

Rec'd 1/15/26 @ 1:40pm

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>				<b>FORM C/OH COVER SHEET PG 1</b>	
<b>The C/OH Instruction Guide explains how to complete this form.</b>			<b>1 Filer ID (Ethics Commission Filers)</b>		<b>2 Total pages filed:</b> <div style="font-size: 24px; text-align: center;">2</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Ms.</div> <div>Regina</div> <div>A.</div> </div> <hr style="border: 0; border-top: 1px dashed black; margin: 2px 0;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div>			<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 2px;"> Date Received   <div style="font-size: 24px; color: blue;">1/15/26 @ 1:40pm</div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="background-color: black; width: 150px; height: 1.2em;"></div></div> <div>Dallas</div> <div>TX</div> <div>75243</div> </div>			<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 2px; display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px;"> Date Processed </div> <div style="border: 1px solid black; padding: 2px;"> Date Imaged </div>	
<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="background-color: black; width: 150px; height: 1.2em;"></div></div> <div></div> <div></div> </div>					
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="background-color: black; width: 150px; height: 1.2em;"></div></div> <div>Dallas</div> <div>TX</div> <div>75243</div> </div>			<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 2px; display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px;"> Date Processed </div> <div style="border: 1px solid black; padding: 2px;"> Date Imaged </div>	
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="background-color: black; width: 150px; height: 1.2em;"></div></div> <div></div> <div></div> </div>				
<b>6 CAMPAIGN TREASURER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Mrs.</div> <div>Shreill</div> <div></div> </div> <hr style="border: 0; border-top: 1px dashed black; margin: 2px 0;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>Walls</div> <div></div> </div>			<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 2px; display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px;"> Date Processed </div> <div style="border: 1px solid black; padding: 2px;"> Date Imaged </div>	
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="background-color: black; width: 150px; height: 1.2em;"></div></div> <div>Plano,</div> <div>Texas</div> <div>75025</div> </div>				
<b>8 CAMPAIGN TREASURER PHONE</b>	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="background-color: black; width: 150px; height: 1.2em;"></div></div> <div></div> <div></div> </div>			<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 2px; display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px;"> Date Processed </div> <div style="border: 1px solid black; padding: 2px;"> Date Imaged </div>	
<b>9 REPORT TYPE</b>	<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>				
<b>10 PERIOD COVERED</b>	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  7    /    1    /    25 </div> <div>THROUGH</div> <div> Month    Day    Year  12    /    31    /    25 </div> </div>			<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 2px; display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px;"> Date Processed </div> <div style="border: 1px solid black; padding: 2px;"> Date Imaged </div>	
<b>11 ELECTION</b>	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  /    / </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>				
<b>12 OFFICE</b>	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any)  Richardson ISD Board of Trustees </div> <div> <b>13 OFFICE SOUGHT (if known)</b>  Trustee - District 4 </div> </div>			<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 2px; display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px;"> Date Processed </div> <div style="border: 1px solid black; padding: 2px;"> Date Imaged </div>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	<div style="border: 1px solid black; padding: 2px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;"> COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC </td> <td style="border: 1px solid black; padding: 2px;"> COMMITTEE NAME   COMMITTEE ADDRESS   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table> </div>				
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  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

<b>15 C/OH NAME</b> Regina Ann Harris		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**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.

*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, 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 Regina Harris, and my date of birth is                     .

My address is                     , Dallas, TX, 75243, USA.

Executed in Dallas County, State of Texas, on the 15 day of January, 2026.

*Regina Harris*  
Signature of Candidate/Officeholder (Declarant)