

# 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: <div style="text-align: center; font-size: 1.5em;">8</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Dennis C		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> <b>RECEIVED</b>  <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 14 2026</div>  BY: _____ </div>								
	NICKNAME LAST SUFFIX DeWitt										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 178 Fairway Ridge Beeville Tx 78102										
	AREA CODE PHONE NUMBER EXTENSION ( 351 ) 343-1452										
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mrs. Gwendolyn W		Date Hand-delivered or Date Postmarked								
	NICKNAME LAST SUFFIX DeWitt		Receipt # Amount \$								
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 178 Fairway Ridge Beeville, Texas 78102		Date Processed								
	AREA CODE PHONE NUMBER EXTENSION ( 361 ) 813-9936		Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)											
8 CAMPAIGN TREASURER PHONE											
9 REPORT TYPE											
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>											
10 PERIOD COVERED											
<div style="display: flex; justify-content: space-between;"> <div> Month Day Year  11 / 25 / 20 </div> <div>THROUGH</div> <div> Month Day Year  1 / 14 / 26 </div> </div>											
11 ELECTION											
<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month Day Year  3 / 3 / 26 </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>											
12 OFFICE		13 OFFICE SOUGHT (if known)									
OFFICE HELD (if any) County Commissioner PCT2		County Commissioner PCT 2									
14 NOTICE FROM POLITICAL COMMITTEE(S)											
<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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

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

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 598.04

CONTRIBUTION  
BALANCE

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

\$ 0

OUTSTANDING  
LOAN TOTALS

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

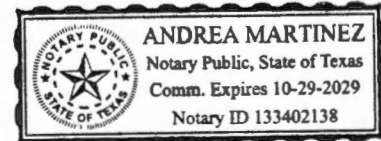
\$ 500

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 Dennis Clarence Dewitt this the 14<sup>th</sup> day of January,  
2026, to certify which, witness my hand and seal of office.

Andrea Martinez  
Signature of officer administering oath

Andrea Martinez  
Printed name of officer administering oath

Notary Public  
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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 500
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 598.04
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME <b>Dennis DeWitt</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan <b>12/15/2025</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Dennis DeWitt</b>	<b>9</b> Loan Amount (\$) <b>500.00</b>
<b>6</b> Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code <b>178 Fairway Ridge Beeville Tx 78102</b>	<b>10</b> Interest rate <b>0.00</b>
		<b>11</b> Maturity date <b>12/31/2026</b>
<b>12</b> Principal occupation / Job title (See Instructions) <b>County Commissioner</b>		<b>13</b> Employer (See Instructions) <b>County of Bee</b>
<b>14</b> Description of Collateral <b>none</b>		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <b>none</b>		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 4	2 FILER NAME Dennis C DeWitt	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD - \$

5 CREDIT CARD ISSUER	Name of financial institution Navy Federal Credit Union
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6 PAYMENT	(a) Amount Charged \$ 78.00	(b) Date Expenditure Charged 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/01/2025
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7 PAYEE	(a) Payee name US Post Office	(b) Payee address; City, State, Zip Code 111 N St Mary's St Beeville, Texas 78102 <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description postage
	(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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PAYMENT	(a) Amount Charged \$ 78.00	(b) Date Expenditure Charged 11/18/2025	(c) Date(s) Credit Card Issuer Paid 12/01/2025
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PAYEE	(a) Payee name US Post Office	(b) Payee address; City, State, Zip Code 111 N St Mary's St Beeville, Texas 78102 <input type="checkbox"/> Check if individual's residence address.
-------	----------------------------------	---

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description postage
	(c) <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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PAYMENT	(a) Amount Charged \$ 78.00	(b) Date Expenditure Charged 11/27/2015	(c) Date(s) Credit Card Issuer Paid 12/01/2025
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PAYEE	(a) Payee name US Post Office	(b) Payee address; City, State, Zip Code 111 N St Mary's St Beeville, Texas 78102 <input type="checkbox"/> Check if individual's residence address.
-------	----------------------------------	---

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description postage
	(c) <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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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Dennis C DeWitt	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution  
Navy Federal Credit Union

6 PAYMENT

(a) Amount Charged  
\$ 78.00

(b) Date Expenditure Charged  
11/29/2025

(c) Date(s) Credit Card Issuer Paid  
12/01/2025

7 PAYEE

(a) Payee name  
US Post Office

(b) Payee address; City, State, Zip Code  
111 N ST Marys St Beeville TX  
☐ Check if individual's residence address.

8 PURPOSE OF  
EXPENDITURE

☒ Political  
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)  
advertising expense

(b) Description  
postage

(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

PAYMENT

(a) Amount Charged  
\$ 35.04

(b) Date Expenditure Charged  
11/29/2025

(c) Date(s) Credit Card Issuer Paid  
12/01/2026

PAYEE

(a) Payee name  
Amazon

(b) Payee address; City, State, Zip Code  
Internet  
☐ Check if individual's residence address.

PURPOSE OF  
EXPENDITURE

☒ Political  
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)  
advertising

(b) Description  
copy paper

(c) 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

PAYMENT

(a) Amount Charged  
\$ 46.20

(b) Date Expenditure Charged  
12/12/2025

(c) Date(s) Credit Card Issuer Paid  
01/10/2026

PAYEE

(a) Payee name  
amazon

(b) Payee address; City, State, Zip Code  
Internet  
☐ Check if individual's residence address.

PURPOSE OF  
EXPENDITURE

☒ Political  
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)  
advertising

(b) Description  
zip ties/sign stakes

(c) 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b> Dennis C, DeWitt	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution Navy Federal Credit Union	
<b>6 PAYMENT</b>	(a) Amount Charged \$ 14.88	(b) Date Expenditure Charged 12/1`2/2025 (c) Date(s) Credit Card Issuer Paid 1/10/2026
<b>7 PAYEE</b>	(a) Payee name Sams Club	(b) Payee address; City, State, Zip Code Internet <input type="checkbox"/> Check if individual's residence address.
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Envelopes (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$ 78	(b) Date Expenditure Charged 12/31/2025 (c) Date(s) Credit Card Issuer Paid 1/10/2026
<b>PAYEE</b>	(a) Payee name US Post Office	(b) Payee address; City, State, Zip Code 111 N ST Marys ST Beeville Tx 78102 <input type="checkbox"/> Check if individual's residence address.
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Postage (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	
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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)

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USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b> Dennis C DeWitt	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution Navy Federal Credit Union	
<b>6 PAYMENT</b>	(a) Amount Charged \$ 33.92	(b) Date Expenditure Charged 1/06/26
<b>7 PAYEE</b>	(a) Payee name Amazon	(c) Date(s) Credit Card Issuer Paid 1/10/26
<b>8 PURPOSE OF EXPENDITURE</b>	(b) Payee address; City, State, Zip Code Internet <input type="checkbox"/> Check if individual's residence address.	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Copy Paper
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$ 78	(b) Date Expenditure Charged 1/07/26
<b>PAYEE</b>	(a) Payee name US Post Office	(c) Date(s) Credit Card Issuer Paid 1/10/26
<b>PURPOSE OF EXPENDITURE</b>	(b) Payee address; City, State, Zip Code 111 N St Mary's St Beeville, Tx 78102 <input type="checkbox"/> Check if individual's residence address.	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>PAYEE</b>	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
<b>PURPOSE OF EXPENDITURE</b>	(b) Payee address; City, State, Zip Code	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED