

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>14</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>James</b>	MI <b>R</b>	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 24px; font-weight: bold;">APR 02 2026</div> BY: <u>7:48am</u> 	
	NICKNAME <b>Jim</b>	LAST <b>Davidson</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>6445 Sweet Gum St</b>	APT / SUITE #;	CITY; <b>Katy</b>		
	STATE; <b>TX</b>	ZIP CODE <b>77493</b>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 832 )</b>	PHONE NUMBER <b>465-2450</b>	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Christopher</b>	MI	Receipt #	Amount \$
	NICKNAME <b>Chris</b>	LAST <b>Garcia</b>	SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <b>2910 E Elm Cir</b>		CITY; <b>Katy</b>	STATE; <b>TX</b>	ZIP CODE <b>77493</b>
	AREA CODE <b>( 832 )</b>	PHONE NUMBER <b>541-2391</b>	EXTENSION		
8 CAMPAIGN TREASURER PHONE	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	11 ELECTION				
Month    Day    Year <b>01 / 16 / 26</b>	THROUGH    Month    Day    Year <b>04 / 02 / 26</b>				
11 ELECTION	ELECTION DATE Month    Day    Year <b>05 / 02 / 26</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Katy ISD Board of Trustees - Position 4</b>			
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	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME James Davidson		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,142.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,691.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 450.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is James Davidson, and my date of birth is [REDACTED].

My address is 6445 Sweet Gum St., Katy, TX, 77493, USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TEXAS, on the 1 day of April, 20 26.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19** FILER NAME

**20** Filer ID (Ethics Commission Filers)

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,142.12
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,691.62
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>8</b>
<b>2</b> FILER NAME <b>James Davidson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  1/16/26	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Davidson</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>6445 Sweet Gum St Katy TX 77493</b>	<b>7</b> Amount of contribution (\$) <b>\$100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 1/21/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Davidson</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>817 Aster St Katy TX 77493</b>	<b>Amount of contribution (\$)</b> <b>\$100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 1/21/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Branson Cooledge</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2602 Walnut Crest Dr Katy TX 77494</b>	<b>Amount of contribution (\$)</b> <b>\$500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 1/22/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Brettell</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>23915 Shaw Perry Lane Katy TX 77493</b>	<b>Amount of contribution (\$)</b> <b>\$100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME <b>James Davidson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  1/22/26	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kris Colquette</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>2907 Martin Place Katy TX 77493</b>	<b>7</b> Amount of contribution (\$)  <b>\$100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  1/22/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Willeby</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2310 Trotter Dr Katy TX 77493</b>	<b>Amount of contribution (\$)</b>  <b>\$50.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  1/22/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jimmie Heath</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>5808 Village Green Katy TX 77493</b>	<b>Amount of contribution (\$)</b>  <b>\$1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  1/22/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Burton</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>3215 Caney Drive Katy TX 77493</b>	<b>Amount of contribution (\$)</b>  <b>\$25.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME <b>James Davidson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/22/26</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trish Reynolds</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>22715 Coriander Dr Katy TX 77450</b>	<b>7</b> Amount of contribution (\$) <b>\$250.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>1/25/26</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Zeke Zeiler</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>5730 Village Green Dr Katy TX 77493</b>	<b>Amount of contribution (\$)</b> <b>\$250.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>1/26/26</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joel Wolters</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>6303 Deer Run Katy TX 77493</b>	<b>Amount of contribution (\$)</b> <b>\$100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>1/28/26</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelli Davidson</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>6445 Sweet Gum St Katy TX 77493</b>	<b>Amount of contribution (\$)</b> <b>\$100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **8**

2 FILER NAME  
**James Davidson**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/30/26**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Terri Nelson**

7 Amount of contribution (\$)  
**\$50.00**

6 Contributor address; City; State; Zip Code  
**3109 E Elm Cir Katy TX 77493**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**1/30/26**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jennifer Rigsbee**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**4515 Westwind Garden Pass Katy TX 77494**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/4/26**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chiharu Allen**

Amount of contribution (\$)  
**\$200.00**

Contributor address; City; State; Zip Code  
**3934 Millican Creek TRL College Station TX 77845**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/9/26**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ashley Niemi**

Amount of contribution (\$)  
**\$250.00**

Contributor address; City; State; Zip Code  
**2830 E Elm Cir Katy TX 77493**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>James Davidson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/14/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Williams</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>72 Calle Rivero Rancho Mirage CA 92270</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/19/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha Bratten</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>14814 El Miranda Houston TX 77095</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/20/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacalyn Warner</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>1817 Pine Cone Katy TX 77493</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/5/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Davidson</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>817 Aster St Katy TX 77493</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **8**

