

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: 12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Melinda

NICKNAME

LAST

SUFFIX

Cox

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3255 Roan Way
San Antonio, Tx 78259

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

859-3486

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Shellie

NICKNAME

LAST

SUFFIX

Cecchine

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3715 Verrado
San Antonio, Tx 78261

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

393-2459

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

3

/

26

/

24

THROUGH

Month

Day

Year

4/

24

/

24

11 ELECTION

ELECTION DATE

Month

Day

Year

05

/

04

/

24

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NEISD Trustee SMD 5

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

Bexar County Federation of Teachers

COMMITTEE ADDRESS

10615 Perrin Beitel Ste 203 San Antonio, Tx 78217

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Patsy Esterline

COMMITTEE CAMPAIGN TREASURER ADDRESS

8603 Glen Mont San Antonio, Tx 78239

Additional Pages

OFFICE USE ONLY

Date Received

RECEIVED

APR 25 2024

NEISD
DIVISION OF BUSINESS SERVICES

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

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	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Date Received				
5 CANDIDATE / OFFICEHOLDER PHONE	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	Date Processed				
8 CAMPAIGN TREASURER PHONE	Date Imaged				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
10 PERIOD COVERED	Area Code Phone Number Extension				
11 ELECTION	Area Code Phone Number Extension				
12 OFFICE	13 OFFICE SOUGHT (if known)				
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.				

Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" 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
Melinda Cox

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)

\$

5412.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3558.63

CONTRIBUTION
BALANCE

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

\$

3136.63

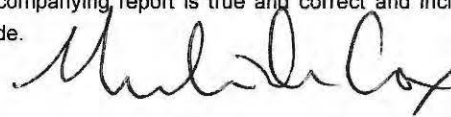
OUTSTANDING
LOAN TOTALS

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

\$

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 Melinda Cox, and my date of birth is [REDACTED]

My address is 3255 Roan Way, San Antonio, Tx, 78259, USA
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 25th day of April, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Melinda Cox

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

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 CONTRIBUTIONS	\$ 3558.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:

4

2 FILER NAME
Melinda Cox

3 Filer ID (Ethics Commission Filers)

4 Date
3/26/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Thomas Cummins

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
5923 Woodridge Rock San Antonio, Tx 78245

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/26/24

Full name of contributor out-of-state PAC (ID#: _____)
Bexar County Federation of Teachers

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
10615 Perrin Beitel Suite 203 San Antonio, Tx 78217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/29/24

Full name of contributor out-of-state PAC (ID#: _____)
Shana Robinson

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
1017 N. Main Ave Ste 204 San Antonio, Tx 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/1/24

Full name of contributor out-of-state PAC (ID#: _____)
David Olson

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
8 Ranch Ter Fair Oaks, Tx 78015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:

4

2 FILER NAME
Melinda Cox

3 Filer ID (Ethics Commission Filers)

4 Date
4/9/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Linda Comeaux

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
3185 Morning Creek San Antonio, Tx 78247

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/10/24

Full name of contributor out-of-state PAC (ID#: _____)
Sandra and Keith Hughey

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
3430 Hunters Stand St San Antonio, Tx 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/13/24

Full name of contributor out-of-state PAC (ID#: _____)
David Plylar

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
4218 Misty Glade San Antonio, Tx 78247

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/12/24

Full name of contributor out-of-state PAC (ID#: _____)
Bexar County Champions for Public Education

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
PO Box 593158 San Antonio, Tx 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:

4

2 FILER NAME
Melinda Cox

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Diane Temple

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
4614 Amorosa Way San Antonio, Tx 78261

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/14/24

Full name of contributor out-of-state PAC (ID#: _____)
Zada and John Courage

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
1938 Broken Oak St San Antonio, Tx 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/19/24

Full name of contributor out-of-state PAC (ID#: _____)
David Canales Campaign

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
PO Box 592055 San Antonio, Tx 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/15/24

Full name of contributor out-of-state PAC (ID#: _____)
Gordon Brown

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
2311 Encino Cliff San Antonio, Tx 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:

4

2 FILER NAME
Melinda Cox

3 Filer ID (Ethics Commission Filers)

4 Date
4/19/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Canales Law and ADR

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
PO Box 592055 San Antonio, Tx 78259

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/9/24

Full name of contributor out-of-state PAC (ID#: _____)
LaVerne Dysart

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
518 Bluff Trail San Antonio, Tx 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/21/24

Full name of contributor out-of-state PAC (ID#: _____)
Leticia Bresnahan

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
7887 Broadway Unit 1005 San Antonio, Tx 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/20/24

Full name of contributor out-of-state PAC (ID#: _____)
Joe Jesse and Minerva Sanchez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
3711 River Falls San Antonio, Tx 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	
2 FILER NAME Melinda Cox		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 30.00	
5 Date 4/19/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cassandra Perez 7 Contributor address; City; State; Zip Code 3930 Mahogany Cove San Antonio, Tx 78261	8 Amount of Contribution \$ 275.00	9 In-kind contribution description Meet and Greet <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 4/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angie Ogawa Contributor address; City; State; Zip Code 18146 Emerald Forest San Antonio, Tx 78259	Amount of Contribution \$ 207.00	In-kind contribution description Meet and Greet <small>Check if travel outside of Texas. Complete Schedule T.</small>
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: <div style="text-align: center; font-size: 1.5em;">2</div>	
2 FILER NAME Melinda Cox		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/19/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerry Jonietz	8 Amount of Contribution \$ 250.00	9 In-kind contribution description Meet and Greet
7 Contributor address; City; State; Zip Code 2210 Encino Cliff San Antonio, Tx 78259		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 4/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Whitenton	Amount of Contribution \$ 200.00	In-kind contribution description Meet and Greet
Contributor address; City; State; Zip Code 123 Roseheart San Antonio Tx 78259		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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 2	2 FILER NAME Melinda Cox	3 Filer ID (Ethics Commission Filers)
4 Date 4/11/24	5 Payee name Norton Lewis	
6 Amount (\$) 145.66	7 Payee address; City; State; Zip Code 12106 Valliant San Antonio, Tx 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard signs
	(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		
Date 4/2/24	Payee name Alamo Social	
Amount (\$) 650.00	Payee address; City; State; Zip Code 122 Roy Smith San Antonio, Tx 78215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media
	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		
Date 4/13/24	Payee name Meta	
Amount (\$) 12.98	Payee address; City; State; Zip Code 1 HackerWay Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Facebook
	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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 2	2 FILER NAME Melinda Cox	3 Filer ID (Ethics Commission Filers)
4 Date 4-17-24	5 Payee name Norton Lewis	
6 Amount (\$) 145.66	7 Payee address; City; State; Zip Code 12106 Valliant San Antonio, Tx 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description yard signs
	(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		
Date 4/20/24	Payee name Darren Meritz	
Amount (\$) 2531.51	Payee address; City; State; Zip Code 11405 Whisper Valley San Antonio, Tx 78230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	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		
Date 4/22/24	Payee name Norton Lewis	
Amount (\$) 72.82	Payee address; City; State; Zip Code 12106 Valliant San Antonio, Tx 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description yard signs
	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