#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** Mrs Melissa H NAME Date Received NICKNAME LAST Flemina 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER** MAILING Round Rock, TX 78683 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST MI TREASURER Selicia Mrs NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Sanchez-Adame 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: C!TY: STATE: ZIP CODE TREASURER **ADDRESS** Round Rock, TX 78665 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** 8th day before election Fine! Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 16 / 24 / 15 / 25 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Month Other Day Year Description 5 24 Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Round Rock City Council, Place 3 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, CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Melissa H Fleming		16 Filler ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	ans) \$						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$						
• • • • • • • • • • • • • • • • • • • •	4. TOTAL POLITICAL EXPENDITURES	\$ 14506						
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD							
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$ 3 5 60 00						
18 SIGNATURE I a	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all Information						
	Simpoton of	Candidate or Officeholder						
	Signature of	Candidate or Officendidar						
Please complete either option below:								
(1) Affidavit								
NOTARY STAMP/SEAL	L							
Swom to and subscribed	before me by	the day of						
	which, witness my hand and seal of office.	the day of,						
		_						
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath						
(2) Hannam Designation	OR							
(2) Unsworn Declaration								
<sub>My name is</sub> <u>Melissa F</u>		ı is						
My address is		TX 78665 Williamson						
Executed in Williamson	(street) (city)  County, State of Texas , on the 01 day of 14	(state) (zlp code) (country)						
	County, State of 16AdS , on the 01 day of 14							
	Signature of Can	didate/Officeholder (Declarant)						
		-						

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

Melissa H Fleming	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	s —
2. SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. SCHEDULE E: LOANS	\$ 350000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO.	INTRIBUTIONS \$ 14506
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 FUN	NDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$

### LOANS

### SCHEDULE E

If the requeste	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Melissa-Paming		23
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
12/15/24	Mecs5A Fleming		500-
6 is lender a financial	Me CS5A Fremy 8 Lender address; City:	State; Zip Code	10 Interest rate
Institution?	1272 Protorest Ci	THE HOUND I GOOD	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Call	ateral	15 Charle If account 6	
поле		account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable		winds are wone	
20 Principal Occupat	ion (See Instructions)	21 Employer (See instructions)	
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City;	State; Zip Code	Interest rate
□ y □ N			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
none		Check if personal fund account (See Instructi	is were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	OR (See Instructions)	Employer (See Instructions)	
If ler	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED
If ler	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED

#### SCHEDULE F1

		EXPE	NDITURE CATE	GORIES	FOR BOX 8(a)		
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4 Date 9/1 6/24	5 Payee na	o Dade	J.			•	
6 Amount (\$)	7 Payee ad	-			City;	State	Zip Code
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8 PURPOSE OF	(a) Category	y (See Categorio	es listed at the top of this	s schedule)	(b) Description		
EXPENDITURE	cdv	14112	1		website		
	(c)		tade of Texas, Complete !	Schedule T.		tin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name	-	Office sought		Office held
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Complete ONLY If direct expenditure to benefit C/OH	Candida	ite / Officeho	lder name		Office sought		Office held
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OF EXPENDITURE	Ban	King					
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Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeho	lder name		Office sought	N 0	Office held
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#### SCHEDULE F1

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Coffice Overhead/Rental Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)		
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#### SCHEDULE F1

Advertising Expense Accounting/Benking		Event Expense		psyment/Reimbursement	Solicitation/Fundre	sing Expense
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)											
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Complete ONLY if direct expenditure to benefit C/OH		te / Officer	nolder name			Office s	ought			Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED											
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# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY							
Date Received							
Date Hand-delivered or Date Postmarked							
Receipt #	Amount \$						
Date Processed							
Date Imaged							

 I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.

Filer ID#

- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>Camparent France</u> report due on <u>ILISC 2025</u> I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL		Signati	ure of Filer
Sworn to and subscribed before me by		_ this the	day of,
20, to certify which, witness my ha	nd and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath		Title of officer administering oath
	ŊR		
(2) Unsworn Declaration		34 Amm	
My name is	leminy and my date	of birth is	08/13/76
My address is 1272 Pice (street)  Executed in Man for County, St	ore I'm Circle lond (Coty)	C/C (state	(zip code) (country)
Executed in	ate of 1285 on the 14 day	(month)	(year)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER