

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 25 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2390.00	66905.28
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2390.00	66905.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10524.88	136800.88
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10524.88	136800.88
8. Cash on Hand at Close of Reporting Period (from Line 27)	82741.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	4363.88	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	81718.85	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	390.00	31790.00
(ii) Unitemized.....	0.00	6814.28
(iii) TOTAL of contributions from individuals ▶	390.00	38604.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	26301.00
(d) The Candidate.....	2000.00	2000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2390.00	66905.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	17264.14
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	17264.14
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	12599.95	18062.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14989.95	102232.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10524.88	136800.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2000.00	32000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2000.00	32000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	16863.88	25754.50
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29388.76	194555.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	97140.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14989.95
25. SUBTOTAL (add Line 23 and Line 24).....	112130.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29388.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	82741.72

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 36	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. Box 382110

City: Cambridge State: MA Zip Code: 02238

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : SA11AI.40169

Amount of Each Receipt this Period
140.00

Memo Item
Donations from conduit

B. Full Name (Last, First, Middle Initial)
Ford, LaShawn K., , ,

Mailing Address 912 S. Mayfield

City: Chicago State: IL Zip Code: 60644

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation: Representative

State of IL

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 05 / 2026

Transaction ID : SA11AI.40184

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City: State: Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line number only).....▶	390.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 36
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

A. Full Name (Last, First, Middle Initial)
Davis, Danny K., , Mr.,

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

FEC ID number of contributing federal political committee. **C** H4IL07037

Name of Employer US Government Occupation Congressman

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 27 2026

Transaction ID : SA11D.40185

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

A. Full Name (Last, First, Middle Initial)
United States Treasury

Mailing Address ...

City: Austin State: TX Zip Code: 73301

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12639.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2026

Transaction ID : SA15.40168

Amount of Each Receipt this Period
12599.95

Memo Item
Refund

B. Full Name (Last, First, Middle Initial)

Mailing Address

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12599.95

12599.95

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial) A. Adobe Systems		Date of Disbursement MM / DD / YYYY 01 / 06 / 2026
Mailing Address 345 Park Avenue		FEC Identification Number C
City San Jose	State CA	Zip Code 95110
Purpose of Disbursement Communication software subscription		Amount of Each Disbursement this Period 25.35
Candidate Name		Transaction ID : SB17.40147
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Adobe Systems		Date of Disbursement MM / DD / YYYY 02 / 06 / 2026
Mailing Address 345 Park Avenue		FEC Identification Number C
City San Jose	State CA	Zip Code 95110
Purpose of Disbursement Communication software subscription		Amount of Each Disbursement this Period 25.35
Candidate Name		Transaction ID : SB17.40152
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Been Verified		Date of Disbursement MM / DD / YYYY 01 / 15 / 2026
Mailing Address 48 W 28th Street, 28th Floor		FEC Identification Number C
City New York	State NY	Zip Code 10018
Purpose of Disbursement Data research engine subscription		Amount of Each Disbursement this Period 24.99
Candidate Name		Transaction ID : SB17.40170
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	24.99
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial)

A. CapitolOne Spark Business Card.

Mailing Address PO Box 6492

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.40180

Memo Item

Full Name (Last, First, Middle Initial)

B. CapitolOne Spark Business Card.

Mailing Address PO Box 6492

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.40177

Memo Item

Full Name (Last, First, Middle Initial)

C. Caspio

Mailing Address 1286 Kifer Rd, Suite 107

City Sunnyvale State CA Zip Code 94086

Purpose of Disbursement Marketing communication

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 600.00

Transaction ID : SB17.40158

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

A. Caspio

Full Name (Last, First, Middle Initial)

Mailing Address 1286 Kifer Rd, Suite 107

City Sunnyvale State CA Zip Code 94086

Purpose of Disbursement Marketing communication

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 600.00

Transaction ID : SB17.40181

Memo Item

B. Constant Contact

Full Name (Last, First, Middle Initial)

Mailing Address 890 Winter Street, Suite 300

City Waltham State MA Zip Code 02451

Purpose of Disbursement Marketing Communication

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 179.86

Transaction ID : SB17.40150

Memo Item

C. Constant Contact

Full Name (Last, First, Middle Initial)

