

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:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Melinda Cox

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

3255 Roan Way San Antonio, TX 78259

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 859-3486

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Shellie Cecchini

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

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 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

Month

Day

Year

1 / 16 / 2024

THROUGH

3 / 25 / 2024

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

☐ Primary

☐ Runoff

☐ Other
Description

5 / 4 / 2024

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NEISD Trustee Smp 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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Bexar County Champions for Public Education

P.O. Box 593158 San Antonio, TX 78259

Beth Plummer

11 Nopalito San Antonio TX 78261

☐ Additional Pages

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)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7291.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3218.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5165 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Melinda Cox

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 6/30/1968
 My address is 3255 Roan Way San Antonio, TX 78259
 (street) (city) (state) (zip code) (country) USA
 Executed in Bexar County, State of TX, on the 3rd day of April, 2024
 (month) (year)
Melinda Cox
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Melinda Cox</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7015.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>276.04</i>
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>1450.00</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>88.59</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1679.50</i>
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

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:

9

2 FILER NAME

Melinda Cox

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/24

5 Full name of contributor

Kim Ware

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100 ^u

6 Contributor address;

City;

State;

Zip Code

17634 Bear River lane Humble TX 77346

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/14/24

Full name of contributor

Katrina Mohrer

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100 ^u

Contributor address;

City;

State;

Zip Code

2715 Winding View San Antonio TX 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/24

Full name of contributor

Jennifer Taylor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250 ^u

Contributor address;

City;

State;

Zip Code

68 San Isidro San Antonio TX 78261

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/24

Full name of contributor

Kim Papillion (Charles)

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50 ^u

Contributor address;

City;

State;

Zip Code

5411 Pecan Springs Ln Missouri City TX 77459

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: 9
2 FILER NAME Melinda Cox		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aidan Mutch	7 Amount of contribution (\$) \$ 30
6 Contributor address; City; State; Zip Code 3255 Roan Way San Antonio, TX 78259		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Caroline Spencer	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 19935 Park Hollow San Antonio TX 78259		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Derek Waters	Amount of contribution (\$) \$ 150
Contributor address; City; State; Zip Code 1610 Sun Mtn San Antonio, TX 78258		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maureen Lancaster	Amount of contribution (\$) \$ 25
Contributor address; City; State; Zip Code 2627 Pebble Breeze San Antonio TX 78232		
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: **9**

2 FILER NAME

Melinda Cox

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Cindy Zagrecki

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address;

City;

State;

Zip Code

23906 Madrugada San Antonio TX 78261

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/24

Full name of contributor

☐ out-of-state PAC (ID#:

Debbie Weissmuller

Amount of contribution (\$)

\$ 40⁰⁰

Contributor address;

City;

State;

Zip Code

1902 Roan Crossing San Antonio TX 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/24

Full name of contributor

☐ out-of-state PAC (ID#:

Shellie Cecchine

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address;

City;

State;

Zip Code

3715 Verrado San Antonio TX 78261

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/24

Full name of contributor

☐ out-of-state PAC (ID#:

Katie Brown

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City;

State;

Zip Code

518 Enchanted Way San Antonio TX 78260

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: <div style="text-align: center; font-size: 1.5em;">9</div>
2 FILER NAME <div style="font-size: 1.2em;">Melinda Cox</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">2/25/24</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Larry Blackburn</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$100 ⁰⁰</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">26235 Romance PT San Antonio TX 78268</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.2em;">2/28/24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">George Lamborn</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$200 ⁰⁰</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2410 Border Ln San Antonio TX 78232</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em;">2/26/24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Rachel Naylor</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$200 ⁰⁰</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">213 Lone tree Boerne, TX 78006</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em;">3/2/24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Rebecca Sweer</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$20 ⁰⁰</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1402 Grey Oak San Antonio TX 78213</div>		
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: <div style="text-align: center; font-size: 2em;">9</div>
2 FILER NAME <div style="font-size: 1.5em;">Melinda Cox</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em;">3/3/24</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.5em;">Mary Beth Connelley</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">\$ 250</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">3250 Loan Way San Antonio TX 78259</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.5em;">3/4/24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.5em;">Sue Hernandez</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$ 100</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">248 Claywell San Antonio TX 78209</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.5em;">3/5/24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.5em;">Shannon Moravits</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$ 200</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">210 E Wildwood San Antonio TX 78212</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.5em;">3/8/24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.5em;">Jason Welch</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$ 200</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">25902 Laurel Glen San Antonio TX 78260</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 9
2 FILER NAME Melinda Cox		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John/Judy Mangleberger	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 15931 Tampke San Antonio TX 78247		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maurine Molak	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 213 Medford Ter San Antonio TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kim Barnes	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3515 Puerta de Sol San Antonio TX 78261		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Chidgey	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 303 Oakleaf Ter San Antonio TX 78209		
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: 9
2 FILER NAME Melinda Cox		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandra Winkley	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2318 Wood Meadow San Antonio TX 78232		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bexar County Champions for Public Education	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code PO Box 593158 San Antonio TX 78259		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janet Stewart	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 3310 Valley Creek San Antonio TX 78261		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christie Busenlehner	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 23715 Morning light San Antonio TX 78261		
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 <u>9</u> Schedule A1:
2 FILER NAME <u>Melinda Lox</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/21/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Bob Comeaux</u>	7 Amount of contribution (\$) <u>\$50</u>
6 Contributor address; City; State; Zip Code <u>1810 Oakline Dr San Antonio TX 78232</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/22/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Babel De la Riva</u>	Amount of contribution (\$) <u>\$500</u>
Contributor address; City; State; Zip Code <u>22623 Angala Bend San Antonio TX 78259</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Steve Hennigan</u>	Amount of contribution (\$) <u>\$1000</u>
Contributor address; City; State; Zip Code <u>22314 Roan Forest San Antonio TX 78259</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/22/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Linda Comeaux</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>3185 Morning Creek San Antonio TX 78247</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 9
2 FILER NAME <i>Melinda Cox</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/23/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tamie Hubbard</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>4920 Magnolia Cove Dr #7205 Kingwood TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>77345</i>
Date <i>3/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebekah Cummings</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>2346 Pizarro Pt San Antonio TX 78259</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve & Julie Magadanec</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>2110 Copper Hill Dr San Antonio TX 78232</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Huo</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>22410 Roan Forest San Antonio TX 78259</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.		

