

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Miss FIRST Antoinette MI N NICKNAME LAST SUFFIX "Nette" Harris J.D., LL.M, Esq.			OFFICE USE ONLY Date Received BY John P. Walker JOHN P. WALKER COUNTY CLERK DALLAS COUNTY DEPUTY Date Hand-delivered or Date Postmarked 2026 JAN 15 PM 4:17 Receipt # 4 Amount 7 Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4308 Ridgedale Drive Mesquite, Texas 75150 <input type="checkbox"/> Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (318) 2012156				
6 CAMPAIGN TREASURER NAME MS / MRS / MR Ms. FIRST Alisha MI NICKNAME LAST SUFFIX Epps				
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 2281 Palomino Street Mesquite Tx 76149 STATE; ZIP CODE (Residence or Business)				
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (678) 622-0937				
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month Day Year 07 / 01 / 2025 THROUGH 12 / 31 / 2025				
11 ELECTION ELECTION DATE Month Day Year 03 / 03 / 2025			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____	
12 OFFICE OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Dallas County Justice of the Peace, Precinct 2, Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages			THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
			COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

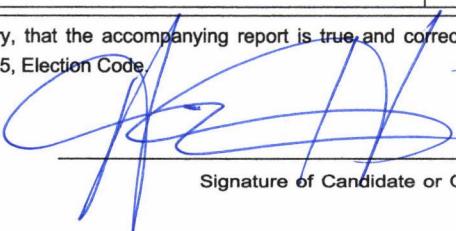
FORM C/OH COVER SHEET PG 2

15 C/OH NAME
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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,259.77 here
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,943.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,315.88
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,315.88

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

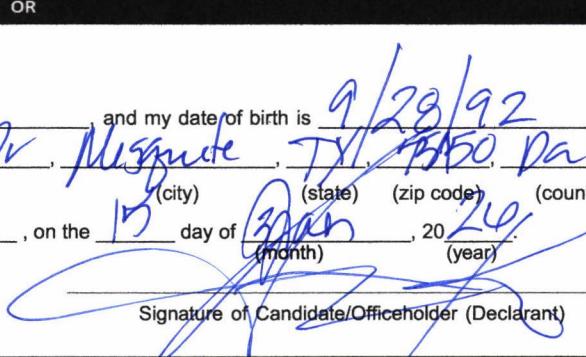
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Antoinette N. Harris and my date of birth is 9/28/92.
My address is 4308 Ridge Dale Dr. Misquite TX 75150 Dallas.
Executed in Dallas County, State of TX, on the 15 day of October, 20 2024.


