

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
MRS. DAWN E
NICKNAME LAST SUFFIX
KITTS

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO BOX 213 FORT DAVIS TX 79734

Change of Address

Date Hand Carried or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

Receipt #

Ambient \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MRS DAWN E
NICKNAME LAST SUFFIX
KITTS

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
FORT DAVIS TX 79734

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

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 Month Day Year
2 / 4 / 26 THROUGH 2 / 12 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

3 / 3 / 26 General Special

12 OFFICE

OFFICE HELD (if any)
COUNTY TREASURER

13 OFFICE SOUGHT (if known)
COUNTY TREASURER

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,972.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Dawn Kittler and my date of birth is [REDACTED]

My address is P.O. Box 213 El Davis TX 79734 USA
(street) (city) (state) (zip code) (country)

Executed in Jeff Davis County, State of Texas, on the 12th day of Feb, 2026.
(month) (year)

Dawn Kittler
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	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 55.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,222.20
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Laura Kitts</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/8/2025</i>	5 Payee name <i>JDC Republican Party</i>	
6 Amount (\$) <i>\$750.00</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>P.O. Box 2115 Fort Davis TX 79734</i> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Filing Fee</i>
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>11/16/25; 1/3/26</i>	Payee name <i>Signs on the Cheap</i>	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>11550 Stonehollow Drive Austin TX 78758</i> <i>Suite 160</i> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign Signs</i>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/19/25</i>	Payee name <i>Printco</i>	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>108 S 5th Street Alpine TX 79830</i> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Sign holders</i>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Naun Kitts</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-10-26</i>	5 Payee name <i>Family Dollar</i>	
6 Amount (\$) <i>\$41.26</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>107 E. Mosquing Drive Fort Davis TX 79734</i> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food: Supplies</i>	(b) Description <i>Meet: Guest</i>
	(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>2-10-26</i>	Payee name <i>Family Dollar</i>	
Amount (\$) <i>\$5.92</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>712 N. State Street Fort Davis TX 79734</i> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ice</i>	Description <i>meet + Guest</i>
	<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>2-10-26</i>	Payee name <i>Rendezvous</i>	
Amount (\$) <i>\$100.00</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>105 W. Second St. Fort Davis TX 79734</i> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Pizza</i>	Description <i>Meet: Guest</i>
	<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 PERSONAL FUNDS

SCHEDULE G

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 Expenses | 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 G:	2 FILER NAME <i>Dawn Kettis</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-11-2026</i>	5 Payee name <i>Family Dallas</i>
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6 Amount (\$) <i>\$103.49</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>107 E. Musquiz Drive Fort Davis TX 79734</i> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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

FAMILY DOLLAR

STORE #10487 107 E Musquiz Drive
Fort Davis, TX, 432-426-8066

DR PEPPER 16FLOZ	078000005868	1.50	T
DR PEPPER 16.9FL OZ 6PK			
078000003864		6.25	T
JJS MINI CHERRY PIES 20Z 6CI			
011284006268		3.00	
LOCTITE SUPER GLUE LNGNCK BOTTLE .180Z			
079340213098		4.00	T
MARS CHOCOLATE MINIS JUMBO PACK 30.630Z			
040000598879		14.95	T
MARS CHOCOLATE MIXED PB LOVERS 22.660Z			
040000598855		10.00	T
MARS CHOC AND FRT MIXED MINI SUP 21.820Z			
040000598503		10.00	T
MB HRSHY N JOL RNCH PRTY BAG 17.640ZN			
034000483327		12.25	T
REESE MINIATURES SUB 22.90Z			
034000490660		12.25	T
MARS MIXED FRUITY VARIETY FS SUP 14.240Z			
022000296733		8.00	T
HERSHEY KISSES SUB 22.90Z			
034000141630		12.25	T
CASHBACK FEE		1.50	
SUBTOTAL		\$95.95	
TAX1		\$7.54	
TOTAL		\$103.49	
CASHBACK		\$25.00	
DEBIT		\$128.49	
CHANGE		\$25.00	

Debit *****1859
 CHIP READ Approved
 AUTH# 130826 SEQUENCE NO: 320601
 ONLINE PIN VERIFIED
 Mode: Issuer AAC - B775B29583EBF608
 AID: A0000000042203 ARC:



ITEMS 11
 02-11-2026 10:12:09 10487 02 7927651 3206
 Cash Check Debit Credit & EBT Accepted.
 THANK YOU.

