CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:		OFFICE	USEONLY
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Meli	nda	MI .	Date Received	
NAME	NICKNAME COX	~	SUFFIX	5/8/2024	1
4 ORIGINAL REPORT TYPE	January 15 Run	noff eeded modified reporting	Final report	Date Hand-delivered o	or Date Postmarked
			specify)	Receipt #	Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day	Year	Date Processed Date Imaged	
6 EXPLANATION OF CO					
Added	d an expens	liture	× .		
	ear, or affirm, under penalty of	perjury, that this correc	cted report is	true and corre	ect.
	ck ONLY if applicable:				
Semiannual mislead or to	reports: I swear, or affirm, that to misrepre-sent the information of	he original report was ma ontained in the report.	ide in good fai	th and without	an intent to
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th Disiness day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith					
		Signati	ure of Candidate/	Officeholder	
	Please co	mplete either optio	n helow:		
(1) Affidavit	1100000				
NOTARY STAMP/SEA	L				
Sworn to and subscribed	Sworn to and subscribed before me by this the day of,				·
20, to certify	which, witness my hand and seal of office	ce.			
Signature of officer administe	ring oath Printed name	of officer administering oath		Title of officer	administering oath
		OR			
(2) Unsworn Declarati	on		and Address Sections		
mel	linda Cox		ar talada ia		
My name is 1161 My address is 3253	5 Poan Wall	and my date	nio TX	78759	USA
lviy address is	(street)	(city)	(state)	(zip code)	(country)
Executed in Bexau		as , on the oth day	MARIA		(333)
n de la companya del la companya de		Signatur	of Candidate/O	fficeholder (Declar	rant)
Remember To Attac	ch Any Part Of The Campaign F	inance Report Form Ne	eded To Repo	ort And Explain	Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form.

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	Mrs / Mrs / Mrs First Mrs. Melinda	MI	OFFICE USE ONLY	
TV WILL	NICKNAME LAST COX	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3255 Roan Way San Antonio, Tx 78259 5/8/2024			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 859-3486	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	Ms / Mrs / Mr First Mrs. Shellie	MI	Receipt # Amount \$ Date Processed	
	NICKNAME LAST Cecchine	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 3715 Verrado San Antonio, Tx 78261			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 393-2459			
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)	
10 PERIOD COVERED	Month Day Year 3 / 26 / 24	Exceeded Modified Reporting Limit Month THROUGH 4	Final Report (Attach C/OH - FR)	
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 4 / 24	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) NEISD Trustee SMD 5			
14 NOTICE FROM POLITICAL COMMITTEE(S)	OLITICAL OMMITTEE(S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITION OF THE CANDIDATE OF SUCH EXPENDITION OF THE CANDIDATE OF SUCH EXPENDITION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITION OF THE CANDIDATE OF SUCH EXPENDITION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITION OF THE CANDIDATE OF SUCH EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATE OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITION. COMMITTEE TYPE CO			
Additional Pages	SPECIFIC SPECIFIC COMMITTEE CAMPAIGN TRE Patsy Esterline COMMITTEE CAMPAIGN TRI	ASURER NAME EASURER ADDRESS), Tx 78217	
		San Antonio, Tx 78239 PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Melinda Cox		16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)	IS (OTHER THAN S, OR \$	-0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)	5412.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$	3919.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY \$	3136.63
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	IG LOANS AS OF THE \$	-0-
(1) Affidavit	Please complete either op	tion below:	
NOTARY STAMP/SEAL			
Sworn to and subscribed by 20, to certify w	hich, witness my hand and seal of office.	this the day of	
Signature of officer administeri	g oath Printed name of officer administering oath	Title of officer	administering oath
	OR		
2) Unsworn Declaration			
My name is Melinda Co	, silve in y	date of birth is	
My address is 3255 Roa	n Way San Anto	nio , Tx , 78259 , L	JSA
executed in Bexar	(street) (city) County, State of Texas , on the	y) (state) (zip code) day of May (xear)	(country)
	Signa	ature of Candidate/Officeholder (Decla	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1	19 FILER NAME Melinda Cox Piler ID (Ethics Cor		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	962.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ONS \$	3919.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	UTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	11 2
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	3
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET TO FILER	TURNED \$	

Reset Page

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Revised 1/1/2024

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1	2 FILER NAME	To the second se	3 Filer ID (Eth	nics Commission Filers)
4 Date	Melinda Cox			
4/5/24	5 Payee name Norton Lewis Printing			
6 Amount (\$)	7 Payee address:	City	01.1	
		City;	State;	Zip Code
361.33	12106 Valliant St	San Antonio	Tx	78216
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising	Signs		
	(c) Check if travel outside of Texas. Complete Scher	dule T. Check if Aus	tin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description		1
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder livin	a expanso
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	, TX, Uniceriolder HVIII	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description		
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	, TX, officeholder living	Avnanca
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	,, omeendider nymg	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	
orms provided by Texas Ethi	cs Com Dood Form cs.s			Revised 1/1/2024

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