2022182

Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

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Campaign Finance Report

HARRIS COUNTY VOTE ELECTIONS

Elections Administrator
Harris County, TX

FileNo:	2022182
Received By Clerk:	01/20/2022
File Date:	January 20, 2022
Office:	County Judge
Candidate:	Davis, Erica C.
Treasurer:	Junious, Carvis
Category:	Contributions And Expenditures (COH/JCOH)
Delivered By:	Electronically Filed
Type:	COR

Harris County No Fee

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:

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: Erica | M: C.

NICKNAME: | LAST: Davis | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 130276 | APT / SUITE #: | CITY: Houston, TX | STATE: | ZIP CODE: 77219

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (832) | PHONE NUMBER: 286-3876 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Dr. | FIRST: Carvis | MI:

NICKNAME: | LAST: Junious | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 207 Reinerman | APT / SUITE #: | CITY: Houston, TX | STATE: | ZIP CODE: 77007

8 CAMPAIGN TREASURER PHONE

AREA CODE: (832) | PHONE NUMBER: 309-3284 | EXTENSION:

9 REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded Modified Reporting Limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 12 / 13 / 21 THROUGH 01 / 18 / 2022

11 ELECTION

ELECTION DATE — Month / Day / Year: 03 / 01 / 2022

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (If any): HCDE Board of Trustees, Pos. 5

13 OFFICE SOUGHT (If known): Harris County Judge

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS FORM 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.

☐ Additional Page(s)

COMMITTEE TYPE

- ☐ GENERAL
- ☐ 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
r CB a

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)	$ 70,114.72
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,143.91
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 59,970.81
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 21,852.66

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:

TERRY LEON PRESTON, II
Notary Public, State of Texas
Comm. Expires 07-06-2025
Notary ID 11444163

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Erica Davis this the 19th day of January, 20 22, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Terry Leon Preston II — Printed name of officer administering oath — Notary Public — 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 _____ (month) 20_____ (year)

_____
Signature of Candidate/Officeholder (Declarant)

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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.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 50,114.72
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$ 21,852.66
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 8,291.25
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 1,852.66
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Erica Davis

3 Filer ID: (Ethics Commission Use)

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	7 Amount of contribution ($)
12/27/2021	Claus W. Brueckner	$25,000.00
	6 Contributor address: City: State: Zip Code: 1415 S. Voss, Ste. 110 #392 Houston, TX 77507	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#)	Amount of contribution ($)
12/20/21	Avishai Ron	$25,000.00
	Contributor address: City: State: Zip Code: 4808 Gibson St. 3rd Floor, Houston, TX 77007	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#)	Amount of contribution ($)
12/31/21	Tinera Mathews	$196.80
	Contributor address: City: State: Zip Code: 3811 Rita Elliott Ct. Missouri City, TX 77459	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#)	Amount of contribution ($)
12/31/21	Jeremy Bibb	$19.12
	Contributor address: City: State: Zip Code: 11926 Canyon Mills Dr. Houston, TX 77095	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME: Erica Davis

3 Filer ID (Ethics Commission Filers)

4 Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
12/30/21	Rhyan Stribling	$19.12
	6 Contributor address: City: State: Zip Code: 15910 Leaf Chase Ct. Cypress TX 77429	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
12/30/21	T. Leon Preston	$19.12
	Contributor address: City: State: Zip Code: 15806 Singapore Ln. Jersey Village, TX 77040	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
	Contributor address: City: State: Zip Code:	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
	Contributor address: City: State: Zip Code:	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Unofficial Copy

LOANS

SCHEDULE E

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME: Erica Davis

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan: 12/30/2021

7 Name of lender: Erica Davis ☐ out-of-state PAC (ID# _____)

9 Loan Amount ($): $21,852.66

6 Is lender a financial institution? Y (N)

8 Lender address: City: State: Zip Code: P.O. Box 130276 Houston, TX 77219

10 Interest rate: NA

11 Maturity date: NA

12 Principal occupation / Job title (See Instructions): Chief of Staff

13 Employer (See Instructions): Harris County

14 Description of Collateral: ☐ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor:

18 Guarantor address: City: State: Zip Code:

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan:

Name of lender: ☐ out-of-state PAC (ID# _____)

Loan Amount ($):

Is lender a financial institution? Y N

Lender address: City: State: Zip Code:

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor:

Amount Guaranteed ($):

Guarantor address: City: State: Zip Code:

Principal Occupation (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME: Erica Davis

3 Filer ID (Ethics Commission Filers)

4 Date: 12/30/2021

5 Payee name: Sprint2Print

6 Amount ($): $7,036.25

7 Payee address: 8748 Clay Rd #300, Houston, TX 77080 — City: — State: — Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 12/13/2021

Payee name: Square, Inc.

Amount ($): $1,255.00

Payee address: 455 Market Street, Suite 600 San Francisco, CA 94103 — City: — State: — Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Online transaction fees

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date:

Payee name:

Amount ($):

Payee address: — City: — State: — Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction guide explains how to complete this form.

1 Total payee Schedule G:

2 FILER NAME: Erica Davis

3 Filer ID (Ethics Commission Filers):

Payee 1

4 Date: 12/21/2021

5 Payee name: The Federal Grill

6 Amount ($): [X] Reimbursement from political contributions received

7 Payee address: 510 Shepherd, Houston, TX 7007

8 PURPOSE OF EXPENDITURE

(a) Category: Food/Beverage Expense

(b) Description: Dinner for campaign staff.

(c) [ ] Check if travel outside of Texas. Complete Schedule T [ ] Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Payee 2

Date: 12/15/2021

Payee name: Tracy Eason Photography, LLC

Amount ($): [X] Reimbursement from political contributions received

Payee address: 1312 Live Oak St, Houston, TX 77003

PURPOSE OF EXPENDITURE

Category: Advertising Expense

Description: Photography

[ ] Check if travel outside of Texas. Complete Schedule T [ ] Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

Payee 3

Date: 12/22/2021

Payee name: Houston Black American Democratic PAC

Amount ($): [X] Reimbursement from political contributions received

Payee address: 4808 Edfield St, Houston, TX 77033

PURPOSE OF EXPENDITURE

Category: Contributions/Donations Made By Candidate

Description:

[ ] Check if travel outside of Texas. Complete Schedule T [ ] Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME: Erica Davis

3 Filer ID (Ethics Commission Filers)

4 Date: 12/30/2021

5 Payee name: Little Sito's Cantina

6 Amount ($): $179.70

☐ Reimbursement from political contributions intended

7 Payee address: 2536 Richmond, Houston, TX 77098 — City: State: Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description: Dinner for campaign volunteers/staff

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: Payee name:

Amount ($): Payee address: City: State: Zip Code:

☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE — Category (See Categories listed at the top of this schedule): Description:

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: Payee name:

Amount ($): Payee address: City: State: Zip Code:

☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE — Description:

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

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