-----TEAR HERE-----

Please provide your feedback at

www.ratefd.com

Receive 10 chances to WIN \$1,000 daily
 plus instant prizes valued at \$1,500
 weekly. For complete rules, eligibility,
 sweepstakes & previous winners, visit
 www.ratefd.com. No purchase/survey req'd



LOWES #177
 712 N State St
 FORT DAVIS TX 79734
 432-426-3812

FOUNTAIN DRINK 1.49 I-A
 LOWE S ICE 10 3.98 TFA
 2 @ \$1.99

SUBTOTAL 5.47
 TAX 0.45
 TOTAL 5.92
 DEBIT CARD 5.92
 CASH BACK 0.00

The Rendezvous
 105 W. Second St.
 Fort Davis, TX 79734
 432-426-0010

Server: Syndilyn M Dawn Kitts
 Check #1
 Guest Count: 1
 Ordered: 2/10/26 4:21 PM

1 Pepperoni \$14.95
 1 Cheese \$10.00
 1 The Mountainside Special \$18.50

Subtotal \$43.45
 Tax \$3.56
 Total \$47.01

Input Type C (EMV Chip Read)
 Debit xxxxxxxx1859
 Time 7:03 PM

Transaction Type Sale
 Authorization Approved
 Approval Code 158993

Payment ID rbccmd1fnrFb
 Application ID A000000042203
 Application Label Debit

Device ID
 Card Reader BBPOS

Amount \$47.01
 + Tip: 52.99
 = Total: 100.00

DAWN E KITTS

Customer Copy

FAMILY DOLLAR

STORE #10487 107 E Musquiz Drive
 Fort Davis, TX, 432-426-8066

DR PEPPER 16FLOZ 078006005868 1.50 I
 LAC CONTOUR DUO LL LC NKO.0350Z CBL0827N 2.25 T
 081555738273
 NAPKIN LUNCH RED 20CT 1.50 T
 032251161995
 NAPKIN LUNCH RED 20CT 1.50 T
 032251161995
 HL FOAM BWS 120Z 30PC 1.75 T
 032251304262
 FAM CHEF MED ROASTER W LID 5.00 T
 749384920398
 CHEETOS FAMILY FUN MIX MP .950Z 18CT 10.45
 028400737456
 CHEETOS FAMILY FUN MIX MP .950Z 18CT 10.45
 028400737456
 CHSTNT HLL BOTTLED WATER 16.9FO 32PK 5.75
 032251874031
 SUBTOTAL \$40.15
 TAX1 \$1.11
TOTAL \$41.26

DEBIT *****1859
 Debit CHIP READ Approved
 AUTH# 130706 SEQUENCE NO: 300401
 ONLINE PIN VERIFIED
 Mode: Issuer AAC - DBEBA38DD26CA6BC
 AID: A000000042203 ARC:



99104870230040204943

ITEMS 9
 02-10-2026 12:17:37 10487 02 7927651 3004
 Cash Check Debit Credit & EBT Accepted.
 THANK YOU.

TEAR HERE

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www.ratefd.com

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Dawn Kitts</i>		3 Filer ID (Ethics Commission Filers) <i>93-2175122</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>5500</i>	
5 Date <i>2/10/26</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Subway</i>	8 Amount of Contribution \$ <i>5500</i>	9 In-kind contribution description <i>Sub-Sandwiches</i>
7 Contributor address; City; State; Zip Code <i>1002 E. Holland Alpine TX 79830</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>ATul Kumar Desai MB2</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Subway</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			