

# 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: <div style="text-align: right;">13</div>						
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>MS</span> <span>FELICIA</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>PITRE</span> <span></span> </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">             BY _____              COUNTY CLERK              DALLAS COUNTY           </div> <div style="text-align: center;">             2025 AUG 25 PM 1:20              FILED           </div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>20</span> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>						
	<div style="display: flex; justify-content: space-between;"> <span>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</span> <span>Address / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE</span> </div> <div style="padding: 5px;">PO BOX 150241 DALLAS TX 75371</div> <div style="padding: 5px;">Change of Address</div>								
<div style="display: flex; justify-content: space-between;"> <span>5 CANDIDATE / OFFICEHOLDER PHONE</span> <span>AREA CODE    PHONE NUMBER    EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 214 )</span> <span>579-9045</span> <span></span> </div>									
<div style="display: flex; justify-content: space-between;"> <span>6 CAMPAIGN TREASURER NAME</span> <span>MS / MRS / MR    FIRST    MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>MR</span> <span>GARY</span> <span></span> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>FITZSIMMONS</span> <span></span> </div>									
<div style="display: flex; justify-content: space-between;"> <span>7 CAMPAIGN TREASURER ADDRESS</span> <span>STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE</span> </div> <div style="padding: 5px;">1919 FERNDAL AVE DALLAS TX 75224</div> <div style="padding: 5px;">(Residence or Business)</div>									
<div style="display: flex; justify-content: space-between;"> <span>8 CAMPAIGN TREASURER PHONE</span> <span>AREA CODE    PHONE NUMBER    EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>(    )</span> <span></span> <span></span> </div>									
<div style="display: flex; justify-content: space-between;"> <span>9 REPORT TYPE</span> <div> <input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input checked="" type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded Modified Reporting Limit    <input type="checkbox"/> Final Report (Attach C/OH - FR)         </div> </div>									
<div style="display: flex; justify-content: space-between;"> <span>10 PERIOD COVERED</span> <div> <div style="display: flex; justify-content: space-between;"> <div>Month    Day    Year</div> <div>Month    Day    Year</div> </div> <div style="display: flex; justify-content: space-between;"> <div>1    /    1    /    25</div> <div>THROUGH</div> <div>6    /    30    /    25</div> </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <span>11 ELECTION</span> <div> <div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Month    Day    Year</div> <div> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <span>12 OFFICE</span> <div> <div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="padding: 5px;">DALLAS COUNTY DISTRICT CLERK</div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <span>14 NOTICE FROM POLITICAL COMMITTEE(S)</span> <div> <p style="font-size: 0.8em; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table 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;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> </div>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME								
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

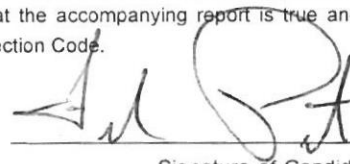
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
FELICIA PITRE

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,905.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 190.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,102.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