SCHEDULE A1

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

Revised 1/1/2024

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: <u>1</u>	
2 FILER NAME <u>Melinda Cox</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>276.04</u>	
5 Date <u>2/23/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Shannon Grona</u>	8 Amount of Contribution \$ <u>276.04</u>	9 In-kind contribution description <u>+-shirts</u>
7 Contributor address; City; State; Zip Code <u>12430 Old Fossil San Antonio TX 78764</u>		<input type="checkbox"/> 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Melinda Cox	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/24	5 Payee name Victor Nino	
6 Amount (\$) \$150	7 Payee address; City; State; Zip Code 26702 Andorra Colony Ct Katy TX 77493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description* Design of Rack cards
	(c) <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 Office sought Office held		
Date 2/24/24	Payee name Alamo Social	
Amount (\$) \$650	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 Exp	Description Social Media
	<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 Office sought Office held		
Date 3/6/24	Payee name Alamo Social	
Amount (\$) \$650	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 Exp	Description Social Media
	<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 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <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 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 schedule)		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 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 schedule)		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 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 schedule)		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 Office sought Office held			

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2	2 FILER NAME	Melinda Cox		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						\$
5 CREDIT CARD ISSUER	Name of financial institution American Express					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid			
	\$ 22.16	1/21/24	2/20/24			
7 PAYEE	(a) Payee name	(b) Payee address;	City,	State,	Zip Code	
	Go Daddy	2155 E GoDaddy Way	Tempe,	Arizona	85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	Advertising Expense		website			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid			
	\$ 12.98	2/13/24	3/21/24			
PAYEE	(a) Payee name	(b) Payee address;	City,	State,	Zip Code	
	Meta	1 Hacker Way	Menlo Park,	CA	94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	Advertising Expense		Facebook			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid			
	\$ 40.47	3/13/24				
PAYEE	(a) Payee name	(b) Payee address;	City,	State,	Zip Code	
	Fed Ex	17306 Bulverde	San Antonio,	TX	78247	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	Advertising Exp		Pledge cards			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought		Office Held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME Melinda Cox	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 12.98	(b) Date Expenditure Charged 3/13/24
7 PAYEE	(a) Payee name Meta	(b) Payee address; City, State, Zip Code 1 Hacker Way Menlo Park Ca 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook
(c) <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 Office Sought Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
(c) <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 Office Sought Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
(c) <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 Office Sought Office Held	

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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.

1 Total pages Schedule G: <div style="text-align: center;">1</div>	2 FILER NAME <div style="font-size: 1.2em;">Melinda Cox</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">2/28/24</div>	5 Payee name <div style="font-size: 1.2em;">Norton Lewis</div>		
6 Amount (\$) <div style="font-size: 1.2em;">\$1679.50</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">12106 Valliant San Antonio TX 78216</div>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Exp</div>		(b) Description <div style="font-size: 1.2em;">Signs/stickers/rack cards</div>
	(c) <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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

Date <div style="font-size: 1.2em;">3/21/24</div>	Payee name <div style="font-size: 1.2em;">American Express</div>		
Amount (\$) <div style="font-size: 1.2em;">\$12.98</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">PO Box 96001 Los Angeles CA 90096</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Exp</div>		Description <div style="font-size: 1.2em;">Facebook</div>
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

Date <div style="font-size: 1.2em;">2/20/24</div>	Payee name <div style="font-size: 1.2em;">American Express</div>		
Amount (\$) <div style="font-size: 1.2em;">\$12.98</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">PO Box 96001 Los Angeles CA 90096</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Exp</div>		Description <div style="font-size: 1.2em;">Web site</div>
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

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