checkbox"/> Date Hand-delivered <input checked="" type="checkbox"/> Date Postmarked | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE <i>(403)</i> PHONE NUMBER <i>812-1844</i> EXTENSION | | | Receipt # _____ Amount \$ _____ Date Processed Date Imaged | |
| 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST <i>Brian</i> MI <i>S</i> NICKNAME LAST <i>Davis</i> SUFFIX | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE: ZIP CODE <i>115 N mimosa</i> <i>0/City</i> <i>TX</i> <i>75683</i> | | | | |
| 8 CAMPAIGN TREASURER PHONE AREA CODE <i>(403)</i> PHONE NUMBER <i>812-1844</i> EXTENSION | | | | |
| 9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED Month <i>01</i> Day <i>16</i> Year <i>26</i> THROUGH Month <i>02</i> Day <i>02</i> Year <i>26</i> | | | | |
| 11 ELECTION ELECTION DATE Month <i>03</i> Day <i>26</i> Year <i>26</i> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____ | | | | |
| 12 OFFICE OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) <i>County Commissioner PCT 2</i> | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | | | 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____ | |

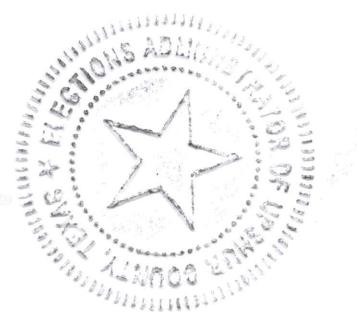
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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) | \$ <i>0</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>0</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>0</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>0</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>0</i> |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> |

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.



Brian Davis *Lory Hark*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brian Davis this the 29th day of January, 20 26, to certify which, witness my hand and seal of office.

Brian Davis Signature of officer administering oath

Lory Hark Printed name of officer administering oath

EA Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

[Signature] Signature of Candidate/Officeholder (Declarant)