

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

|  |  |   |   |
|--|--|---|---|
| The GPAC Instruction Guide explains how to complete this form.                         |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00054608  | 2 Total pages filed:<br>27  |
| 3 COMMITTEE NAME<br>Conner Harrington Republican Women                                 |  |   | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>01/06/2026<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P. O. Box 865104<br><br>Plano, TX 75086  |   |   |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Ms. Jenny L.<br>NICKNAME LAST SUFFIX<br>McCall   |   |   |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>5949 Burgandy Street<br><br>Plano, TX 75093   |   |   |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |   |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(214) 244-2652   |   |   |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |   |   |
| 10 PERIOD COVERED  | Month Day Year<br>07/01/2025 THROUGH Month Day Year<br>12/31/2025  |   |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |  |  |
|---|--|--|
| <b>12 COMMITTEE NAME</b><br>Conner Harrington Republican Women  |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00054608  |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported   |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported   |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |  |
|   | <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
| <b>EXPENDITURE TOTALS</b>   | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 6,564.77  |
|   | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00  |
| <b>CONTRIBUTION BALANCE</b>   | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 6,080.46  |
|   | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 27,879.28   |
| <b>OUTSTANDING LOAN TOTALS</b>  | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 0.00  |

## 16 AFFIDAVIT

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.

Ms. Jenny L. McCall

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 27

|  |   |   |
|--|---|---|
| <b>17 COMMITTEE NAME</b><br>Conner Harrington Republican Women |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00054608 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE               |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 6,564.77   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.   | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.   | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 6,080.46   |
| 11.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/12 Rpt: 4/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608 |
| <b>4</b> Date<br>12/17/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Albertson, Sharron<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>07/04/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Backous, Cheryl<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75075                      | Amount of Contribution (\$)<br><br>\$96.02               |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)                              |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Baird, Kay<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                           | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Account Manager  |  | Employer (See Instructions)                              |
| Date<br>08/06/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Braun, Juanita<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023                       | Amount of Contribution (\$)<br><br>\$45.00               |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)                              |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Braun, Juanita<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023                       | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/12 Rpt: 5/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608 |
| <b>4</b> Date<br>11/06/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carmody, Kathy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.35      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Screen Printing |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>07/31/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crowell, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75287                | Amount of Contribution (\$)<br><br>\$193.48              |
| Principal occupation / Job title (See Instructions)<br>Nurse                    |  | Employer (See Instructions)                              |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crowell, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75287                | Amount of Contribution (\$)<br><br>\$65.00               |
| Principal occupation / Job title (See Instructions)<br>Nurse                    |  | Employer (See Instructions)                              |
| Date<br>08/06/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dees, Diane<br><hr/> Contributor address; City; State; Zip Code<br><br>Richardson, TX 75080-2300            | Amount of Contribution (\$)<br><br>\$90.00               |
| Principal occupation / Job title (See Instructions)<br>Nutritional Consultant   |  | Employer (See Instructions)                              |
| Date<br>12/05/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dodson, Lynn<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75070                  | Amount of Contribution (\$)<br><br>\$165.00              |
| Principal occupation / Job title (See Instructions)<br>Homemaker                |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/12 Rpt: 6/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608 |
| <b>4</b> Date<br>08/06/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dorrance, Cheryl<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074 | <b>7</b> Amount of Contribution (\$)<br><br>\$95.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/24/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dorrance, Cheryl<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074                   | Amount of Contribution (\$)<br><br>\$110.00              |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)                              |
| Date<br>07/08/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Faber, Christine<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023                   | Amount of Contribution (\$)<br><br>\$45.00               |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)                              |
| Date<br>08/05/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flint, George<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75075                      | Amount of Contribution (\$)<br><br>\$46.80               |
| Principal occupation / Job title (See Instructions)<br>Attorney         |  | Employer (See Instructions)                              |
