

# 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

FIRST

MI

Ms.

Felicia

A

NICKNAME

LAST

SUFFIX

Pitre

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3019 Lenway

Dallas Texas 75215

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214 )

437-6907

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Gary

NICKNAME

LAST

SUFFIX

Fitzsimmons

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1919 Ferndale Dallas Texas 75224

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214 )

641-1531

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

7

15

26

THROUGH

Month

Day

Year

10

5

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)

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

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

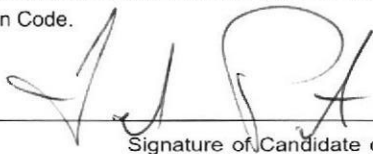
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

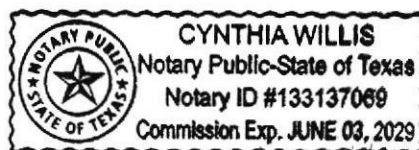
|                         |                                                                                                                                       |                                        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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)                                                  | \$ 7,250.00                            |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE                                                                                             | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$                                     |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 18,061.03                           |
| 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:

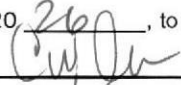
(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cynthia Willis this the 5<sup>th</sup> day of October.

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

 Cynthia Willis 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)

**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<br><b>Felicia Pitre</b>                                                                                                                                  |                                                                                                                                                                                       | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br><b>08/19/2026</b>                                                                                                                                           | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Nina Mountique</b><br>6 Contributor address; City; State; Zip Code<br><b>125 Morningside Dr Desoto 75115</b>           | 7 Amount of contribution (\$)<br><b>250.00</b>                   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Administrator</b>                                                                                         |                                                                                                                                                                                       | 9 Employer (See Instructions)<br><b>Dallas County</b>            |
| Date<br><b>08/20/2026</b>                                                                                                                                             | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Carmen Mitchell</b><br>Contributor address; City; State; Zip Code<br><b>3110 Webb Ave, #150 Dallas TX 75205</b>          | Amount of contribution (\$)<br><b>1,000.00</b>                   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                                                                                                |                                                                                                                                                                                       | Employer (See Instructions)<br><b>Self</b>                       |
| Date<br><b>09/17/2026</b>                                                                                                                                             | Full name of contributor out-of-state PAC (ID#: _____)<br><b>CWA-CCOPE</b><br>Contributor address; City; State; Zip Code<br><b>501 3rd St NW Washington DC 20001</b>                  | Amount of contribution (\$)<br><b>1,000.00</b>                   |
| Principal occupation / Job title (See Instructions)<br><b>Communication Workers of American</b>                                                                       |                                                                                                                                                                                       | Employer (See Instructions)<br><b>Political Action Committee</b> |
| Date<br><b>09/23/2026</b>                                                                                                                                             | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Ruel Hamilton</b><br>Contributor address; City; State; Zip Code<br><b>325 N. St. Paul, Suite 3350 Dallas Texas 75218</b> | Amount of contribution (\$)<br><b>5,000.00</b>                   |
| Principal occupation / Job title (See Instructions)<br><b>Real Estate</b>                                                                                             |                                                                                                                                                                                       | Employer (See Instructions)<br><b>Self Employed</b>              |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                       |                                                                  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                                                                         |                                              |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Felicia Pitre                                                                                                                           | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>10/02/2026                                         | 5 Payee name<br>Democracy Toolbox                                                                                                                       |                                              |
| 6 Amount (\$)<br>5,000.00                                    | 7 Payee address; City; State; Zip Code<br>PO Box 710421 Grapevine Texas 76051<br><small>Check if individual's residence address.</small>                |                                              |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br>Political Consultant                                                                | (b) Description<br>Graphic Designing/Mailing |
|                                                              | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>               |                                              |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                           | Office sought Office held                    |
| Date<br>09/08/2026                                           | Payee name<br>Preston Hollow Democrats                                                                                                                  |                                              |
| Amount (\$)<br>385.00                                        | Payee address; City; State; Zip Code<br>P.O. Box 670631 Dallas Texas 75367<br><small>Check if individual's residence address.</small>                   |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Tickets/Membership Dues                                                                 | Description<br>Sponsorship                   |
|                                                              | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                   |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                           | Office sought Office held                    |
| Date<br>09/03/2026                                           | Payee name<br>OTCheap Yard Signs                                                                                                                        |                                              |
| Amount (\$)<br>5,678.25                                      | Payee address; City; State; Zip Code<br>11525-A Stonehollow Dr. Suite 120 Austin Texas 78758<br><small>Check if individual's residence address.</small> |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Printing                                                                                | Description<br>Yard Signs                    |
|                                                              | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                   |                                              |
| 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

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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Gift/Awards/Memorials Expense  
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Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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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<br>Felicia Pitre                                                                                                                        | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>08/01/2026                                         | 5 Payee name<br>Bank of America                                                                                                                      |                                       |
| 6 Amount (\$)<br>16.00                                       | 7 Payee address; City; State; Zip Code<br>3000 Martin Luther King Blvd Dallas Texas 75215<br><small>Check if individual's residence address.</small> |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                                               | (b) Description<br>Monthly Fee        |
|                                                              | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>            |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                        | Office sought Office held             |
| Date<br>09/01/2026                                           | Payee name<br>Bank of America                                                                                                                        |                                       |
| Amount (\$)<br>16.00                                         | Payee address; City; State; Zip Code<br>3000 Martin Luther King Blvd Dallas Texas 75215<br><small>Check if individual's residence address.</small>   |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                                                   | Description<br>Monthly Fee            |
|                                                              | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                        | Office sought Office held             |
| Date<br>10/01/2026                                           | Payee name<br>Bank of America                                                                                                                        |                                       |
| Amount (\$)<br>16.00                                         | Payee address; City; State; Zip Code<br>3000 Martin Luther King Blvd Dallas Texas 75215<br><small>Check if individual's residence address.</small>   |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                                                   | Description<br>Monthly Fee            |
|                                                              | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                        | Office sought Office held             |

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