

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: **22**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Miss

FIRST

Antoinette

MI

N.

NICKNAME

"Nette"

LAST

Harris

SUFFIX

J.D., LL.M, Esq.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4308 Ridgedale Drive
Mesquite, Texas 75150

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(318) 201-2156

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Ms.

FIRST

Alisha

MI

NICKNAME

LAST

Epps

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2281 Palomino Street
Mesquite Tx 76149

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(678) 622-0937

9 REPORT TYPE

☐ 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

04 / 28 / 2025

THROUGH

Month

Day

Year

06 / 30 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

03 / 03 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (If any)

13 OFFICE SOUGHT (If known)

Dallas County Justice of the Peace, Precinct 2, Place 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Attorney Antoinette N. Harris		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)	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7,009.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$5,836.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$513.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

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 Attorney Antoinette N. Harris, and my date of birth is September 28, 1992.

My address is 4308 Ridgedale Drive Mesquite, Texas 75150 USA
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 15th day of July, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Attorney Antoinette N. Harris****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5509.73
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5127.10
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 709.47
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 07/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Dunn 6 Contributor address; City; State; Zip Code 2980 Creek Bend Drive Apt. 61 06 New Braunfels TX 78130	7 Amount of contribution (\$) \$105.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley Lolley Contributor address; City; State; Zip Code 205 Summerland Key Lane Lafayette LA 70508	Amount of contribution (\$) \$53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zite Prescott Contributor address; City; State; Zip Code 607 Avoyelles Drive Alexandria LA 71302	Amount of contribution (\$) \$41.56
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Carpenter Brauningner Contributor address; City; State; Zip Code 3909 Brownway Drive College Station TX 77845	Amount of contribution (\$) \$105.75
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.		

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 05/21/20 25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Garrett Law Office, PLLC 6 Contributor address; City; State; Zip Code 325 North Saint Paul Street 3100-8104 Dallas TX 75201	7 Amount of contribution (\$) \$105.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/23/20 25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Antoinette N. Harris, PLLC Contributor address; City; State; Zip Code 2911 Turtle Creek Blvd. Suite 300 Dallas, Texas 75219	Amount of contribution (\$) \$263.89
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark Law, PLLC Contributor address; City; State; Zip Code 7322 Southwest Freeway Suite 1025 Houston, Texas 77074	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Pruitt Jr. Contributor address; City; State; Zip Code 3633 Long Branch Boulevard Rowlett 75088	Amount of contribution (\$) \$10.00
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.		

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seth Minix 6 Contributor address; City; State; Zip Code 5502 Denton Drive Cut Off Dallas TX 75235	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan Latin Contributor address; City; State; Zip Code 13615 Thunder Stone Lane Pearland TX 77584	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Villanueva Contributor address; City; State; Zip Code 672 Quail Lane Coppell TX 75019	Amount of contribution (\$) \$53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Perez Contributor address; City; State; Zip Code 15480 Dallas Pkwy 2098 Dallas TX 75248	Amount of contribution (\$) \$53.04
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.		

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

Attorney Antoinette N. Harris

3 Filer ID (Ethics Commission Filers)**4** Date
06/12/2025**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Tyiah Walker

7 Amount of contribution (\$)

\$10.86

6 Contributor address;

City;

State;

Zip Code

7820 Brownsville Avenue Dallas TX 75216

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
06/15/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nathan Hawks

Amount of contribution (\$)

\$263.90

Contributor address;

City;

State;

Zip Code

3818 North Hall Street 123 Dallas TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/16/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Guy Smith

Amount of contribution (\$)

\$53.04

Contributor address;

City;

State;

Zip Code

8585 Spicewood Springs Road 111 3 Austin TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/16/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Darien Griffith

Amount of contribution (\$)

\$105.75

Contributor address;

City;

State;

Zip Code

1520 N Beckley Ave A pt 1212 Dallas TX 75203

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.