Mailing Address 890 Winter Street, Suite 300

City Waltham State MA Zip Code 02451

Purpose of Disbursement Marketing Communication

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 179.86

Transaction ID : SB17.40193

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial) A. Docusign Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2026
Mailing Address 1 South Dearborn 20th Floor		FEC Identification Number C
City Chicago	State IL	Zip Code 60603
Purpose of Disbursement Online document service		Amount of Each Disbursement this Period 138.00
Candidate Name		Transaction ID : SB17.40162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Google.com		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2026
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C
City Mountainview	State CA	Zip Code 94043
Purpose of Disbursement Marketing communication		Amount of Each Disbursement this Period 31.26
Candidate Name		Transaction ID : SB17.40192
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Marios Butcher Shop		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2026
Mailing Address 5825 W. Madison St.		FEC Identification Number C
City Chicago	State IL	Zip Code 60644
Purpose of Disbursement Office rent		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.40174
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial) A. Midway Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2026
Mailing Address 1000 E. 87th St.		FEC Identification Number C
City Chicago	State IL	Zip Code 60619
Purpose of Disbursement Broadcast media		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB17.40172
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Slicktext.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 301 S 2nd Street, Suite 304		FEC Identification Number C
City Jamestown	State NY	Zip Code 14701
Purpose of Disbursement Marketing Communication		Amount of Each Disbursement this Period 1061.00
Candidate Name		Transaction ID : SB17.40146
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Slicktext.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026
Mailing Address 301 S 2nd Street, Suite 304		FEC Identification Number C
City Jamestown	State NY	Zip Code 14701
Purpose of Disbursement Marketing communication		Amount of Each Disbursement this Period 1370.43
Candidate Name		Transaction ID : SB17.40156
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial) A. Slicktext.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026
Mailing Address 301 S 2nd Street, Suite 304		FEC Identification Number C
City Jamestown	State NY	Zip Code 14701
Purpose of Disbursement Marketing communication		Amount of Each Disbursement this Period 467.34
Candidate Name		Transaction ID : SB17.40194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Slicktext.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2026
Mailing Address 301 S 2nd Street, Suite 304		FEC Identification Number C
City Jamestown	State NY	Zip Code 14701
Purpose of Disbursement Marketing communication		Amount of Each Disbursement this Period 1999.00
Candidate Name		Transaction ID : SB17.40176
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Slicktext.com		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026
Mailing Address 301 S 2nd Street, Suite 304		FEC Identification Number C
City Jamestown	State NY	Zip Code 14701
Purpose of Disbursement Marketing communication		Amount of Each Disbursement this Period 957.71
Candidate Name		Transaction ID : SB17.40178
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial) A. Slicktext.com			Date of Disbursement MM / DD / YYYY 02 / 24 / 2026	
Mailing Address 301 S 2nd Street, Suite 304			FEC Identification Number C	
City Jamestown	State NY	Zip Code 14701	Amount of Each Disbursement this Period 1999.00	
Purpose of Disbursement Marketing communication		Category/ Type	Transaction ID : SB17.40189	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Squarespace			Date of Disbursement MM / DD / YYYY 01 / 12 / 2026	
Mailing Address 225 Varick Street, 12th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10014	Amount of Each Disbursement this Period 38.64	
Purpose of Disbursement Marketing communication		Category/ Type	Transaction ID : SB17.40187	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Squarespace			Date of Disbursement MM / DD / YYYY 02 / 12 / 2026	
Mailing Address 225 Varick Street, 12th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10014	Amount of Each Disbursement this Period 38.64	
Purpose of Disbursement Marketing communication		Category/ Type	Transaction ID : SB17.40186	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial) A. Strategic Human Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2026
Mailing Address 1211 S. Western		FEC Identification Number C
City Chicago	State IL	Zip Code 60608
Purpose of Disbursement Press media marketing		Amount of Each Disbursement this Period 425.00
Candidate Name		Transaction ID : SB17.40173
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2026
Mailing Address ...		FEC Identification Number C
City Austin	State TX	Zip Code 73301
Purpose of Disbursement FEC Training		Amount of Each Disbursement this Period 40.00
Candidate Name		Transaction ID : SB17.40159
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2026
Mailing Address ...		FEC Identification Number C
City Austin	State TX	Zip Code 73301
Purpose of Disbursement Income tax payment		Amount of Each Disbursement this Period 74.89
Candidate Name		Transaction ID : SB17.40183
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	499.89
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Wix.com		M M / D D / Y Y Y Y 01 / 08 / 2026	
Mailing Address 6352 W Gunnison St.		FEC Identification Number	
City Chicago	State IL	Zip Code 60630	C
Purpose of Disbursement Marketing Communication		Category/Type	Amount of Each Disbursement this Period
Candidate Name			59.00
Office Sought:	House <input type="checkbox"/>	Disbursement For: 2026	Transaction ID : SB17.40145
	Senate <input type="checkbox"/>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Wix.com		M M / D D / Y Y Y Y 01 / 17 / 2026	
Mailing Address 6352 W Gunnison St.		FEC Identification Number	
City Chicago	State IL	Zip Code 60630	C
Purpose of Disbursement Marketing Communication		Category/Type	Amount of Each Disbursement this Period
Candidate Name			46.00
Office Sought:	House <input type="checkbox"/>	Disbursement For: 2026	Transaction ID : SB17.40164
	Senate <input type="checkbox"/>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Wix.com		M M / D D / Y Y Y Y 01 / 21 / 2026	
Mailing Address 6352 W Gunnison St.		FEC Identification Number	
City Chicago	State IL	Zip Code 60630	C
Purpose of Disbursement Marketing Communication		Category/Type	Amount of Each Disbursement this Period
Candidate Name			5.95
Office Sought:	House <input type="checkbox"/>	Disbursement For: 2026	Transaction ID : SB17.40157
	Senate <input type="checkbox"/>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Wix.com		M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 6352 W Gunnison St.		FEC Identification Number	
City Chicago	State IL	Zip Code 60630	C
Purpose of Disbursement Marketing Communication		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			59.00
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.40149	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Wix.com		M M / D D / Y Y Y Y 02 / 16 / 2026	
Mailing Address 6352 W Gunnison St.		FEC Identification Number	
City Chicago	State IL	Zip Code 60630	C
Purpose of Disbursement Marketing Communication		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			46.00
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.40182	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Wix.com		M M / D D / Y Y Y Y 02 / 21 / 2026	
Mailing Address 6352 W Gunnison St.		FEC Identification Number	
City Chicago	State IL	Zip Code 60630	C
Purpose of Disbursement Marketing Communication		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			5.95
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.40190	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	10524.88