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	<i>Attorney Jennifer N. Harris</i>	
20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3,259.77	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,943.89	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**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 K: 1
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/25	5 Name of person from whom amount is received Paul Wingo	8 Amount (\$) 5,000
	6 Address of person from whom amount is received; City; State; Zip Code 325 N. St.. Paul St., Dallas, TX 75201	
	7 Purpose for which amount is received Contribution Refund	
Date 11/8/2025	Name of person from whom amount is received Aubrey Boswell, PLLC	Amount (\$) 5,000
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Contribution Refund	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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)
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4 Date Jan 6, 2026	5 Payee name Sinage Systems
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6 Amount (\$) \$242.48	7 Payee address; 7900 Ferguson Rd, Dallas, TX 75228	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing and Advertising Expense	(b) Description Yard Signs
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Aug 13, 2025	5 Payee name Texas Democratic Party		
6 Amount (\$) \$1115.00	7 Payee address; 314 Highland Blvd, Austin, TX, 78752 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Canvassing Expense		(b) Description VAN
	(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 September 1, 2025	Payee name Dallas County Democratic Party		
Amount (\$) \$200.00	Payee address; 1414 N Washington Ave, Dallas, TX 75204 City; State; Zip Code		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 2025 Labor Day Vendor Booth
	<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 Aug 24, 2025	Payee name UPrinting		
Amount (\$) \$545.98	Payee address; 8000 Haskell Avenue Van Nuys, CA 91406 City; State; Zip Code		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing and Advertising Expense		Description Campaign Literature
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 December 07, 2025	5 Payee name Bankem		
6 Amount (\$) \$286.86	7 Payee address; City; State; Zip Code 2357 S COLLINS, EAST ARLINGTON, TX 76014		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing and Advertising Expense		(b) Description Campagin Literature
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
			Office held
Date December 9, 2025	Payee name MOD Media		
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 181 County Line Road, Rockwall, TX 75032		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mobile Marketng
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
			Office held
Date Jul 5, 2025	Payee name UP inting		
Amount (\$) \$477.78	Payee address; City; State; Zip Code 8000 Haskell Avenue Van Nuys, CA 91406		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing and Advertising Expense		Description Campagin Literature
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Nov 16, 2025	5 Payee name Bands of Hope		
6 Amount (\$) \$127.05	7 Payee address; P.O. Box 850442, Richardson, TX 75085-0442 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Charity Gala
	(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
Date July 7, 2025		Payee name 215 Prints	
Amount (\$) \$170.09		Payee address; City; State; Zip Code 1849 Emerson St, Ste A, Philadelphia, PA 19152	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing and Advertising Expense		Description Campagin Literature
	<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
Date July 4, 2025		Payee name Dollar General	
Amount (\$) \$16.33		Payee address; City; State; Zip Code 100 Mission Ridge, Goodlettsville, Tennessee 37072	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 July 17, 2025	5 Payee name DFW Ink		
6 Amount (\$) \$432.21	7 Payee address; 321 Exchange Dr, Arlington, TX 76011 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing and Advertising Expense		(b) Description Shirts
	(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 August 4, 2025	Payee name Donut King		
Amount (\$) \$59.75	Payee address; City; State; Zip Code 11500 Jupiter Rd # 108, Dallas, TX 75218		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Back to School Event
	<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 August 11, 2025	Payee name Walmart		
Amount (\$) \$115.31	Payee address; City; State; Zip Code 702 SW 8th Street, Bentonville, Arkansas, 72716		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution made by Candidate		Description School Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
			Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 August 13, 2025	5 Payee name Prime Time Sports		
6 Amount (\$) \$325.00	7 Payee address; Mesquite, Texas City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Mady By Candidate		(b) Description Student Sponsorship
	(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 September 9, 2025	Payee name Memento		
Amount (\$) \$59.88	Payee address; City; State; Zip Code 145, 3553 31 Street NW, Calgary, AB T2L 2K7, Canada		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Event Photograph Database
	<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 Sept 19, 2025	Payee name DFW Custom Imprints		
Amount (\$) \$3,021.76	Payee address; City; State; Zip Code 3710 Rawlins St. Suite 1420, Dallas, Texas 75219		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing and Advertising Expense		Description Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 Oct 24, 2025	5 Payee name Amazon		
6 Amount (\$) \$46.48	7 Payee address; 410 Terry Ave N, Seattle, WA 98109 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signage Equipment
	(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
Date Decemb e 07, 2025		Payee name Dallas County Democratic Party	
Amount (\$) \$1,000.00		Payee address; 1414 N Washington Ave, Dallas, TX 75204 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Filing Fee
	<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
Date Dec 27, 2025		Payee name Sam's Club	
Amount (\$) \$201.93		Payee address; 2101 SE Simple Savings Dr #2101, Bentonville, AR 72712 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation		Description Christmas Candy
	<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			