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/16/2025	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darien Griffith</div><div>7 Amount of contribution (\$) \$105.75</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;">6 Contributor address; City; State; Zip Code 1520 N Beckley A veA pt 1212 Dallas TX 75203</div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/20/2025	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Health Harris</div><div>Amount of contribution (\$) \$527.47</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;">Contributor address; City; State; Zip Code 8611 Quicksilver Drive Dallas TX 75249</div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2025	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tai Vuong</div><div>Amount of contribution (\$) \$50.00</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;">Contributor address; City; State; Zip Code 925 Rendon Place Mansfield TX 76063</div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2025	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracie Trotter</div><div>Amount of contribution (\$) \$25.00</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;">Contributor address; City; State; Zip Code 2850 Gareths Sword Drive Lewisville TX 75056</div>	
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.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:**2** FILER NAME

Attorney Antoinette N. Harris

3 Filer ID (Ethics Commission Filers)**4** Date
06/29/2025**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Rodney Baker

7 Amount of contribution (\$)
\$105.75**6** Contributor address;

City;

State;

Zip Code

135 Charleston Lane Royse City TX 75189

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
06/30/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jesus Marques

Amount of contribution (\$)
\$105.75

Contributor address;

City;

State;

Zip Code

3061 Silverton Drive Dallas TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gigi Lewi

Amount of contribution (\$)
\$105.75

Contributor address;

City;

State;

Zip Code

7545 Donnelly Avenue Dallas TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Arielle Williams

Amount of contribution (\$)
\$53.04

Contributor address;

City;

State;

Zip Code

3706 Star Mesa Street Crandall TX 75114

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.

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Coleman II 6 Contributor address; City; State; Zip Code 3113 Kaufman Court Little Elm TX 75068	7 Amount of contribution (\$) \$53.04
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khanay Turner Contributor address; City; State; Zip Code 6805 Briarwood Drive Fort Worth TX 76132	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharita Blacknall Contributor address; City; State; Zip Code 739 Monterey Dr. Rockwall TX 75087	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Pryor Contributor address; City; State; Zip Code 332 Squirebrook Drive DeSoto TX 75115	Amount of contribution (\$) \$105.75
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.		

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myka Watts 6 Contributor address; City; State; Zip Code 2061 Texas Plaza Dr Apt 6205 Irving TX 75062	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Brett Contributor address; City; State; Zip Code 3320 Edwards Drive Plano TX 75025	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Simon Contributor address; City; State; Zip Code 6736 Verde Apt. 364 Irving TX 75039	Amount of contribution (\$) \$10.86
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chivonne Mitchell Contributor address; City; State; Zip Code 1514 Northampton Drive Rowlett TX 75089	Amount of contribution (\$) \$105.75
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.		

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juwan Sims 6 Contributor address; City; State; Zip Code 2627 Live Oak Street 11100 Dallas TX 75204	7 Amount of contribution (\$) \$263.90
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. Nicole Law Contributor address; City; State; Zip Code 1700 Pacific Avenue Suite 1810 Dallas TX 75201	Amount of contribution (\$) \$263.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Shadana Hill Contributor address; City; State; Zip Code 225 Happy Lane Red Oak TX 75154	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirsten Byrd Contributor address; City; State; Zip Code 2022 North Beckley Avenue 1256 Dallas TX 75208	Amount of contribution (\$) \$10.86
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.		

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaehla Outlaw 6 Contributor address; City; State; Zip Code 1601 Elm St apt. 2405 Dallas, TX 75201	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kira Briggs Contributor address; City; State; Zip Code 659 Junction Dr., C306, Allen TX 75013	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Garrett Law Office, PLLC Contributor address; City; State; Zip Code 325 North Saint Paul Street 3100-8104 Dallas TX 75201	Amount of contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jazzmond J. Turner Contributor address; City; State; Zip Code 2901 Lady Bettye Dr., Apt. 2103, Lewisville, Tx 75056	Amount of contribution (\$) \$100.00
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.		

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 Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Jesus Marquez, PLLC 6 Contributor address; City; State; Zip Code 11300 N. Central Expwy. Ste. 370 Dallas, TX 75243	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seth Minix Contributor address; City; State; Zip Code 5502 Denton Drive Cut Off Dallas TX 75235	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Taborn Contributor address; City; State; Zip Code 2522 Magna Vista Dr. Dallas 75216	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrance Alexander Contributor address; City; State; Zip Code 4925 Rasor Blvd Apt 362 Plano, TX 75024	Amount of contribution (\$) \$100.00
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.		