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 36	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial) A. Davis, Danny K., , Mr.,		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2026
Mailing Address 5956 W. Race Avenue		FEC Identification Number C C00172619
City Chicago	State IL	Zip Code 60644
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name DAVIS FOR CONGRESS/FRIENDS OF DAVIS		Transaction ID : SB19A.40175
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 07	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DAVIS FOR CONGRESS/FRIENDS OF DAVIS** Transaction ID : **SC/9.40188**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CapitolOne Spark Business Card.			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 6492			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input type="checkbox"/> Personal Funds of the Candidate
Carol Stream	IL	60197	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4363.88	0.00	4363.88

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 25 / 2026	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	4363.88
TOTALS This Period (last page in this line only).....▶	4363.88

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DAVIS FOR CONGRESS/FRIENDS OF DAVIS** Transaction ID : **SC/10.727**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 1984
Davis, Danny K., , Mr.,			<input checked="" type="checkbox"/> Primary
Mailing Address 5956 W. Race Avenue			<input type="checkbox"/> General
City Chicago		State IL	<input type="checkbox"/> Other (specify) ▼
ZIP Code 60644		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4100.00	0.00	4100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 12 / 01 / 1983	MM / DD / YYYY open	5.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	4100.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.727

This loan is from the candidate's personal funds at annual rate of 5% interest.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DAVIS FOR CONGRESS/FRIENDS OF DAVIS** Transaction ID : **SC/10.723**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 1996
Davis, Danny K., , Mr.,			<input checked="" type="checkbox"/> Primary
Mailing Address 5956 W. Race Avenue			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Chicago	State IL	ZIP Code 60644	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 01 / 1996	M M / D D / Y Y Y Y open	5.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 1000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.723

This loan is from the candidate's personal funds at annual rate of 5% interest.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.725**
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 1996
Davis, Danny K., , Mr.,		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5956 W. Race Avenue		
City Chicago	State IL	ZIP Code 60644
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 950.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 950.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 29 / 1996	M M / D D / Y Y Y Y open	5.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	950.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.725