| Date<br>08/14/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flint, George<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75075                      | Amount of Contribution (\$)<br><br>\$241.10              |
| Principal occupation / Job title (See Instructions)<br>Attorney         |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/12 Rpt: 7/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608 |
| <b>4</b> Date<br>07/31/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gough, Jane<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75025 | <b>7</b> Amount of Contribution (\$)<br><br>\$46.80      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gough, Jane<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75025                   | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                              |
| Date<br>12/17/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Grigg, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75072               | Amount of Contribution (\$)<br><br>\$150.00              |
| Principal occupation / Job title (See Instructions)<br>Internal Auditor |   | Employer (See Instructions)                              |
| Date<br>08/06/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Halsey, Sandra<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023                | Amount of Contribution (\$)<br><br>\$270.00              |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                              |
| Date<br>12/17/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Halsey, Sandra<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023                | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/12 Rpt: 8/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608 |
| <b>4</b> Date<br>12/17/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harrington, Laura<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Homemaker  |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/25/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hill, Chris<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75072                      | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)<br>Collin County Judge |   | Employer (See Instructions)                              |
| Date<br>07/25/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Diane<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074                      | Amount of Contribution (\$)<br><br>\$90.00               |
| Principal occupation / Job title (See Instructions)<br>Retired             |   | Employer (See Instructions)                              |
| Date<br>11/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Diane<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074                      | Amount of Contribution (\$)<br><br>\$200.00              |
| Principal occupation / Job title (See Instructions)<br>Retired             |   | Employer (See Instructions)                              |
| Date<br>07/31/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Kelly Ann<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                  | Amount of Contribution (\$)<br><br>\$240.78              |
| Principal occupation / Job title (See Instructions)<br>Manager             |   | Employer (See Instructions)                              |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/12 Rpt: 9/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608 |
| <b>4</b> Date<br>12/16/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Kelly Ann<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093 | <b>7</b> Amount of Contribution (\$)<br><br>\$199.76     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Manager |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Joyce<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75025                         | Amount of Contribution (\$)<br><br>\$46.80               |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)                              |
| Date<br>12/05/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Joyce<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75025                         | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)                              |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kallas, Amy<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75072                       | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Nurse            |  | Employer (See Instructions)                              |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kriss, Joanna<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                        | Amount of Contribution (\$)<br><br>\$125.00              |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/12 Rpt: 10/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>11/18/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martinez, Amy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Lucas, TX 75002 | <b>7</b> Amount of Contribution (\$)<br><br>\$23.97       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales |   | <b>9</b> Employer (See Instructions)                      |
| Date<br>12/05/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McCall, Jenny<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                   | Amount of Contribution (\$)<br><br>\$125.00               |
| Principal occupation / Job title (See Instructions)<br>retired        |   | Employer (See Instructions)                               |
| Date<br>11/06/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McDermott, Francine<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75070          | Amount of Contribution (\$)<br><br>\$41.97                |
| Principal occupation / Job title (See Instructions)<br>Retired        |   | Employer (See Instructions)                               |
| Date<br>07/31/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McNamara, Denise<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75252               | Amount of Contribution (\$)<br><br>\$93.60                |
| Principal occupation / Job title (See Instructions)<br>Consultant     |   | Employer (See Instructions)                               |
| Date<br>07/04/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miklosh, Corrine<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                | Amount of Contribution (\$)<br><br>\$46.80                |
| Principal occupation / Job title (See Instructions)<br>retired        |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 8/12 Rpt: 11/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>11/06/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miklosh, Corrine<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093 | <b>7</b> Amount of Contribution (\$)<br><br>\$127.38      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired     |  | <b>9</b> Employer (See Instructions)                      |