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

Attorney Antoinette N. Harris

3 Filer ID (Ethics Commission Filers)**4** Date
07/15/2025**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Emily Adams

7 Amount of contribution (\$)

\$53.04

6 Contributor address;

City;

State;

Zip Code

4125 Herschel Ave, Dallas, Texas 75219

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

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

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$1,500.00	
5 Date 05/07/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUME Motion Arts, LLC	8 Amount of Contribution \$ \$1,500.00	9 In-kind contribution description Video
7 Contributor address; City; State; Zip Code 816 W Colony Dr Arlington, Texas 76001		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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

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 F1:

5

2 FILER NAME

Attorney Antoinette N. Harris

3 Filer ID (Ethics Commission Filers)

4 Date

05/22/2025

5 Payee name

UPrinting

6 Amount (\$)

\$262.74

7 Payee address;

8000 Haskell Avenue
Van Nuys, CA 91406

City;

State;

Zip Code

8

PURPOSE
OF
EXPENDITURE

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

Printing & Adverting Expense

(b) Description

Flyers

(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

06/02/2025

Payee name

Table Covers Now

Amount (\$)

\$246.65

Payee address;

4000 Greenbriar Dr, Ste 200, Stafford, TX 77477

City;

State;

Zip Code

PURPOSE
OF
EXPENDITURE

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

Advertising Expense

Description

Custom Table Cover

☐ 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

06/03/2025

Payee name

The Galiston on Main

Amount (\$)

\$420.00

Payee address;

215 W Main St, Mesquite, TX 75149

City;

State;

Zip Code

PURPOSE
OF
EXPENDITURE

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

Event Expense

Description

Event Space

☐ 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 06/21/20 25		5 Payee name Banners on the Cheap			
6 Amount (\$) \$134.48		7 Payee address; City; State; Zip Code 11525A Stonehollow Dr Ste 100 Austin, TX, 78758, US			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing & Adverting Expense		(b) Description Retractable Banner		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 06/24/2025		Payee name Amazon			
Amount (\$) \$96.32		Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Party decor		
	<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 06/27/2025		Payee name Amazon			
Amount (\$) \$173.08		Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Party decor		
	<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
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 F1:	2 FILER NAME Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2025	5 Payee name Reggie Spellman		
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 105 Cedar St Edgewood, TX 75117		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Catering
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 06/30/2025	Payee name Beverage Depot		
Amount (\$) \$270.17	Payee address; City; State; Zip Code 2810 Samuell Blvd, Dallas, TX 75223		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Beer, wine, and liquor
	<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			
Date 05/07/2025	Payee name AUME Motion Arts, LLC		
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 816 W Colony Dr Arlington, Texas 76001		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Video
	<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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1:	2 FILER NAME Attorney Antoinette N. Harris	3 Filer ID (Ethics Commission Filers)
4 Date 07/05/2025	5 Payee name UPrinting	
6 Amount (\$) \$477.78	7 Payee address; City; State; Zip Code 8000 Haskell Avenue Van Nuys, CA 91406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing & Adverting Expense	(b) Description Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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
	<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 06/13/2025	Payee name Punchbowl	
Amount (\$) \$95.88	Payee address; City; State; Zip Code 50 Speen Street, Suite 202 Framingham, MA 01701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Electronic Invitations
	<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
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 F1:	2 FILER NAME Attorney Antoinette N. Harris	3 Filer ID (Ethics Commission Filers)
4 Date 04/2/2025	5 Payee name LMG Imagery	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 2129 Bruce Dr Lancaster, Texas 75134	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Photographer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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
	<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	Payee name	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5801 CURZON AVE FORT WORTH, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website design
	<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 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: <u>1</u>		2 FILER NAME Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)	
4 Date 03/31/2025		5 Payee name DFW Inc			
6 Amount (\$) \$342.10 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 321 EXCHANGE DR ARLINGTON, Texas 76011			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing & Adverting Expense		(b) Description T Shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/21/2025		Payee name Armando de La Rosa			
Amount (\$) \$367.37 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4937 Stuart Rd TRLR 346, Denton, TX 76207			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Graphic design		
	<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		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Filer name

Antoinette N. Harris

Filer ID #

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. 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.
3. 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.
4. 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 \$33,910 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.
5. I am filing this affidavit with the _____ report due on _____.
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 Antoinette N. Harris and my date of birth is 9/28/1992
My address is 4308 Ridgeway Dr (street) Mesquite (city) TX (state) 75050 (zip code) USA (country)
Executed in Dallas County, State of TX, on the 15 day of July, 2025
(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**