

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Ms</u> FIRST <u>Felicia</u> MI _____ NICKNAME _____ LAST <u>Pitre</u> SUFFIX _____		<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;">                         FILED                          2026 JAN 15 PM 3:23                          JOHN L. WATKINS                          COUNTY CLERK                          DALLAS COUNTY                          DEPUTY                     </div>								
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>PO Box 710421</u> APT / SUITE #: _____ CITY: <u>Dallas TX</u> STATE: _____ ZIP CODE: <u>75371</u>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE _____ PHONE NUMBER <u>(214) 579-9045</u> EXTENSION _____										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Gary</u> MI _____ NICKNAME _____ LAST <u>Fitzsimmons</u> SUFFIX _____										
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>1919 Ferndale</u> APT / SUITE #: _____ CITY: <u>Dallas TX</u> STATE: _____ ZIP CODE: <u>75224</u>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____ <u>( )</u>										
<b>9</b> REPORT TYPE	<input checked="" 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 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)										
<b>10</b> PERIOD COVERED	Month _____ Day _____ Year <u>6 / 30 / 25</u> THROUGH Month _____ Day _____ Year <u>1 / 15 / 26</u>										
<b>11</b> ELECTION	ELECTION DATE: Month _____ Day _____ Year <u>3 / 3 / 26</u> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
<b>12</b> OFFICE	OFFICE HELD (if any): <u>District Clerk</u>										
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<b>13</b> OFFICE SOUGHT (if known): _____  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%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				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

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS		EXPENDITURE TOTALS		CONTRIBUTION BALANCE		OUTSTANDING LOAN 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)	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	4.	TOTAL POLITICAL EXPENDITURES
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
\$	0	\$	100.00	\$		\$	6,656
\$		\$		\$		\$	11,953.83
\$							

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.

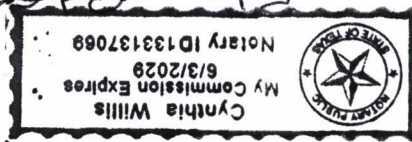
Signature of Candidate or Officeholder

*[Handwritten Signature]*

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



*Felicia Ortiz*

Sworn to and subscribed before me by \_\_\_\_\_ to certify which, witness my hand and seal of office.

\_\_\_\_\_ day of *January* 15, 20\_\_\_\_

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

(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 \_\_\_\_\_ (month) \_\_\_\_\_, 20\_\_\_\_ (year) \_\_\_\_\_

Signature of Candidate/Officeholder (Declarant)

1. The first part of the paper is devoted to the study of the properties of the function  $f(x)$  defined by the equation  $f(x) = \int_0^x f(t) dt$ . It is shown that  $f(x)$  is a constant function, i.e.,  $f(x) = C$  for all  $x$ .

2. In the second part, the author considers the function  $g(x) = \int_0^x g(t) dt$  and shows that  $g(x)$  is also a constant function,  $g(x) = C$ .

3. The third part of the paper is devoted to the study of the function  $h(x) = \int_0^x h(t) dt$  and shows that  $h(x)$  is a constant function,  $h(x) = C$ .

4. Finally, the author considers the function  $k(x) = \int_0^x k(t) dt$  and shows that  $k(x)$  is a constant function,  $k(x) = C$ .

# 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

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Diane Raagdale

6 Contributor address;

City;

State;

Zip Code

3611 Donbar Dallas 75215

100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

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)

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)

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.

# 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.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,656
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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 Pitzer</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/25/25</i>	5 Payee name <i>Stonewall Democrats</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address: <i>Dallas Texas</i>	City; State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>9/25/25</i>	Payee name <i>Relly Echolo</i>	
Amount (\$) <i>750.00</i>	Payee address: <i>1710 S. Harwood Dallas TX 75215</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>9/30/25</i>	Payee name <i>USPS</i>	
Amount (\$) <i>210.00</i>	Payee address: <i>3055 Al Higgincomb Dallas TX 75215</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Post Office Box</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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 <i>Felicia Pitre</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>10/5/25</i>		<b>5</b> Payee name <i>North Texas Asian Democrats Festival</i>			
<b>6</b> Amount (\$) <i>250.00</i>		<b>7</b> Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>		<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 <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 Dallas TX 75247</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Tickets</i>		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 <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>Pine street Dallas TX 75215</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		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	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>11/7/25</i>	5 Payee name <i>Dallas Democrat Party</i>	
6 Amount (\$) <i>1250.00</i>	7 Payee address: <i>1414 N. Washington</i> City; State; Zip Code <i>Dallas 75204</i> <input type="checkbox"/> Check if individual's residence address.	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Filing Fee</i>	(b) Description
	(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 <i>12/10/25</i>	Payee name <i>23rd Senatorial Democrats Christmas Party</i>	
Amount (\$) <i>250.00</i>	Payee address: City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Sponsor</i>	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 <i>7/1/25</i>	Payee name <i>Bank of America</i>	
Amount (\$) <i>16.00</i>	Payee address: City; State; Zip Code <i>Fair Park Branch</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking</i>	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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <i>Felicia Ritze</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>8/1/25</i>		<b>5</b> Payee name <i>Bank of America</i>			
<b>6</b> Amount (\$) <i>16.00</i>		<b>7</b> Payee address; <i>Fair Park Branch</i>		City; State; Zip Code	
<b>8</b>  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>		(b) Description	
		(c) <input type="checkbox"/> Check if individual's residence address.		<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 <i>9/1/25</i>		Payee name <i>Bank of America</i>			
Amount (\$) <i>16.00</i>		Payee address; <i>Fair Park Branch</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>		Description	
		<input type="checkbox"/> Check if individual's residence address.		<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 <i>10/1/25</i>		Payee name <i>Bank of America</i>			
Amount (\$) <i>16.00</i>		Payee address; <i>Fair Park Branch</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>		Description	
		<input type="checkbox"/> Check if individual's residence address.		<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Felicia Sitre</i>		<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>11/1/25</i>	<b>5</b> Payee name <i>Bank of America</i>					
<b>6</b> Amount (\$) <i>16.00</i>	<b>7</b> Payee address; <i>Fair Park Branch</i>		City; State; Zip Code			
<input type="checkbox"/> Check if individual's residence address.						
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>		<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						
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date <i>12/1/25</i>	Payee name <i>Bank of America</i>					
Amount (\$) <i>16.00</i>	Payee address; <i>Fair Park Branch</i>		City; State; Zip Code			
<input type="checkbox"/> Check if individual's residence address.						
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>		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						
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date <i>8/11/25</i>	Payee name <i>Democracy Tool Box</i>					
Amount (\$) <i>2,850.00</i>	Payee address; <i>McKinney Texas</i>		City; State; Zip Code			
<input type="checkbox"/> Check if individual's residence address.						
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Consulting Fees</i>		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						
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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