

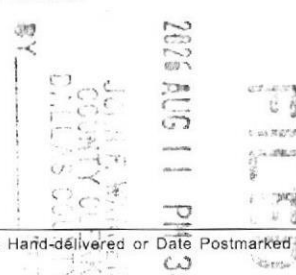
CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u> FIRST <u>Felicia</u> MI <u>A</u> NICKNAME LAST SUFFIX <u>Pitre</u>			Date Received	
	4 ORIGINAL REPORT TYPE ☐ January 15 ☐ Runoff ☐ Final report ☒ July 15 ☐ Exceeded modified reporting limit ☐ Other (specify) ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election			Date Hand-Delivered or Date Postmarked Receipt # Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <u>1/1/25</u> THROUGH <u>6/30/25</u>			
6 EXPLANATION OF CORRECTION <i>Regarding the disclosure of inaccurate information, total contributions was not calculated correctly. Additional clarification was provided on the description of expenditures. Any missing expenditures was an oversight, and has now been corrected. Was notified of missing reports on August 24, 2026.</i>					
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 <u>Felicia Pitre</u> , and my date of birth is <u>12/4/1960</u> .					
My address is <u>600 Commerce Street</u> , <u>Dallas</u> , <u>TX</u> , <u>75202</u> , <u>USA</u> .					
(street) (city) (state) (zip code) (country)					
Executed in <u>Dallas</u> County, State of <u>Texas</u> , on the <u>10th</u> day of <u>August</u> , 20 <u>26</u> .					
(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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u> FIRST <u>Felicia</u> MI NICKNAME LAST <u>Pitre</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: <u>PO Box 150421</u> APT / SUITE #: _____ CITY: <u>Dallas TX</u> STATE: <u>TX</u> ZIP CODE: <u>75371</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(214)</u> PHONE NUMBER <u>437-6907</u> EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Gary</u> MI NICKNAME LAST <u>Fitzsimmons</u> SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>1919 Ferndale</u> APT / SUITE #: _____ CITY: <u>Dallas TX</u> STATE: <u>TX</u> ZIP CODE: <u>75224</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(214)</u> PHONE NUMBER <u>641-1531</u> EXTENSION										
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 <u>1</u> / <u>1</u> / <u>25</u> THROUGH Month Day Year <u>6</u> / <u>30</u> / <u>25</u>										
11 ELECTION	ELECTION DATE Month Day Year <u> </u> / <u> </u> / <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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,286.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 190.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,095.78

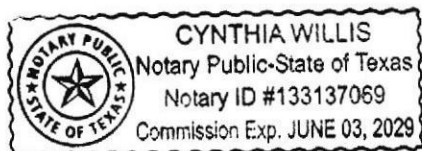
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Felicia Pitre this the 11th day of August.

2026, to certify which, witness my hand and seal of office.

