

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX</p> <p style="text-align: center;">Kim Pittman</p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p><b>FILED FOR RECORD</b> at 10:00 o'clock A m</p> <div style="border: 2px solid black; padding: 5px; margin: 5px;"> <p><b>JAN 09 2026</b></p> </div> <p>SANDRA KNIGHT County Clerk, Dallas County, Texas By: <i>[Signature]</i> Deputy Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>								
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE</p> <p>1522 County Road 1330 Pittsburg TX 75686</p>										
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(903) 767-0719</p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX</p> <p style="text-align: center;">Kim Pittman</p>										
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE</p> <p>1522 County Road 1330 Pittsburg TX 75686</p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(903) 767-0719</p>										
<p>9 REPORT TYPE</p>	<p> <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 - FR)         </p>										
<p>10 PERIOD COVERED</p>	<p>Month Day Year    Month Day Year</p> <p>7 / 01 / 2025    THROUGH    12 / 31 / 2025</p>										
<p>11 ELECTION</p>	<p>ELECTION DATE    ELECTION TYPE</p> <p>Month Day Year    <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special</p> <p>03 / 03 / 2026</p>										
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p>Treasurer</p>	<p>13 OFFICE SOUGHT (if known)</p> <p>Treasurer</p>									
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p>	<p>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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			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										

**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)

\$

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 750.00

**CONTRIBUTION  
BALANCE**

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

\$

**OUTSTANDING  
LOAN TOTALS**

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

\$ 2933.63

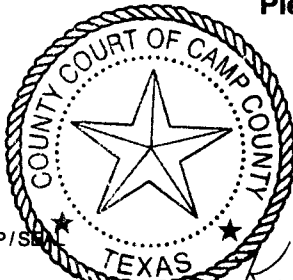
**18 SIGNATURE**

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.

*Kim Pittman*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Kim Pittman* this the 9th day of January.

20 26 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 \_\_\_\_\_, 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)

# 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  
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.

<b>1</b> Total pages Schedule G: <div style="text-align: center;">1</div>	<b>2</b> FILER NAME <div style="text-align: center;">Kim Pittman</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">1/9/2026</div>	<b>5</b> Payee name <div style="text-align: center;">Camp County Republican Party</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">750.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <div style="text-align: center;">P.O. Box 275 Pittsburg TX 75686</div>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees</div>	
	<b>(b)</b> Description <div style="text-align: center;">Filing Fee</div>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
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 type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$