

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:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Melissa Martinez
White

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

13423 Blanco Rd #152
San Antonio TX 78216

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 410-9209

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Gina
San Agustin

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

13423 Blanco Rd #152
San Antonio, TX 78216

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 867-8888

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 \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

02 / 18 / 2016 THROUGH 05 / 07 / 2016

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 2014

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Board of Trustees
District 1 NERSD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Melissa White

15 Filer ID (Ethics Commission Filers)

**16 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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *450.14*

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

\$ *2,782.26*

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. **TOTAL POLITICAL EXPENDITURES**

\$ *1796.81*

**CONTRIBUTION
BALANCE**

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

\$ *985.45*

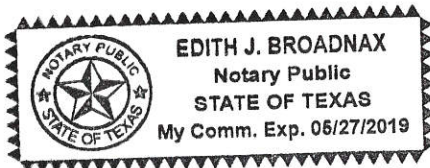
**OUTSTANDING
LOAN TOTALS**

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

\$ *0*

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Melissa White
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *MELISSA WHITE*, this the *7th* day of *April*, 20 *16*, to certify which, witness my hand and seal of office.

Edith J. Broadnax *Edith Broadnax* *Admin Asst*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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-of-2		2 FILER NAME Melissa White		3 Filer ID (Ethics Commission Filers)	
4 Date 03/14/2012		5 Payee name Idea Bits			
6 Amount (\$) 162.01		7 Payee address; City; State; Zip Code 19749 Dearborn St Chatsworth CA 91311			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printy Expense Shirts		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa White		Office sought District 1	Office held
Date 04/07/2012		Payee name UPrinting			
Amount (\$) 253.04		Payee address; City; State; Zip Code 8000 Haskell Ave. Van Nuys, CA 91406			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa White		Office sought District 1	Office held
Date 04/07/2012		Payee name Signs on the Cheap.com			
Amount (\$) \$551.94		Payee address; City; State; Zip Code 2433 Rutland Dr. Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printy Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa White		Office sought District 1	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1 of 2		2 FILER NAME Melissa White		3 Filer ID (Ethics Commission Filers)	
4 Date 04/06/17		5 Payee name Nation Builder			
6 Amount (\$) 178.00		7 Payee address; City; State; Zip Code 520 S. Grand Ave. 2nd floor Los Angeles, CA 90071			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense (website)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Melissa White		Office sought District 1	
Date 03/25/2016		Payee name Blanco BBQ			
Amount (\$) 1530.83		Payee address; City; State; Zip Code 13259 Blanco Rd SAN ANTONIO, TX 78216			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa White		Office sought District 1	
Date 03/10/2016		Payee name Wholesale Bingo Supply			
Amount (\$) 117.99		Payee address; City; State; Zip Code 3520 Schaefer Dr Jackson, MI 49202			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Melissa White		Office sought District 1	

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 checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2332.12
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1796.81
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Melissa White</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/25/2016</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ryan Smith</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>14500 Blanco Rd #721 SATX 78216</i>		
8 Principal occupation / Job title (See Instructions) <i>Photographer</i>		9 Employer (See Instructions) <i>VRBN Events</i>
Date <i>3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tara Valdez</i>	Amount of contribution (\$) <i>140.00</i>
Contributor address; City; State; Zip Code <i>12470 Starcrest SAT 78216</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Audrey Polk</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>207 Honey Suckle SAT 78213</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Acosta</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>13015 Buttercups SAT 78216</i>		
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Melbisz White</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Derek White</i> 6 Contributor address; City; State; Zip Code <i>26041 MEADOWLARK DR SAT 78240</i>	7 Amount of contribution (\$) <i>\$ 140</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tammy Estela</i> Contributor address; City; State; Zip Code <i>20202 CRESTA AVENIDA #7208 SAT 78256</i>	Amount of contribution (\$) <i>\$ 139.12</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wagne Garcia</i> Contributor address; City; State; Zip Code <i>5410 GOODWIN AVE DALLAS TX 75206</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joshua Bresino</i> Contributor address; City; State; Zip Code <i>20202 CRESTA AVENIDA #7208 SAT 78256</i>	Amount of contribution (\$) <i>\$ 275</i>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Melvin White

3 Filer ID (Ethics Commission Filers)

4 Date

3/25

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stephanie F-123

7 Amount of contribution (\$)

82.00

6 Contributor address;

City; State; Zip Code

13442 BLACKSTONE UC, TX 78148

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ang Sanchez

Amount of contribution (\$)

235.00

Contributor address;

City; State; Zip Code

1610 W. TERRAZA SAT 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ross Harlock

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

3635 NEPPER RD DALLAS, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lisa Morales

Amount of contribution (\$)

\$ 120.00

Contributor address;

City; State; Zip Code

2928 SPUT ROCK CIR BURBANK, TX 78103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Melissa White

3 Filer ID (Ethics Commission Filers)

4 Date

2/24

5 Full name of contributor

Clare Griffin

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1451 Montfort Drive #271 Dallas TX 75254

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23

Full name of contributor

Patricia Garcia

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

3616 TOWNSEND DR. DALLAS, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25

Full name of contributor

Total Contributors less than \$50

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

450.14

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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