

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: 18								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Miss Antoinette N <hr/> NICKNAME LAST SUFFIX "Nette" Harris J.D., LL.M, Esq.		OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> BY _____ JOHN E. WALKER COUNTY CLERK DALLAS COUNTY DEPUTY </div> <div style="text-align: right;"> 2026 JAN 15 PM 4:17 FILED </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4308 Ridgedale Drive Mesquite, Texas 75150										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (318) 2012156										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Alisha <hr/> NICKNAME LAST SUFFIX Epps										
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	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2025 THROUGH 12 / 31 / 2025										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 03 / 03 / 2025 </div> <div style="flex: 1;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <div style="clear: both; text-align: center; font-weight: bold;">Dallas County Justice of the Peace, Precinct 2, Place 2</div>										
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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
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**

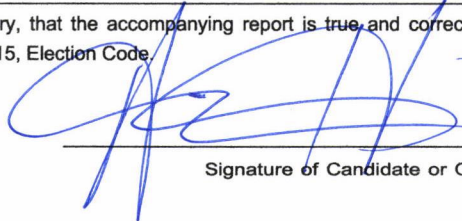
**OUTSTANDING
LOAN TOTALS**

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 Ridgedale Dr (street) Mesquite (city) TX (state) 75201 (zip code) Dallas (country)

Executed in Dallas County, State of TX, on the 15 day of March, 2024 (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	\$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 6 Address of person from whom amount is received; City; State; Zip Code 325 N. St.. Paul St., Dallas, TX 75201	8 Amount (\$) 5,000
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Contribution Refund		
Date 11/8/2025	Name of person from whom amount is received Aubrey Boswell, PLLC Address of person from whom amount is received; City; State; Zip Code	Amount (\$) 5,000
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Contributiion Refund		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> 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
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: <u>7</u>	2 FILER NAME Attorney Antoinette N. Harris	3 Filer ID (Ethics Commission Filers)
4 Date Jan 6, 2026	5 Payee name Sinage Systems	
6 Amount (\$) \$242.48	7 Payee address; 7900 Ferguson Rd, Dallas, TX 75228 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 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
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 (\$)	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

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 Aug 13, 2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$1115.00	7 Payee address; City; State; Zip Code 314 Highland Blvd, Austin, TX, 78752	
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 ONLY 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; City; State; Zip Code 1414 N Washington Ave, Dallas, TX 75204	
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 ONLY 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; 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 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 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
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 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 <u>ONLY</u> 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 Markerting
	<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 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 <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 Nov 16, 2025	5 Payee name Bands of Hope	
6 Amount (\$) \$127.05	7 Payee address; City; State; Zip Code P.O. Box 850442, Richardson, TX 75085-0442	
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 Office held
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 Office held
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
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 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; 11500 Jupiter Rd # 108, Dallas, TX 75218 City; State; Zip Code	
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; 702 SW 8th Street, Bentonville, Arkansas, 72716 City; State; Zip Code	
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
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 August 13, 2025		5 Payee name Prime Time Sports			
6 Amount (\$) \$325.00		7 Payee address; City; State; Zip Code Mesquite, Texas			
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
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 Oct 24, 2025	5 Payee name Amazon	
6 Amount (\$) \$46.48	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109	
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 Office held
Date Decemb 07, 2025	Payee name Dallas County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1414 N Washington Ave, Dallas, TX 75204	
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 Office held
Date Dec 27, 2025	Payee name Sam's Club	
Amount (\$) \$201.93	Payee address; City; State; Zip Code 2101 SE Simple Savings Dr #2101, Bentonville, AR 72712	
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: 7

2 FILER NAME

Attorney Antoinette N. Harris

3 Filer ID (Ethics Commission Filers)

4 Date
July 4, 2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Haley Lolley

7 Amount of contribution (\$)
\$53.04

6 Contributor address;

City;

State;

Zip Code

205 Summerland Key Lane Lafayette LA 70508

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
July 6, 2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Zite Prescott

Amount of contribution (\$)
\$41.56

Contributor address;

City;

State;

Zip Code

Avoyelles Drive Alexandria LA 71302

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
July 8, 2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ashley Carpenter Brauninger

Amount of contribution (\$)
\$105.74

Contributor address;

City;

State;

Zip Code

3909 Brownway Drive College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
July 15, 2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Emily Adams

Amount of contribution (\$)
\$53.04

Contributor address;

City;

State;

Zip Code

4125 Herschel Ave Dallas TX 75219

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Brianna Gordon 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark Law, PLLC 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zite Prescott 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Burns 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)
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 Aug 19, 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TK Stewart	7 Amount of contribution (\$) \$53.04
6 Contributor address; City; State; Zip Code 1041 Easter Street Crystal Springs MS 39059		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug 25, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zite Prescott	Amount of contribution (\$) \$20.78
Contributor address; City; State; Zip Code 3708 Vermont Street Alexandria LA 71302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 25, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myron Lawson	Amount of contribution (\$) \$263.90
Contributor address; City; State; Zip Code 3504 Masonic Dr Alexandria LA 71301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Sep 27, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Howard	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 321 Willow Oak Dr Fort Worth TX 76112		
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 Sept 28, 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monique Ward	7 Amount of contribution (\$) \$263.90
6 Contributor address; City; State; Zip Code 1017 Twin Creek Drive DeSoto TX 75115		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Nov 1, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana Mitchell	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 824 Yosemite Trail Mesquite TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Nov 4, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia A Hodges	Amount of contribution (\$) \$53.04
Contributor address; City; State; Zip Code 3916 Shackelford Dr Mesquite TX 75150		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Nov 11, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek Avery	Amount of contribution (\$) \$105.75
Contributor address; City; State; Zip Code 1117 Germany Drive Cedar Hill TX 75104		
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 Nov 13, 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Johnson 6 Contributor address; City; State; Zip Code 7950 Quest Court Frisco TX 75035	7 Amount of contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Nov 18, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Montena Contributor address; City; State; Zip Code 4417 Shady Lane Rowlett TX 75089	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Nov 18, 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 (\$) \$53.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Nov 18, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syvondia Bailey Contributor address; City; State; Zip Code 610 Uptown Blvd, Suite 2000, Cedar Hill, TX 75104	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 Nov 25, 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Brett 6 Contributor address; City; State; Zip Code 3320 Edwards Drive Plano TX 75025	7 Amount of contribution (\$) \$105.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Nov 29, 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 (\$) \$263.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Dec 23, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lashica Walton Contributor address; City; State; Zip Code 3232 McKinney Avenue, Suite 500, PMB #1323, Dallas, TX 75204	Amount of contribution (\$) \$263.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 1, 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. Nicole Law 6 Contributor address; City; State; Zip Code 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 <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 July 3, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiristen 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)
Date July 3, 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Dunn Contributor address; City; State; Zip Code 2980 Creek Bend Drive Apt. 6106 New Braunfels TX 78130	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.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME Attorney Antoinette N. Harris		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ \$10,000.00
5 Date of loan July 1, 2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Office of Antoinette N. Harris, PLLC	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 2911 Turtle Creek Blvd. Suite 300 Dallas, Texas 75219	10 Interest rate 0%
		11 Maturity date Jan 1, 2027
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor Attorney Antoinette N. Harris	19 Amount Guaranteed (\$) \$10,000.00
	18 Guarantor address; City; State; Zip Code 2911 Turtle Creek Blvd., Suite 300, Dallas, Texas 75219	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		