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: <u>1</u>
2 FILER NAME Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date July 4, 2025	5 Full name of contributor Haley Lolley 6 Contributor address; 205 Summerland Key Lane Lafayette LA 70508	7 Amount of contribution (\$) \$53.04
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date July 6, 2025	Full name of contributor Zite Prescott Contributor address; Avoyelles Drive Alexandria LA 71302	Amount of contribution (\$) \$41.56
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date July 8, 2025	Full name of contributor Ashley Carpenter Braunerger Contributor address; 3909 Brownway Drive College Station TX 77845	Amount of contribution (\$) \$105.74
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date July 15, 2025	Full name of contributor Emily Adams Contributor address; 4125 Herschel Ave Dallas TX 75219	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 July 28, 2025	5 Full name of contributor Brianna Gordon	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 5300 The Station Blvd Sachse TX 75048	7 Amount of contribution (\$) \$ 5304
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date Aug 3, 2025	Full name of contributor Clark Law, PLLC	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 7322 Southwest Fwy Suite 1025 Houston TX 77074	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Aug 6, 2025	Full name of contributor Zite Prescott	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 3708 Vermont Street Alexandria LA 71302	Amount of contribution (\$) \$207.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Sep 13, 2025	Full name of contributor Nick Burns	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 12158 Diamond Creek Drive Frisco TX 75035	Amount of contribution (\$) \$53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Attorney Antoinette N. Harris			3 Filer ID (Ethics Commission Filers)
4 Date Aug 19, 2025	5 Full name of contributor TK Stewart	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 1041 Easter Street Crystal Springs MS 39059	7 Amount of contribution (\$) \$53.04
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date Aug 25, 2025	Full name of contributor Zite Prescott	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 3708 Vermont Street Alexandria LA 71302	Amount of contribution (\$) \$20.78
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Aug 25, 2025	Full name of contributor Myron Lawson	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 3504 Masonic Dr Alexandria LA 71301	Amount of contribution (\$) \$263.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Sep 27, 2025	Full name of contributor Michael Howard	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 321 Willow Oak Dr Fort Worth TX 76112	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Attorney Antoinette N. Harris			3 Filer ID (Ethics Commission Filers)
4 Date Sept 28, 2025	5 Full name of contributor Monique Ward	<input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 1017 Twin Creek Drive DeSoto TX 75115	7 Amount of contribution (\$) \$263.90
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date Nov 1, 2025	Full name of contributor Dana Mitchell	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 824 Yosemite Trail Mesquite TX 75149	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Nov 4, 2025	Full name of contributor Cynthia A Hodges	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 3916 Shackelford Dr Mesquite TX 75150	Amount of contribution (\$) \$53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Nov 11, 2025	Full name of contributor Derek Avery	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1117 Germany Drive Cedar Hill TX 75104	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>2 FILER NAME Attorney Antoinette N. Harris</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date Nov 13, 2025</p>	<p>5 Full name of contributor Bruce Johnson</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>7 Amount of contribution (\$) \$42.00</p>
<p>6 Contributor address; City; State; Zip Code 7950 Quest Court Frisco TX 75035</p>			
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date Nov 18, 2025</p>	<p>Full name of contributor Leslie Montena</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$) \$105.75</p>
<p>Contributor address; City; State; Zip Code 4417 Shady Lane Rowlett TX 75089</p>			
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date Nov 18, 2025</p>	<p>Full name of contributor Kira Briggs</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$) \$53.04</p>
<p>Contributor address; City; State; Zip Code 659 Junction Dr. C306 Allen TX 75013</p>			
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date Nov 18, 2025</p>	<p>Full name of contributor Syvondia Bailey</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u> </u>)</p>	<p>Amount of contribution (\$) \$105.75</p>
<p>Contributor address; City; State; Zip Code 610 Uptown Blvd, Suite 2000, Cedar Hill, TX 75104</p>			
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>2 FILER NAME Attorney Antoinette N. Harris</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date Nov 25, 2025</p>	<p>5 Full name of contributor Justin Brett</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:_ _____)</p>	<p>7 Amount of contribution (\$) \$105.75</p>
	<p>6 Contributor address; 3320 Edwards Drive Plano TX 75025</p>	<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date Nov 29, 2025</p>	<p>Full name of contributor Clark Law, PLLC</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:_ _____)</p>	<p>Amount of contribution (\$) \$263.90</p>
	<p>Contributor address; 7322 Southwest Freeway, Suite 1025, Houston, Texas 77074</p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date Dec 23, 2025</p>	<p>Full name of contributor Lashica Walton</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:_ _____)</p>	<p>Amount of contribution (\$) \$263.90</p>
	<p>Contributor address; 3232 McKinney Avenue, Suite 500, PMB #1323, Dallas, TX 75204</p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:_ _____)</p>	<p>Amount of contribution (\$)</p>
	<p>Contributor address;</p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 Date July 1, 2025	5 Full name of contributor H. Nicole Law 6 Contributor address; 1700 Pacific Avenue Suite 1810 Dallas TX 75201	7 Amount of contribution (\$) \$263.90
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date July 1, 2025	Full name of contributor Dr. Shadana Hill Contributor address; 225 Happy Lane Red Oak TX 75154	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date July 3, 2025	Full name of contributor Kiristen Byrd Contributor address; 2022 North Beckley Avenue 1256 Dallas TX 75208	Amount of contribution (\$) \$10.86
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date July 3, 2025	Full name of contributor Benjamin Dunn Contributor address; 2980 Creek Bend Drive Apt. 6106 New Braunfels TX 78130	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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LOANS

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