2 FILER NAME

**James Davidson**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/9/26**

5 Full name of contributor

**Rocky Blair**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$200.00**

6 Contributor address;

**5826 Green Meadows Ln**

City;

**Katy**

State;

**TX**

Zip Code

**77493**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/10/26**

Full name of contributor

**Michael Katchy**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address;

**20751 Holly Rain Dr**

City;

**Katy**

State;

**TX**

Zip Code

**77493**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/10/26**

Full name of contributor

**Nona Zeiler**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$200.00**

Contributor address;

**5730 Village Green Dr**

City;

**Katy**

State;

**TX**

Zip Code

**77493**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/10/26**

Full name of contributor

**Trey Herrin**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$50.00**

Contributor address;

**32610 Mallard St**

City;

**Brookshire**

State;

**TX**

Zip Code

**77423**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>James Davidson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/11/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jimmie Heath</b>	7 Amount of contribution (\$)  <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>5808 Village Green Katy TX 77493</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/11/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Davidson</b>	Amount of contribution (\$)  <b>\$17.12</b>
Contributor address; City; State; Zip Code <b>6445 Sweet Gum St Katy TX 77493</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Davidson</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>817 Aster St Katy TX 77493</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashley Vann</b>	Amount of contribution (\$)  <b>\$150.00</b>
Contributor address; City; State; Zip Code <b>3707 Marble Cove Ct Katy TX 77494</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>8</b>
<b>2</b> FILER NAME <b>James Davidson</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/24/26</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carla Justus</b>	<b>7</b> Amount of contribution (\$) <b>\$200.00</b>
<b>6</b> Contributor address; City; State; Zip Code <b>2014 Arbor Cove Katy TX 77494</b>		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>James Davidson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/3/26</b>	<b>5</b> Payee name <b>Lone Star Customs</b>	
<b>6</b> Amount (\$) <b>\$233.82</b>	<b>7</b> Payee address; <b>1812 Avenue D</b>	City; State; Zip Code <b>Katy TX 77493</b>
<input type="checkbox"/> Check if individual's residence address.		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Campaign Shirts, Banner</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <b>2/4/26</b>	Payee name <b>NBD Graphics</b>		
Amount (\$) <b>\$1,975.56</b>	Payee address; <b>917 S. Mason Road</b>	City; State; Zip Code <b>Katy TX 77493</b>	
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Yard Signs</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date <b>2/11/26</b>	Payee name <b>Lone Star Customs</b>		
Amount (\$) <b>\$392.52</b>	Payee address; <b>1812 Avenue D</b>	City; State; Zip Code <b>Katy TX 77493</b>	
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Shirts, Banner, Flag</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>James Davidson</b>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>2/13/26</b>	<b>5</b> Payee name <b>Tractor Supply Company</b>		
<b>6</b> Amount (\$) <b>\$111.72</b>	<b>7</b> Payee address; <b>444 FM-1463</b>	City; <b>Katy</b>	State; Zip Code <b>TX 77493</b>
<input type="checkbox"/> Check if individual's residence address.			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		<b>(b)</b> Description <b>Hay Bales for Rodeo Parade Trailer</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date <b>3/11/26</b>	Payee name <b>NBD Graphics</b>		
Amount (\$) <b>\$877.20</b>	Payee address; <b>917 S. Mason Road</b>	City; <b>Katy</b>	State; Zip Code <b>TX 77450</b>
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Yard Signs; Road Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date <b>3/16/26</b>	Payee name <b>NBD Graphics</b>		
Amount (\$) <b>\$877.20</b>	Payee address; <b>917 S. Mason Road</b>	City; <b>Katy</b>	State; Zip Code <b>TX 77450</b>
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Yard Signs; Road Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>James Davidson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>3/31/26</b>	<b>5</b> Payee name <b>Raise the Money, Inc.</b>
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<b>6</b> Amount (\$) <b>\$223.60</b>	<b>7</b> Payee address; <b>P.O. Box 26466</b>	City; <b>Little Rock</b>	State; <b>AR</b>	Zip Code <b>72221</b>
<input type="checkbox"/> Check if individual's residence address.				

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b) Description</b> <b>Transaction Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received RECEIVED	
APR 02 2026	
BY: 11:47 am [Signature]	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name James Davidson	Filer ID #
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- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the CAMPAIGN FINANCE report due on APRIL 2, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

### (1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

### (2) Unsworn Declaration

My name is James Davidson, and my date of birth is \_\_\_\_\_.

My address is 6445 Sweet Gum St. (street), Katy (city), TX (state), 77493 (zip code), USA (country).

Executed in Harris County, State of TX, on the 2 day of April, 2026. (month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**