

**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 (Ethics Commission Filers) 00054608	2 Total pages filed: 27			
3 COMMITTEE NAME Conner Harrington Republican Women		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/06/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address P. O. Box 865104 Plano, TX 75086						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.			FIRST Jenny L.	MI	
	NICKNAME	LAST McCall	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 5949 Burgandy Street Plano, TX 75093		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <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 (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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff					
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

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

17 COMMITTEE NAME Conner Harrington Republican Women	18 FILER ID (Ethics Commission Filers) 00054608
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/12 Rpt: 16/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 09/03/2025	5 Payee name Collin County Republican Headquarters	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2963 W. 15th St. #2981 Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting room rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Halsey, Sandra	
Amount (\$) \$355.55	Payee address; City; State; Zip Code 2600 Bengal Lane Plano, TX 75023	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conventions reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name Icontact	
Amount (\$) \$29.23	Payee address; City; State; Zip Code 2121 RDU Center Drive 4th Floor Morrisville, NC 27560	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/12 Rpt: 17/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 08/04/2025	5 Payee name Icontact	
6 Amount (\$) \$29.23	7 Payee address; City; State; Zip Code 2121 RDU Center Drive 4th Floor Morrisville, NC 27560	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Icontact	
Amount (\$) \$29.23	Payee address; City; State; Zip Code 2121 RDU Center Drive 4th Floor Morrisville, NC 27560	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Icontact	
Amount (\$) \$29.23	Payee address; City; State; Zip Code 2121 RDU Center Drive 4th Floor Morrisville, NC 27560	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/12 Rpt: 18/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 11/03/2025	5 Payee name Icontact	
6 Amount (\$) \$29.23	7 Payee address; City; State; Zip Code 2121 RDU Center Drive 4th Floor Morrisville, NC 27560	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Icontact	
Amount (\$) \$29.23	Payee address; City; State; Zip Code 2121 RDU Center Drive 4th Floor Morrisville, NC 27560	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Johnson, Diane	
Amount (\$) \$105.55	Payee address; City; State; Zip Code 2408 Peachtree Plano, TX 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention reimbursement
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/12 Rpt: 20/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 11/07/2025	5 Payee name Morris, Deborah	
6 Amount (\$) \$105.55	7 Payee address; City; State; Zip Code 3237 Sailmaker Ln. Plano, TX 75023	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Mott, Maria	
Amount (\$) \$105.55	Payee address; City; State; Zip Code 4401 Arlen Ct. Plano, TX 75093	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Reynolds, Daryl	
Amount (\$) \$355.55	Payee address; City; State; Zip Code 6805 Cheswick Ct. Parker, TX 75002	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conventions reimbursement
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 21/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 08/14/2025	5 Payee name Roman Cucina	
6 Amount (\$) \$1,476.92	7 Payee address; City; State; Zip Code 201 E. Bethany Allen, TX 75013	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Signs By Tomorrow	
Amount (\$) \$137.57	Payee address; City; State; Zip Code 1101 Ohio, Ste. 117 Plano, TX 75093	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor signs for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Smith, Sara	
Amount (\$) \$109.46	Payee address; City; State; Zip Code 1905 Pantigo Dr. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation of books to MELP
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/12 Rpt: 22/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 11/07/2025	5 Payee name Smith, Sara	
6 Amount (\$) \$105.55	7 Payee address; City; State; Zip Code 1905 Pantigo Dr. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Sunbelt Self Storage	
Amount (\$) \$124.00	Payee address; City; State; Zip Code 2445 W. Plano Pkwy. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Sunbelt Self Storage	
Amount (\$) \$124.00	Payee address; City; State; Zip Code 2445 W. Plano Pkwy. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/12 Rpt: 23/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 09/28/2025	5 Payee name Sunbelt Self Storage	
6 Amount (\$) \$124.00	7 Payee address; City; 2445 W. Plano Pkwy. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Sunbelt Self Storage	
Amount (\$) \$124.00	Payee address; City; 2445 W. Plano Pkwy. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Sunbelt Self Storage	
Amount (\$) \$124.00	Payee address; City; 2445 W. Plano Pkwy. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/12 Rpt: 24/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 12/28/2025	5 Payee name Sunbelt Self Storage	
6 Amount (\$) \$124.00	7 Payee address; City; 2445 W. Plano Pkwy. Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name TFRW	
Amount (\$) \$25.30	Payee address; City; P.O. Box 171146 Austin, TX 78717-0041	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Members fees to TFRW
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name TFRW	
Amount (\$) \$250.00	Payee address; City; P.O. Box 171146 Austin, TX 78717-0041	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2025 convention sponsorship
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/12 Rpt: 25/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 11/19/2025	5 Payee name TFRW	
6 Amount (\$) \$399.70	7 Payee address; City; State; Zip Code P.O. Box 171146 Austin, TX 78717-0041	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees to TFRW
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name TFRW	
Amount (\$) \$126.50	Payee address; City; State; Zip Code P.O. Box 171146 Austin, TX 78717-0041	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Member fees to TFRW
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name TFRW	
Amount (\$) \$101.20	Payee address; City; State; Zip Code P.O. Box 171146 Austin, TX 78717-0041	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees to TFRW
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 26/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608
4 Date 11/07/2025	5 Payee name Terrill, Minerva	
6 Amount (\$) \$105.55	7 Payee address; City; State; Zip Code 3560 Ranchero Road Plano, TX 75093	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name U.S. Postmaster	
Amount (\$) \$11.95	Payee address; City; State; Zip Code 3400 Coit Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for cards mailed to Border Patrol Agents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name U.S. Postmaster	
Amount (\$) \$268.00	Payee address; City; State; Zip Code 3400 Coit Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box for 1 year
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/12 Rpt: 27/27	2 FILER NAME Conner Harrington Republican Women	3 Filer ID (Ethics Commission Filers) 00054608	
4 Date 08/27/2025	5 Payee name WordPress.com		
6 Amount (\$) \$105.53	7 Payee address; City; 60 29th Street #343 San Francisco, CA 94110	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held