

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX			
4 ORIGINAL REPORT TYPE		☐ January 15 ☒ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded modified reporting limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report Other (specify)			
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year 1 / 1 / 25 THROUGH 6 / 30 / 25			
Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged					

6 EXPLANATION OF CORRECTION

Corrections to missing information

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Felicia Pitre and my date of birth is 12/4/1960

My address is PO Box 710421, Dallas, TX 75371, Dallas.

(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 10th day of September, 2026.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR ☒ FIRST <u>Felicia</u> MI NICKNAME _____ LAST <u>Pitts</u> SUFFIX _____	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 710421</u> <u>Dallas TX 75371</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214) 437-6907</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR ☒ FIRST <u>Gary</u> MI NICKNAME _____ LAST <u>Fitzsimmons</u> SUFFIX _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1919 Fendale</u> <u>Dallas TX 75224</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(214) 641-1531</u>		
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 1 / 25</u> <u>6 / 30 / 25</u>		
11 ELECTION	ELECTION DATE Month Day Year <u> / / </u> ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) <u>District Clerk</u>	13 OFFICE SOUGHT (if known) <u>District Clerk</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 14,905.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1433.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,052.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,905
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 190.62
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1242.20
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Felicia Pitre		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rhonda Green	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 6646 E. Lovers Lane #701 Dallas TX 75214		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 6/25/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Joan Smotzer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3030 McKinney Ave Dallas TX 75204		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6/25/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) John Cruzat	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8185 San Leandro Dr Dallas TX 75218		
Principal occupation / Job title (See Instructions) Government, District Atty		Employer (See Instructions) Dallas County
Date 6/25/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Helen Giddings	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 400 S. Zang Blvd Dallas TX 75212		
Principal occupation / Job title (See Instructions) Multiplex Inc CEO		Employer (See Instructions) Owner
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Felicia Sitre</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/25/25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Rue C Hamilton</i> 6 Contributor address; City; State; Zip Code <i>325 N. St. Paul Dallas 75201</i>	7 Amount of contribution (\$) <i>5000</i>
8 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Pamela Freeman</i> Contributor address; City; State; Zip Code <i>301 Oakwood Dr Lancaster 75134</i>	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Gerald V Danika Brown</i> Contributor address; City; State; Zip Code <i>3216 Plumstead Dallas 75227</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Administration</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Christopher Webb</i> Contributor address; City; State; Zip Code <i>3029 Kings Rd #5203 Dallas TX 75219</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Management</i>		Employer (See Instructions) <i>Dallas County</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Felicia Sitre</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/25/25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Kirk : Sandra Johnson</i> 6 Contributor address; City; State; Zip Code <i>1480 Turtle Creek Blvd Dallas TX 75219</i>	7 Amount of contribution (\$) <i>1000.00</i>
8 Principal occupation / Job title (See Instructions) <i>Government</i>		9 Employer (See Instructions) <i>State of Texas</i>
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Janico Mattox</i> Contributor address; City; State; Zip Code <i>4008 SWISS Ave Dallas 75204</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Phillip Fisher</i> Contributor address; City; State; Zip Code <i>5002 Billingsley Rd Springville 75159</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Nadia McCoy</i> Contributor address; City; State; Zip Code <i>515 Turtle Creek Dr Shreveport LA 71115</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Bar tender</i>		Employer (See Instructions) <i>Manrot</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Felicia Sitre</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/25/25</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Norval Cain</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>6307 Club Lake Court Dallas 75201</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Martha Tiller</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>5909 Luther Lane #702 Dallas 75209</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Sonya Brock</i>	Amount of contribution (\$) <i>3000.00</i>
Contributor address; City; State; Zip Code <i>1916 22nd Street Lake Charles 70605</i>		
Principal occupation / Job title (See Instructions) <i>Administrator</i>		Employer (See Instructions) <i>Third Circuit Court of Appeals</i>
Date <i>6/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Ghulam Jangala</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>3800 Crestfield Ct Richardson 75082</i>		
Principal occupation / Job title (See Instructions) <i>Self</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Felicia Ritz		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/25	5 Full name of contributor Vanceel Hill ☐ out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1627 Acaguko Dr 75232		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 6/25/25	Full name of contributor Clint Wheat ☐ out-of-state PAC (ID#:	Amount of contribution (\$) 80.00
