

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

115-20 am

The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS <input checked="" type="radio"/> MR	FIRST <i>Dennis</i>	MI	OFFICE USE ONLY			
		NICKNAME	LAST <i>Fitzgerald</i>	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		
		<i>PO Box 63597</i>		<i>Pipe Creek, TX</i>	<i>78063</i>			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE <i>(830)</i>	PHONE NUMBER	EXTENSION			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME		MS / MRS <input checked="" type="radio"/> MR	FIRST <i>William</i>	MI <i>B</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/>			
		NICKNAME	LAST <i>Condry</i>	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE)			APT / SUITE #	CITY	STATE ZIP CODE	
		<i>Ln</i>			<i>Center Point</i>	<i>TX</i>	<i>78010</i>	
8 CAMPAIGN TREASURER PHONE		AREA CODE <i>(830)</i>	PHONE NUMBER	EXTENSION				
9 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 - FRS)			
10 PERIOD COVERED		Month <i>Mar</i>	Day <i>03</i>	Year <i>2026</i>	THROUGH	Month <i>Jan</i>	Day <i>15th</i>	Year <i>2026</i>
11 ELECTION		ELECTION DATE Month <i>Mar</i> Day <i>03</i> Year <i>2026</i>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	ELECTION TYPE <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description		
12 OFFICE		OFFICE HELD (if any) <i>None</i>		13 OFFICE SOUGHT (if known) <i>County Judge</i>				
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						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME					
		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					
			COMMITTEE CAMPAIGN TREASURER NAME					
			COMMITTEE CAMPAIGN TREASURER ADDRESS					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Dennis Fitzgerald

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)

\$ Ø

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ Ø

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 1604 24

CONTRIBUTION
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ 1604 34

OUTSTANDING
LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ Ø

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ Ø

18 SIGNATURE

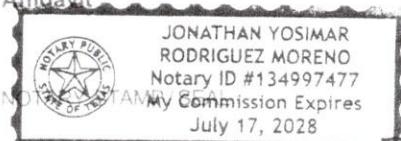
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by

Dennis Fitzgerald

this the 15th day of Jan

20 26, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Jonathan Yosimar Rodriguez Moreno

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)