| Date<br>11/07/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miller, Paula<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75070                   | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>Professor            |  | Employer (See Instructions)                               |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morris, Deborah<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023                    | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>Photographer         |  | Employer (See Instructions)                               |
| Date<br>11/07/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mott, Maria<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                        | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>Business Owner       |  | Employer (See Instructions)                               |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Noble, Candy<br><hr/> Contributor address; City; State; Zip Code<br><br>Lucas, TX 75002                       | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>State Representative |  | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/12 Rpt: 12/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>07/31/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Purdy, Carolyn<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Fairview, TX 75069 | <b>7</b> Amount of Contribution (\$)<br><br>\$46.80       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |   | <b>9</b> Employer (See Instructions)                      |
| Date<br>07/25/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reeves, Sue<br><hr/> Contributor address; City; State; Zip Code<br><br>Fairview, TX 75069                      | Amount of Contribution (\$)<br><br>\$45.00                |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                               |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reynolds, Daryl<br><hr/> Contributor address; City; State; Zip Code<br><br>Parker, TX 75002-3027               | Amount of Contribution (\$)<br><br>\$25.00                |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                               |
| Date<br>11/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reynolds, Daryl<br><hr/> Contributor address; City; State; Zip Code<br><br>Parker, TX 75002-3027               | Amount of Contribution (\$)<br><br>\$125.00               |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                               |
| Date<br>07/25/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rippel, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                       | Amount of Contribution (\$)<br><br>\$65.00                |
| Principal occupation / Job title (See Instructions)<br>Judge            |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/12 Rpt: 13/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608   |
| <b>4</b> Date<br>11/07/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sealy, LaVeta<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75025 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired  |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Self, Keith<br>Contributor address; City; State; Zip Code<br><br>McKinney, TX 75071-1548             | Amount of Contribution (\$)<br><br>\$90.00                 |
| Principal occupation / Job title (See Instructions)<br>U.S. Congressman  |   | Employer (See Instructions)                                |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Slaughter, Michael<br>Contributor address; City; State; Zip Code<br><br>McKinney, TX 75069           | Amount of Contribution (\$)<br><br>\$45.00                 |
| Principal occupation / Job title (See Instructions)<br>Landscape Company |   | Employer (See Instructions)                                |
| Date<br>11/25/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Slaughter, Michael<br>Contributor address; City; State; Zip Code<br><br>McKinney, TX 75069           | Amount of Contribution (\$)<br><br>\$482.06                |
| Principal occupation / Job title (See Instructions)<br>Landscape Company |   | Employer (See Instructions)                                |
| Date<br>12/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Lissa<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230                   | Amount of Contribution (\$)<br><br>\$96.35                 |
| Principal occupation / Job title (See Instructions)<br>Human Relations   |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 11/12 Rpt: 14/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608   |
| <b>4</b> Date<br>07/08/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Sara<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75075 | <b>7</b> Amount of Contribution (\$)<br><br>\$45.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/18/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sposito, Danielle<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074             | Amount of Contribution (\$)<br><br>\$38.45                 |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                                |
| Date<br>11/25/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stovall, Janet<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                | Amount of Contribution (\$)<br><br>\$99.88                 |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                                |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Terrill, Minerva<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093              | Amount of Contribution (\$)<br><br>\$90.00                 |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                                |
| Date<br>12/17/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Watson, Dona<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75086                  | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 12/12 Rpt: 15/27 |
| <b>2</b> FILER NAME<br>Conner Harrington Republican Women               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608   |
| <b>4</b> Date<br>08/04/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Weaver, Cody<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.02        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Realtor |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>08/15/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williams, Shelby<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024               | Amount of Contribution (\$)<br><br>\$90.00                 |
| Principal occupation / Job title (See Instructions)<br>Technology       |  | Employer (See Instructions)                                |
| Date<br>07/31/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Willis, Jill<br><hr/> Contributor address; City; State; Zip Code<br><br>Allen, TX 75013                   | Amount of Contribution (\$)<br><br>\$93.60                 |
| Principal occupation / Job title (See Instructions)<br>Judge            |  | Employer (See Instructions)                                |
