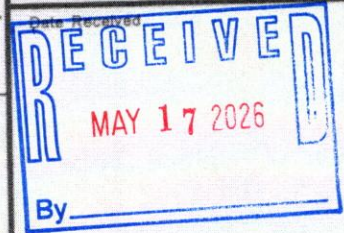


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dennis	MI A
	NICKNAME	LAST Fitzgerald	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE, ZIP CODE
	PO Box 63597 Pipe Creek TX 78063		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(830) 929-8598		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dennis	MI A
	NICKNAME	LAST Fitzgerald	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #	CITY, STATE, ZIP CODE
	PO Box 63597 Pipe Creek TX 78063		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(830)			
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
		03 / 04 / 2026	THROUGH 05 / 18th / 2026
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		05 / 26 /	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description
		<input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
County Judge	N/A	County Judge	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	



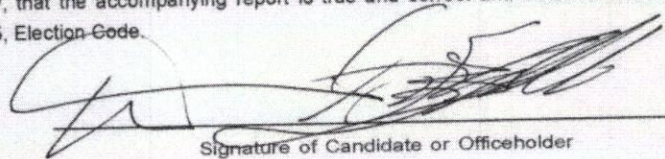
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Dennis Fitzgerald</u>		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)	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>100⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>87⁷⁷</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1695.²⁷</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>400.10</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 _____ 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

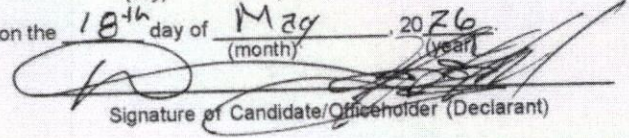
OR

(2) Unsworn Declaration

My name is Dennis Fitzgerald and my date of birth is 12-19-1956

My address is _____, Pipe Creek (city), TX (state), 78063 (zip code), _____ (country)

Executed in Bandera County, State of Texas, on the 18th day of May, 2026 (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 **Dennis Fitzgerald** 3 Filer ID (Ethics Commission Filers)

4 Date **5/02/26** 5 Full name of contributor out-of-state PAC (ID#: _____) **Patti Brady** 7 Amount of contribution (\$) **\$100.00**
 6 Contributor address; City; State; Zip Code **2718 Broad Oak Bandera TX 78003**

8 Principal occupation / Job title (See Instructions) **2718 Broad Oak Drive, Bandera TX 78003** 9 Employer (See Instructions) **Retired**

~~Date **05/02/26** 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.

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 Dennis Fitzgerald	3 Filer ID (Ethics Commission Filers)
4 Date 1/1 3-16-26	5 Payee name UZ Marketing	
6 Amount (\$) 375 30	7 Payee address: 5900 Bingle Rd <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Houston TX 77092
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Campaign Banners
	(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
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Date 299 00 3/16/26	Payee name UZ Marketing	City; State; Zip Code
Amount (\$) \$299 00	Payee address: Advertising Exp 5900 Bingle Houston TX 77092 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Campaign Signs
	<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 Dennis Fitzgerald	Office sought County Judge	Office held N/A
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Date	Payee name Cosco	City; State; Zip Code
Amount (\$) 148 15	Payee address: 5611 UTSA Blvd <input type="checkbox"/> Check if individual's residence address.	San Antonio TX 78249
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Supplies
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/2026

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 Dennis Fitzgerald	3 Filer ID (Ethics Commission Filers)
4 Date 6 May 26	5 Payee name Bandera Bulletin	
6 Amount (\$) 292 ⁵²	7 Payee address: 215 Water Street A <input type="checkbox"/> Check if individual's residence address.	City: Boerne State: TX Zip Code: 78006
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Newspaper Ad
	(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 11 May 26	Payee name Bandera Bulletin	
Amount (\$) 292 ⁵²	Payee address: 215 Water St. Ste A <input type="checkbox"/> Check if individual's residence address.	City: Boerne State: TX Zip Code: 78006
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Newspaper Ad
	<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 4-28-26	Payee name Silver Sage	
Amount (\$) 250 ⁰⁰	Payee address: 803 Buck Creek <input type="checkbox"/> Check if individual's residence address.	City: Bandera State: TX Zip Code: 78003
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Venue Rental Exp	Description Meeting Place
	<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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: <u>1</u>
2 FILER NAME <u>Dennis Fitzgerald</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4 May 26</u>	5 Name of person from whom amount is received <u>Reception at Silver Sage</u>	8 Amount (\$) <u>\$50.00</u>
6 Address of person from whom amount is received; City; State; Zip Code <u>803 Buck Creek Dr Bandera TX 78003</u>		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>Cleaning deposit Refund</u>		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dennis Fitzgerald

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	\$ 1,657.45
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 50.00