This loan is from the candidate's personal funds at annual rate of 5% interest.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DAVIS FOR CONGRESS/FRIENDS OF DAVIS** Transaction ID : **SC/10.448**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 1996
Davis, Danny K., , Mr.,			<input checked="" type="checkbox"/> Primary
Mailing Address 5956 W. Race Avenue			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Chicago	State IL	ZIP Code 60644	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 5000.00	Balance Outstanding at Close of This Period 5000.00
-------------------------------------	---------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 13 / 1996	M M / D D / Y Y Y Y open	5.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.448

This loan is from the candidate's personal funds at annual rate of 5% interest.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DAVIS FOR CONGRESS/FRIENDS OF DAVIS** Transaction ID : **SC/10.37523**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Davis, Danny K., , Mr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 5956 W. Race Avenue		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Chicago	State IL	ZIP Code 60644
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 45000.00	Cumulative Payment To Date 32000.00	Balance Outstanding at Close of This Period 13000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 13 / 2024	M M / D D / Y Y Y Y / / 2025	2.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 13000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DAVIS FOR CONGRESS/FRIENDS OF DAVIS** Transaction ID : **SC/10.40138**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
DAVIS FOR CONGRESS/FRIENDS OF DAVIS			<input checked="" type="checkbox"/> Primary
Mailing Address 5956 W. Race Avenue			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Chicago	State IL	ZIP Code 60644	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5264.14	0.00	5264.14

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 01 / 2025	M M / D D / Y Y Y Y 12/31/2026	23.90 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5264.14
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DAVIS FOR CONGRESS/FRIENDS OF DAVIS** Transaction ID : **SC/10.40100**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
DAVIS FOR CONGRESS/FRIENDS OF DAVIS			<input checked="" type="checkbox"/> Primary
Mailing Address 5956 W. Race Avenue			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Chicago	State IL	ZIP Code 60644	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 12000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 25 / 2025	M M / D D / Y Y Y Y 12/01/2030	23.90 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	12000.00
TOTALS This Period (last page in this line only).....▶	41314.14

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DAVIS FOR CONGRESS/FRIENDS OF DAVIS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Davis, Danny K., , Mr.,			Nature of Debt (Purpose): Accumulated interest at 5%
Mailing Address 5956 W. Race Avenue			
City Chicago	State IL	Zip Code 60644	

Outstanding Balance Beginning This Period 11082.50	Transaction ID : SD10.17600	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11082.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Davis, Danny K., , Mr.,			Nature of Debt (Purpose): Accumulated interest at 5%
Mailing Address 5956 W. Race Avenue			
City Chicago	State IL	Zip Code 60644	

Outstanding Balance Beginning This Period 11865.21	Transaction ID : SD10.17609	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11865.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gooden, John, , Mr.,			Nature of Debt (Purpose):
Mailing Address 5825 W. Chicago Ave.			
City Chicago	State IL	Zip Code 60651	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD10.350	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

1) SUBTOTALS This Period This Page (optional)	▶	23247.71
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.350

(Current loan amount of 200.00 from a balance of 500.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

DAVIS FOR CONGRESS/FRIENDS OF DAVIS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gresham, Lawrence, , Mr.,			Nature of Debt (Purpose): Political Consulting
Mailing Address 1066 Plymouth Court			
City Chicago	State IL	Zip Code 60605	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="7200.00"/>		Transaction ID : SD10.354	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="7200.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lewis, Sharon, , Ms.,			Nature of Debt (Purpose): Political consulting
Mailing Address 939 N. Pine St.			
City Chicago	State IL	Zip Code 60651	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="2700.00"/>		Transaction ID : SD10.352	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="2700.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ron Lester Association			Nature of Debt (Purpose): Polling
Mailing Address 1010 Wisconsin Ave NW			
City Washington	State DC	Zip Code 20007	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="6500.00"/>		Transaction ID : SD10.342	
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="6500.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="16400.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DAVIS FOR CONGRESS/FRIENDS OF DAVIS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TCB			Nature of Debt (Purpose): Printing
Mailing Address 215 S.Cicero			
City Chicago	State IL	Zip Code 60644	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="757.00"/>		Transaction ID : SD10.358	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="757.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>			
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>			
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="757.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text" value="40404.71"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text" value="41314.14"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text" value="81718.85"/>