| Date<br>12/17/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Yancey, Jane<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074                   | Amount of Contribution (\$)<br><br>\$125.00                |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)                                |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/12 Rpt: 16/27   | <b>2</b> FILER NAME<br>Conner Harrington Republican Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>09/03/2025   | <b>5</b> Payee name<br>Collin County Republican Headquarters  |   |
| <b>6</b> Amount (\$)<br>\$150.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2963 W. 15th St. #2981<br><br>Plano, TX 75075            |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting room rental       |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |   |
| Date<br>11/07/2025  | Candidate/Officeholder name<br>Halsey, Sandra   |   |
| Amount (\$)<br>\$355.55<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>2600 Bengal Lane<br><br>Plano, TX 75023  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Conventions reimbursement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Date<br>07/03/2025  | Candidate/Officeholder name<br>Icontact   |   |
| Amount (\$)<br>\$29.23<br><br><input type="checkbox"/> Expenditure from corporate funds           | Office sought<br>2121 RDU Center Drive<br>4th Floor<br>Morrisville, NC 27560                              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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:<br>Sch: 2/12 Rpt: 17/27                                    | 2 FILER NAME<br>Conner Harrington Republican Women  | 3 Filer ID (Ethics Commission Filers)<br>00054608  |
| 4 Date<br>08/04/2025  | 5 Payee name<br>Icontact  |  |
| 6 Amount (\$)<br>\$29.23<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>2121 RDU Center Drive<br>4th Floor<br>Morrisville, NC 27560 |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| 9 Complete ONLY if direct expenditure to benefit C/OH                                 |   |  |
| Date<br>09/04/2025  | Candidate/Officeholder name Office sought Office held   |  |
| Payee name<br>Icontact  |   |  |
| Amount (\$)<br>\$29.23<br><input type="checkbox"/> Expenditure from corporate funds   | Payee address; City; State; Zip Code<br>2121 RDU Center Drive<br>4th Floor<br>Morrisville, NC 27560   |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| Complete ONLY if direct expenditure to benefit C/OH                                   |   |  |
| Date<br>10/03/2025  | Candidate/Officeholder name Office sought Office held   |  |
| Payee name<br>Icontact  |   |  |
| Amount (\$)<br>\$29.23<br><input type="checkbox"/> Expenditure from corporate funds   | Payee address; City; State; Zip Code<br>2121 RDU Center Drive<br>4th Floor<br>Morrisville, NC 27560   |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>website |
| Complete ONLY if direct expenditure to benefit C/OH                                   |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/12 Rpt: 18/27  | <b>2</b> FILER NAME<br>Conner Harrington Republican Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>11/03/2025  | <b>5</b> Payee name<br>lcontact  |   |
| <b>6</b> Amount (\$)<br>\$29.23<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2121 RDU Center Drive<br>4th Floor<br>Morrisville, NC 27560 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |  |   |
| Date<br>12/04/2025   | Candidate/Officeholder name Office sought Office held  |   |
| Payee name<br>lcontact   |  |   |
| Amount (\$)<br>\$29.23<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2121 RDU Center Drive<br>4th Floor<br>Morrisville, NC 27560          |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |  |   |
| Date<br>11/07/2025   | Candidate/Officeholder name Office sought Office held  |   |
| Payee name<br>Johnson, Diane   |  |   |
| Amount (\$)<br>\$105.55<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>2408 Peachtree<br><br>Plano, TX 75074                                |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Convention reimbursement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/12 Rpt: 19/27   | <b>2</b> FILER NAME<br>Conner Harrington Republican Women                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>11/07/2025   | <b>5</b> Payee name<br>Miklosh, Corrine  |   |
| <b>6</b> Amount (\$)<br>\$355.55<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3525 Chaney Lane<br><br>Plano, TX 75093       |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Conventions reimbursement |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/29/2025  | Payee name<br>Miller, Paulette   |   |
| Amount (\$)<br>\$49.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>6417 Taprock<br><br>McKinney, TX 75070                 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>domain name purchase      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/07/2025  | Payee name<br>Miller, Paulette   |   |
| Amount (\$)<br>\$355.55<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6417 Taprock<br><br>McKinney, TX 75070                 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Conventions reimbursement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/12 Rpt: 20/27   | <b>2</b> FILER NAME<br>Conner Harrington Republican Women                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608   |
| <b>4</b> Date<br>11/07/2025   | <b>5</b> Payee name<br>Morris, Deborah   |  |
| <b>6</b> Amount (\$)<br>\$105.55<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3237 Sailmaker Ln.<br><br>Plano, TX 75023 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Convention reimbursement |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |  |  |
| Date<br>11/07/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Mott, Maria   |  |  |
| Amount (\$)<br>\$105.55<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>4401 Arlen Ct.<br><br>Plano, TX 75093              |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Convention reimbursement        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |  |
| Date<br>11/07/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                |  |
| Payee name<br>Reynolds, Daryl   |  |  |
| Amount (\$)<br>\$355.55<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6805 Cheswick Ct.<br><br>Parker, TX 75002          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Conventions reimbursement       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/12 Rpt: 21/27   | <b>2</b> FILER NAME<br>Conner Harrington Republican Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608   |
| <b>4</b> Date<br>08/14/2025   | <b>5</b> Payee name<br>Roman Cucina  |  |
| <b>6</b> Amount (\$)<br>\$1,476.92<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>201 E. Bethany<br><br>Allen, TX 75013   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser expense           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/14/2025  | Payee name<br>Signs By Tomorrow  |  |
