CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Ms. Regina A NAME Date Received NICKNAME LAST SUFFIX Harris 7/15/25 @ 2:50pm 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE #: CITY: STATE ZIP CODE **OFFICEHOLDER** Dallas TX 75243 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST TREASURER Mrs. Shreill **Date Processed** NAME NICKNAME LAST SUFFIX Date Imaged Walls STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** Plano. Texas 75025 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day COVERED 30 25 6 25 THROUGH ELECTION DATE FLECTION TYPE 11 ELECTION Primary Other Month Day Year Description 3 25 General Special 5 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Richardson ISD Board of Trustees | Trustee - District 4 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

Recd 7/15/25 @ 2:50 pm - Email

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Regina Ann Harris | | Filer ID (Ethics Commission Filers) | |
|--|---------------------------|-------------------------------------|--|
| 17 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS OF GUARANTEES OF LOCAL CONTRIBUTIONS MADE ELECTRONICALLY | OANS, OR \$ | 0.00 | |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR | RANTEES OF LOANS) | 0.00 | |
| TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | JRE. \$ | 0.00 | |
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 0.00 | |
| CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD | AINED AS OF THE LAST DAY | 0.00 | |
| OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA | ANDING LOANS AS OF THE \$ | 0.00 | |

Regina Harris
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, w | vitness 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 Regina Harris | | , and my date | of birth is | | |
| My address is | | Dallas | TX | 75243 | USA |
| Executed in Dallas | (street) _County, State of _Texas, on | the 15 day | | (zip code) | (country) |
| | | Signature | of Candidate/Of | fficeholder (De | eclarant) |