Contributor address; City; State; Zip Code 3529 Park Row Dallas TX 75215		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6/25/25	Full name of contributor Gregory Johnson ☐ out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 10623 Woodlat Dallas 75227		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6/25/25	Full name of contributor John Wiley Price ☐ out-of-state PAC (ID#:	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 510 E 5th St Dallas 75202		
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Dallas County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Felicia Sipe</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/25/25</i>		5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Connie + Tony Jones</i>		7 Amount of contribution (\$) <i>500.00</i>	
		6 Contributor address; City; State; Zip Code <i>4401 Rowlett Rd Rowlett TX 75088</i>			
8 Principal occupation / Job title (See Instructions) <i>Retired</i>			9 Employer (See Instructions)		
Date <i>4/25/25</i>		Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Karen Sipe</i>		Amount of contribution (\$) <i>100.00</i>	
		Contributor address; City; State; Zip Code <i>3631 Bryan Dallas 75241</i>			
Principal occupation / Job title (See Instructions) <i>Retired</i>			Employer (See Instructions)		
Date <i>4/25/25</i>		Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Carlos Cortez</i>		Amount of contribution (\$) <i>1000.00</i>	
		Contributor address; City; State; Zip Code <i>508 N. Loop 12 Irving 75060</i>			
Principal occupation / Job title (See Instructions) <i>Attorney</i>			Employer (See Instructions) <i>Self</i>		
Date		Full name of contributor ☐ out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Felicia Pitre</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/2/25</i>		5 Payee name <i>Bank of America</i>			
6 Amount (\$) <i>16.00</i>		7 Payee address: <i>3300 Martin Luther King Dallas TX 75215</i>		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>		(b) Description <i>Monthly Serv Fee</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/1/25</i>		Payee name <i>Bank of America</i>			
Amount (\$) <i>16.00</i>		Payee address: <i>3300 Martin Luther King Dallas TX 75215</i>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting Banking</i>		Description <i>Monthly Service Fee</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>4/7/25</i>		Payee name <i>Securix & Sample</i>			
Amount (\$) <i>126.62</i>		Payee address: <i>2725 TX-360 Grand Prairie TX 75050</i>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>		Description <i>9X4 Serv Sign</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Felicia Sitze</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/1/25</i>		5 Payee name <i>Bank of America</i>			
6 Amount (\$) <i>16.00</i>		7 Payee address: <i>3300 Martin Luther King</i> <i>Dallas TX 75215</i>		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		(b) Description <i>Monthly Svc Fee</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>2/3/25</i>		Payee name <i>Bank of America</i>			
Amount (\$) <i>16.00</i>		Payee address: <i>3300 Martin Luther King</i> <i>Dallas TX 75215</i>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>		Description <i>Monthly Svc Fee</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Felicia R. Rife	3 Filer ID (Ethics Commission Filers)
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4 Date 2/21/25	5 Payee name Democratic Forum
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6 Amount (\$) 250.00 ☐ Reimbursement from political contributions intended	7 Payee address; PO Box 634 Dallas TX 75221 ☐ Check if individual's residence address.	City: 75221 State: Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Lunch
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/25	Payee name Kirkwood Temple Church
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Amount (\$) 200.00 ☐ Reimbursement from political contributions intended	Payee address; 1440 Sunny Glen Dr Dallas TX 75232 ☐ Check if individual's residence address.	City: Dallas State: TX Zip Code 75232
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description Fundraiser
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/24/25	Payee name Dallas County Democrat Party
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Amount (\$) 250.00 ☐ Reimbursement from political contributions intended	Payee address; 1414 N. Washington Ave Dallas TX 75204 ☐ Check if individual's residence address.	City: Dallas State: TX Zip Code 75204
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Sponsorship
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Helicia Bitts</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/15/25</i>	5 Payee name <i>Real Men Cook</i>			
6 Amount (\$) <i>46.80</i> ☐ Reimbursement from political contributions intended	7 Payee address: <i>100 Caswell Ct 7th floor</i>		City:	State: Zip Code
		☐ Check if individual's residence address. <i>Wallas YX 75261</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Tickets</i>	
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				
Date <i>4/18/25</i>	Payee name <i>USPS</i>			
Amount (\$) <i>146.00</i> ☐ Reimbursement from political contributions intended	Payee address: <i>Juquila Craft Post Office</i>		City:	State: Zip Code
		<i>3055 Al Lysscomb Way</i>	<i>Wallas YX 75215</i>	
		☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation/fundraising</i>		Description <i>Postage</i>	
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <i>2/20/25</i>	Payee name <i>Red Oak Licens</i>			
Amount (\$) <i>100.00</i> ☐ Reimbursement from political contributions intended	Payee address: <i>267 W. Red Oak Rd</i>		City:	State: Zip Code
		<i>Red Oak YX 75154</i>		
		☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donations</i>		Description <i>Tickets/Sponsorship</i>	
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G:		2 FILER NAME Felicia Pitre		3 Filer ID (Ethics Commission Filers)	
4 Date 5/27/25		5 Payee name Dallas Democrat Party			
6 Amount (\$) 250.00 ☐ Reimbursement from political contributions intended		7 Payee address; 1414 W. Washington Ave Dallas, TX 75204 City: State: Zip Code ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Tickets		(b) Description Sponsorship	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code ☐ Reimbursement from political contributions intended ☐ Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code ☐ Reimbursement from political contributions intended ☐ Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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