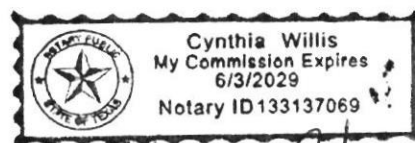


Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Felicia Pitre this the 25 day of August, 2025, 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****FELICIA PITRE****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,905.00
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	\$ 592.80
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 FELICIA PITRE		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RUEL HAMILTON 6 Contributor address; City; State; Zip Code 325 N ST PAUL STE 3350 DALLAS	7 Amount of contribution (\$)  5000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAMELA FREEMAN Contributor address; City; State; Zip Code 301 OAKWOOD DR LANCASTER	Amount of contribution (\$)  300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GERALD & DANITRA BROWN Contributor address; City; State; Zip Code 3216 PLUMSTEAD DR DALLAS	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHRISTOPHER WEBB Contributor address; City; State; Zip Code K2929 KINGS RD 5203 DALLAS	Amount of contribution (\$)  100
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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME FELICIA PITRE		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KIRK & SANDRA JOHNSON 6 Contributor address; City; State; Zip Code TURTLE CREEK BLVD 1480 DALLAS	7 Amount of contribution (\$)  1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JANICE MATTOX Contributor address; City; State; Zip Code 4028 SWISS AVE DALLAS	Amount of contribution (\$)  500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PHILLIP FISHER Contributor address; City; State; Zip Code 5002 BILINDSAY RD SEQAGOVILLE	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NADIA MCCOY Contributor address; City; State; Zip Code 515 TURTLE CREEK DR SHREVEPORT	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME FELICIA PITRE		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID CAIN 6 Contributor address; City; State; Zip Code 6307 CLUB LAKE COURT DALLAS	7 Amount of contribution (\$)  100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARTHA TILLER Contributor address; City; State; Zip Code 5909 LUTHER LANE 702 DALLAS	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SONYA BREDA Contributor address; City; State; Zip Code 1916 22ND ST LAKE CHARLES	Amount of contribution (\$)  3000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GHULAM JANGDA Contributor address; City; State; Zip Code 3800 CRESTFIELD CT RICHARDSON	Amount of contribution (\$)  500
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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME FELICIA PITRE		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VONCIEL HILL 6 Contributor address; City; State; Zip Code 1627 ACAPULCO DR DALLAS	7 Amount of contribution (\$)  100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CLINT WHEAT Contributor address; City; State; Zip Code 2529 PARK ROW DALLAS	Amount of contribution (\$)  80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GREGORY JOHNSON Contributor address; City; State; Zip Code 10623 WOODLEAF DALLAS	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN WILEY PRICE Contributor address; City; State; Zip Code 510 E 5TH ST DALLAS	Amount of contribution (\$)  1000
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.		

# 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

6/25/2025

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

..RHONDA GREEN.....

6 Contributor address;

City;

State;

Zip Code

6646 E LOVERS LANE 701 DALLAS

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/25/2025

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

..JOAN SMOTZER.....

Contributor address;

City;

State;

Zip Code

3030 MCKINNEY 1803 DALLAS

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/25/2025

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

..JOHN CREUZOT.....

Contributor address;

City;

State;

Zip Code

8185 SAN LEANDRO DR DALLAS

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/25/2025

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

..HELN GIDDINGS.....

Contributor address;

City;

State;

Zip Code

400 S ZANG DALLAS

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 6/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CONNIE & TONY JONES 6 Contributor address; City; State; Zip Code DALLAS	7 Amount of contribution (\$)  500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KAREN PIPER Contributor address; City; State; Zip Code 3631 BRYAN ST DALLAS	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAROS CORTEZ Contributor address; City; State; Zip Code 508 NORTHLOOP 12 IRVING	Amount of contribution (\$)  1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)  
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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME FELICIA PITRE		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 6/2/2025		<b>5</b> Payee name BANK OF AMERICA			
<b>6</b> Amount (\$) 16.00		<b>7</b> Payee address; City; State; Zip Code FAIR PARK BRANCH			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/1/2025		Payee name BANK OF AMERICA			
Amount (\$) 16.00		Payee address; City; State; Zip Code FAIR PARK BRANCH			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> 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 4/7/2025		Payee name SECONDS & SURPLUS			
Amount (\$) 126.62		Payee address; City; State; Zip Code DALLAS TEXAS			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME FELICIA PITRE		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/1/2025		<b>5</b> Payee name BANK OF AMERICA			
<b>6</b> Amount (\$) 16.00		<b>7</b> Payee address; FAIR PARK BRANCH City; State; Zip Code			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/3/2025		Payee name BANK OF AMERICA			
Amount (\$) 16.00		Payee address; FAIR PARK BRANCH City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME FELICIA PITRE	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/15/2025	<b>5</b> Payee name REAL MEN COOK	
<b>6</b> Amount (\$) 46.80 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 100 CRESCENT CT 7TH FL DALLAS TX 75201 City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description TICKETS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/18/2025	Payee name USPS	
Amount (\$) 146.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; JUANITA CRAFT City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 2/20/2025	Payee name RED OAK LIONS	
Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 207 W RED OAK RD RED OAK, TX City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS	Description SPONSORSHIP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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		

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## SCHEDULE G

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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 2/21/2025	5 Payee name DEMOCRATIC FORUM	
6 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 634 DALLAS 75221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description LUNCHEON
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 2/21/2025	Payee name KIRKWOOD TEMPLE CHURCH	
Amount (\$) 200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1440 SUNNY BLEN DR	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS	Description FUNDRAISER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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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