| Amount (\$)<br>\$137.57<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1101 Ohio, Ste. 117<br><br>Plano, TX 75093   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsor signs for fundraiser |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/20/2025  | Payee name<br>Smith, Sara  |  |
| Amount (\$)<br>\$109.46<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1905 Pantigo Dr.<br><br>Plano, TX 75075  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation of books to MELP    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/12 Rpt: 22/27   | <b>2</b> FILER NAME<br>Conner Harrington Republican Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608   |
| <b>4</b> Date<br>11/07/2025   | <b>5</b> Payee name<br>Smith, Sara  |  |
| <b>6</b> Amount (\$)<br>\$105.55<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1905 Pantigo Dr.<br><br>Plano, TX 75075                  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Convention reimbursement |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |  |
| Date<br>07/28/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Payee name<br>Sunbelt Self Storage  |   |  |
| Amount (\$)<br>\$124.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2445 W. Plano Pkwy.<br><br>Plano, TX 75075                        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage unit             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |
| Date<br>08/29/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Payee name<br>Sunbelt Self Storage  |   |  |
| Amount (\$)<br>\$124.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2445 W. Plano Pkwy.<br><br>Plano, TX 75075                        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage unit rent        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/12 Rpt: 23/27   | <b>2</b> FILER NAME<br>Conner Harrington Republican Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>09/28/2025   | <b>5</b> Payee name<br>Sunbelt Self Storage   |   |
| <b>6</b> Amount (\$)<br>\$124.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2445 W. Plano Pkwy.<br><br>Plano, TX 75075               |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage unit rent |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |   |
| Date<br>10/28/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>Sunbelt Self Storage  |   |   |
| Amount (\$)<br>\$124.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2445 W. Plano Pkwy.<br><br>Plano, TX 75075                        |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage unit rent        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Date<br>11/28/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |   |
| Payee name<br>Sunbelt Self Storage  |   |   |
| Amount (\$)<br>\$124.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2445 W. Plano Pkwy.<br><br>Plano, TX 75075                        |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage unit rent        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/12 Rpt: 24/27   | <b>2</b> FILER NAME<br>Conner Harrington Republican Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>12/28/2025   | <b>5</b> Payee name<br>Sunbelt Self Storage   |   |
| <b>6</b> Amount (\$)<br>\$124.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2445 W. Plano Pkwy.<br><br>Plano, TX 75075               |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Storage unit rent           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |   |
| Date<br>07/23/2025  | Candidate/Officeholder name<br>TFRW   |   |
| Amount (\$)<br>\$25.30<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>P.O. Box 171146<br><br>Austin, TX 78717-0041                      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Members fees to TFRW        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Date<br>09/10/2025  | Candidate/Officeholder name<br>TFRW   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 171146<br><br>Austin, TX 78717-0041                      |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2025 convention sponsorship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/12 Rpt: 25/27  | <b>2</b> FILER NAME<br>Conner Harrington Republican Women                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608  |
| <b>4</b> Date<br>11/19/2025   | <b>5</b> Payee name<br>TFRW   |   |
| <b>6</b> Amount (\$)<br>\$399.70<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 171146<br><br>Austin, TX 78717-0041 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership fees to TFRW |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |   |
| Date<br>12/04/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                   |   |
| Payee name<br>TFRW  |   |   |
| Amount (\$)<br>\$126.50<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 171146<br><br>Austin, TX 78717-0041          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Member fees to TFRW            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Date<br>12/17/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                   |   |
| Payee name<br>TFRW  |   |   |
| Amount (\$)<br>\$101.20<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 171146<br><br>Austin, TX 78717-0041          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership fees to TFRW        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/12 Rpt: 26/27  | <b>2</b> FILER NAME<br>Conner Harrington Republican Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00054608   |
| <b>4</b> Date<br>11/07/2025   | <b>5</b> Payee name<br>Terrill, Minerva   |  |
| <b>6</b> Amount (\$)<br>\$105.55<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3560 Ranchero Road<br><br>Plano, TX 75093                |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Convention reimbursement                         |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |  |
| Date<br>08/28/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Payee name<br>U.S. Postmaster   |   |  |
| Amount (\$)<br>\$11.95<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>3400 Coit<br><br>Plano, TX 75075                                  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage for cards mailed to Border Patrol Agents |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |
| Date<br>09/09/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Payee name<br>U.S. Postmaster   |   |  |
| Amount (\$)<br>\$268.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3400 Coit<br><br>Plano, TX 75075                                  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Post office box for 1 year                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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:<br>Sch: 12/12 Rpt: 27/27  | 2 FILER NAME<br>Conner Harrington Republican Women   | 3 Filer ID (Ethics Commission Filers)<br>00054608  |
| 4 Date<br>08/27/2025   | 5 Payee name<br>WordPress.com  |  |
| 6 Amount (\$)<br>\$105.53<br><br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>60 29th Street #343<br><br>San Francisco, CA 94110 |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held  |