

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1 Filer ID (Ethics Commission Filers)</b> |   | <b>2 Total pages filed:</b><br><div style="font-size: 2em; text-align: center;">5</div>                   |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.5em;">Melissa Martinez</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.5em;">White</div>  |  |   | <div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b> </div>                        |  |
|   | <div style="border: 1px solid black; padding: 5px;"> <b>Date Received</b> </div>  |  |   | <div style="border: 1px solid black; padding: 5px;"> <b>Date Hand-delivered or Date Postmarked</b> </div> |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em;">13423 Blanco Rd. #152<br/>San Antonio, TX 78216</div>  |  |   | <div style="border: 1px solid black; padding: 5px;"> <b>Receipt #</b> </div>                              |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em;">(210) 410-9209</div>   |  |   | <div style="border: 1px solid black; padding: 5px;"> <b>Amount \$</b> </div>                              |  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.5em;">Gina</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.5em;">San Agustin</div>  |  |   | <div style="border: 1px solid black; padding: 5px;"> <b>Date Processed</b> </div>                         |  |
|   | <div style="border: 1px solid black; padding: 5px;"> <b>Date Imaged</b> </div>  |  |   | <div style="border: 1px solid black; padding: 5px;"> <b>Final Report (Attach C/OH - FR)</b> </div>        |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em;">13423 Blanco Rd. #152<br/>San Antonio, TX 78216</div>   |  |   |   |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em;">(210) 867-8888</div>   |  |   |   |  |
| <b>9 REPORT TYPE</b>  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input 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 \$500 limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |  |   |   |  |
| <b>10 PERIOD COVERED</b>  | <div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.5em;">04 / 29 / 2016</div> </div> <div>THROUGH</div> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.5em;">05 / 07 / 2016</div> </div> </div>  |  |   |   |  |
| <b>11 ELECTION</b>  | <b>ELECTION DATE</b><br><br><div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.5em;">05 / 07 / 2016</div>   |  | <b>ELECTION TYPE</b><br><br><div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> |   |  |
|   | <b>12 OFFICE</b><br><br>OFFICE HELD (if any)  |  | <b>13 OFFICE SOUGHT (if known)</b><br><br>Board of Trustees<br>District 1 NEISD   |   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

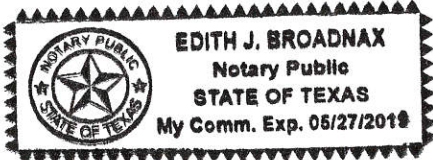
**FORM C/OH  
COVER SHEET PG 2**

|   |   |
|---|---|
| <b>14 C/OH NAME</b><br><u>Melissa White</u> | <b>15 Filer ID</b> (Ethics Commission Filers) |
|---|---|

|   |   |                                   |
|---|---|-----------------------------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><br><br><br><input type="checkbox"/> Additional Pages | 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                    |
|   | <input type="checkbox"/> GENERAL  |                                   |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE ADDRESS                 |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                   |

|                                |   |                   |
|--------------------------------|---|-------------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>Ø</u>       |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                        | \$ <u>Ø</u>       |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>Ø</u>       |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ <u>1433.15</u> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>Ø</u>       |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>Ø</u>       |

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Melissa White  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Melissa White, this the 2ND day of June, 2016, to certify which, witness my hand and seal of office.

Edith J. Broadnax  
Signature of officer administering oath

Edith J. Broadnax  
Printed name of officer administering oath

Admin Asst  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|  |   |   |
|--|---|---|
| <b>19 FILER NAME</b><br><i>Melissa White</i>     |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>1433.15</i>                             |
| 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 | \$  |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

Melissa White

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

## A. CAMPAIGN FUNDS

Check only one:

- ☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

# 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: <b>①</b>                          |  | 2 FILER NAME<br><b>Melissa White</b>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><b>05-06-16</b>                                    |  | 5 Payee name<br><b>Paesanos 1604</b>   |  |   |  |
| 6 Amount (\$)<br><b>1433.15</b>                              |  | 7 Payee address; City; State; Zip Code<br><b>3622 Paesanos parkway San Antonio, TX 78231</b> |  |   |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>     |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |  |   |  |
| Date   |  | Candidate / Officeholder name<br><b>Melissa White</b>  |  | Office sought<br><b>NEISD, District 1 Board of Trustees</b>   |  |
| Amount (\$)  |  | Office held  |  |   |  |
| Payee name   |  | Payee address; City; State; Zip Code   |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 |  | Category (See Categories listed at the top of this schedule)                                 |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |  |  |   |  |
| Date   |  | Candidate / Officeholder name  |  | Office sought   |  |
| Amount (\$)  |  | Office held  |  |   |  |
| Payee name   |  | Payee address; City; State; Zip Code   |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 |  | Category (See Categories listed at the top of this schedule)                                 |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |  |  |   |  |
| Date   |  | Candidate / Officeholder name  |  | Office sought   |  |
| Amount (\$)  |  | Office held  |  |   |  |
| Payee name   |  | Payee address; City; State; Zip Code   |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 |  | Category (See Categories listed at the top of this schedule)                                 |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |  |  |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |  |  |   |  |