[Signature] Cynthia Willis

[Signature] Notary

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	\$ 14,286.40
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	\$ 1092.80
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 <i>Felicia Sitre</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>Rue Hamilton</i>	7 Amount of contribution (\$) <i>5000</i>
6 Contributor address; City; State; Zip Code <i>325 N. St. Paul Dallas 75201</i>		
8 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>4/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Pamela Freeman</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>301 Oakwood Dr Lancaster 75134</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>Gerald Y Danitra Brown</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3216 Plumstead Dallas 75227</i>		
Principal occupation / Job title (See Instructions) <i>Administration</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>4/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Christopher Webb</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>2024 Kings Rd Dallas TX 75203</i> <i>75219</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>6/25/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Kirk : Sandra Johnson</i>	7 Amount of contribution (\$) <i>1000</i>
6 Contributor address: City: State: Zip Code <i>1480 Turtle Creek Blvd Dallas TX 75219</i>		
8 Principal occupation / Job title (See Instructions) <i>Government</i>		9 Employer (See Instructions) <i>State of Texas</i>
Date <i>6/25/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Janico Matlox</i>	Amount of contribution (\$) <i>500</i>
Contributor address: City: State: Zip Code <i>4028 Swiss Ave Dallas 75204</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date <i>6/25/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Phillip Fisher</i>	Amount of contribution (\$)
Contributor address: City: State: Zip Code <i>5002 Billingsley Rd Sugarville</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>6/25/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Nadia McCoy</i>	Amount of contribution (\$)
Contributor address: City: State: Zip Code <i>515 Turtle Creek Dr Shreveport LA 71115</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>David Cain</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>6307 Club Lake Court Dallas</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 Miller</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>5909 Luther Lane #702 Dallas</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 (\$)
Contributor address; City; State; Zip Code <i>1916 22nd Street Lake Charles 70615</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 Jangal</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>3800 Crestfield 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 <i>Felicia Ritz</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>Vonciel Hill</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>1627 Acaguko Dr 75237</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>Clint Wheat</i>	Amount of contribution (\$) <i>80.00</i>
Contributor address; City; State; Zip Code <i>2529 Park Row Dallas TX 75215</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>Gregory Johnson</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>10623 Woodleaf Dallas 75227</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>John Wiley Price</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>510 E 5th St Dallas 75202</i>		
Principal occupation / Job title (See Instructions) <i>County Commissioner</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 Pitke</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>Rhonda Green</i>	7 Amount of contribution (\$) <i>25</i>
6 Contributor address; City; State; Zip Code <i>6646 E Lovens Lane #101 Dallas</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>Jane Smotzer</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>3030 McKinney #1805 Dallas</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>Julia Cruzet</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code <i>8185 San Antonio Dr Dallas</i>		
Principal occupation / Job title (See Instructions) <i>Government District Attorney</i>		Employer (See Instructions) <i>Dallas County</i>
Date <i>4/25/25</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Helen Gichling</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>4003 Zane Dallas TX 75212</i>		
Principal occupation / Job title (See Instructions) <i>Multiglex Inc</i>		Employer (See Instructions) <i>Self</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 Biter</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 Janos</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>Rowlett TX</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>Haven Ripe</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>3631 Bryan Dallas 75241</i>		
Principal occupation / Job title (See Instructions)		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</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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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>4/2/25</i>		5 Payee name <i>Bank of America</i>			
6 Amount (\$) <i>16.00</i>		7 Payee address: <i>3300 Martin Luther King</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>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</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 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>9/1/25</i>		Payee name <i>Securix Sample</i>			
Amount (\$) <i>126.62</i>		Payee address: <i>2725 TX-360</i> <i>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>2X4 Sec Signs</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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Felicia Sitre</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 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 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					

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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>Felicia S. H.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/21/25</i>		5 Payee name <i>Democratic Forum</i>			
6 Amount (\$) ☐ Reimbursement from political contributions intended		7 Payee address; <i>PO Box 634 Dallas TX 75221</i> City: <i>75221</i> State: Zip Code ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Lunch</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 Payee name					
<i>2/21/25 Kirkwood Temple Church</i>					
Amount (\$)					
<i>1440 Sunny Glen Dr Dallas TX 75232</i> 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		
	<i>Contributions/Donations</i>		<i>Fundraiser</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 Payee name					
<i>1/24/25 Dallas County Democrat Party</i>					
Amount (\$)					
<i>250.00</i> 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		
	<i>Event Expense</i>		<i>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 <i>Helicia Bitre</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; City; State; Zip Code <i>100 Cuswood Ct 7th floor Dallas TX 75201</i> ☐ Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Tickets</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>4/18/25</i>	Payee name <i>USPS</i>		
Amount (\$) <i>146.00</i> ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Juanita Craft Post office 3055 Al Lippcomb Way Dallas TX 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
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; City; State; Zip Code <i>207 W. Red Oak Rd Red Oak TX 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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
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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>Felicia Ritzer</i>		3 Filer ID (Ethics Commission Filers)				
4 Date <i>7/15/25</i>		5 Payee name <i>Walton County Democrat Party</i>						
6 Amount (\$) <i>250.00</i> ☐ Reimbursement from political contributions intended		7 Payee address; <i>414 N. Washington Ave Walton TX 75204</i>		City: <i>Walton</i> State: <i>TX</i> Zip Code <i>75204</i>				
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Sponsorship</i>				
		(c) ☐ Check if individual's residence address.		☐ 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

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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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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>10/5/25</i>		5 Payee name <i>North Texas Asian Democrats Festival</i>			
6 Amount (\$) <i>250.00</i>		7 Payee address; City; State; Zip Code <i>7735 Mullrany Wallas TX 75258</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Tickets</i>		(b) Description <i>Sponsorship</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>10/16/25</i>		Payee name <i>LULAC Scholarship Gala</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>1111 W. Mockingbird Lane Wallas TX 75247</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Tickets</i>		Description <i>Sponsorship</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 <i>11/7/25</i>		Payee name <i>Teddy Hawkins African American News</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>2504 Pine Street Wallas 75215</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Ad</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					

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