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: Ms. | FIRST: Felicia | MI: A.
NICKNAME | LAST: Pitre | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3019 Lenway Dallas, Texas 75215

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (214) | PHONE NUMBER: 437-6907 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Gary | MI:
NICKNAME | LAST: Fitzsimmons | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1919 Ferndale Dallas Texas 75224

8 CAMPAIGN TREASURER PHONE

AREA CODE: (214) | PHONE NUMBER: 651-1531 | EXTENSION

OFFICE USE ONLY

Date Received

2026 OCT 26 PM 2:35

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ■ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 10 / 5 / 26 THROUGH 10 / 26 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 3 / 26

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): District Clerk

13 OFFICE SOUGHT (if known): District Clerk

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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,875.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 222.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 19,714.03
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

CYNTHIA WILLIS
Notary Public-State of Texas
Notary ID #133137069
Commission Exp. JUNE 03, 2029

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cynthia Willis this the 26th day of October, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Cynthia Willis — Printed name of officer administering oath | Notary — 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 _____ (month), 20_____ (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	$ 1,875.00
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	$ 222.00
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	$
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	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution ($)
10/11/2026	Joyce Foreman 6 Contributor address; City; State; Zip Code 6317 Rock Canyon Trail Dallas, Texas 75232	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/08/2026	Janice Mattox Contributor address; City; State; Zip Code 1111 Valencia St Dallas, Texas 75223	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/01/2026	Rhonda Green Contributor address; City; State; Zip Code 6646 E. Lovers Ln, Apt 701 Dallas TX 75214	25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/01/2025	Martin Burrell Contributor address; City; State; Zip Code 8500 N. Stemmons Fwy, Suite 2055 Dallas, TX 75247	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Consultant	Self-Employed

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	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution ($)
10/07/2026	Earnest Tilley 6 Contributor address; City; State; Zip Code 1100 Peters Street Dallas, TX 75215	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Administrator	AFL-CIO

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/07/2026	Karen Piper Contributor address; City; State; Zip Code 3631 Bryan Street, Dallas, TX 75204	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/08/2026	John Creuzot Contributor address; City; State; Zip Code 8185 San Leandro Dallas, TX 75218	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
District Attorney	Dallas County

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/19/2026	Helen Giddings Contributor address; City; State; Zip Code 400S. Zang Blvd, Suite 1018 Dallas, Texas 75208	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CEO	Multiplex

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 ($)
10/24/2026	Pamela Freeman	250.00
	6 Contributor address; City; State; Zip Code: 419 West 3rd Street Corrigan TX 75939	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	

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)	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Felicia Pitre	

4 Date	5 Payee name
10/05/2026	United States Postal Service

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
222.00	3055 Al Lipscomb Way	Dallas,	TX	75215

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Rental Expense	Post Office Box Rental

(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 | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

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 ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

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 ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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