		CEHOLDI CE REPOR				cov		ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains how	to complete this for	m. 1	Filer ID (Ethi	cs Commission Filers)	2 Total	al pages file	ed:
3 CANDIDATE/	MS / MRS / MR	FIRST			MI		OFFICE	USE ONLY
OFFICEHOLDER NAME	Mrs.	Melissa			M	Date Re	ceived	
	Mel	Wilson			SUFFIX		-	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 11200 Broad Pearland, TX	dway Ste. 2743		STAT	E; ZIP CODE		FE	B 2 3 2022
Change of Address	ļ						FORT BEN	D COUNTY ELECTIO
5 CANDIDATE/ OFFICEHOLDER PHONE	(512 )	900-5499		EXTE	NSION			or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs.	FIRST Andrea			МІ	Receipt		Amount \$
NAME	NICKNAME	LAST			SUFFIX	Date Pro	cessed	
		Salisbury	/			Date Im	aged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	)	(NO PO BOX PLEASE): // dway Ste. 2743 K 77584		c	ITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 503 )	887-3222		EXTE	NSION			
9 REPORT TYPE	January 15	30th day t	before election	lš	Runoff		15th day afte treasurer ap (Officeholder	
	July 15	8th day be	fore election		Exceeded Modified Reporting Limit	!	Final Report	(Atlach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 16 / 22		THROUGH	Month 2	Day / 22	Year / 22	
11 ELECTION	ELECTION DA	1 _			ELECTION TYPE			
	Month Day	, 1981	rimary eneral	Runoff Special	Other Description			
12 OFFICE	OFFICE HELD (if any)			13 OFFIC	CE SOUGHT (if known)			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBL CEHOLDER. THESE EXPEND S AND OFFICEHOLDERS ARE	DITURES MAY H	IAVE BEEN MAD	DE WITHOUT THE CAND	IDATE'S OR	OFFICEHDLE	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME							
GENERAL COMMITTEE ADDRESS Additional Pages								
•	SPECIFIC	COMMITTEE CAMPAIG	N TREASURE	R NAME				
		COMMITTEE CAMPAIG	GN TREASUR	ER ADDRESS				
		GO	TO PAC	SE 2				

Forms provided by Texas Ethics Commission

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RECEIVED

Revised 8/17/2020

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Melissa M. Wilson 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. 500.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURÉ** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 2,260.58 **TOTAL POLITICAL EXPENDITURES** 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1,100.00 BALANCE OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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 \_\_ \_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is (state) (zip code) (country) (street) County, State of TOXO

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

1	19 FILER NAME  Melissa M. Wilson						
-	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	500.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,510.58				
9.	SCHEDULE G: POLÍTICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	750.00				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	эн \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

		EXPEND	ITURE CA	TEGO	RIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donetions Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	norials Expense	e F	Office Overt Polling Expe Printing Exp Salaries/Wa		Travel In Distr Travel Out Of	Equipm ict District	g Expense ent & Related Expense y not listed above)
1 Total pages Schedule F4:	2 FILER						3 Filer ID (F	thics Co	ommission Filers)
1 Total pages Schools 14.	Melissa N	) "IOI ID (E		J. 1013)					
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARG	EDT	OACR	EDIT CARD	\$		
5 Date	6 Payee name								
02/13/2022	POST CARDS								
7 Amount (\$)	8 Payee address; City; State; Zip Code								
842.00		SKELL AV YS, CA 91				-			
9 TYPE OF EXPENDITURE	(F)	Political		Γ.	Non-Pol	itical			
10		y (See Categories ti		of this sch	edule)	(b) Description			
PURPOSE OF EXPENDITURE	advertis	sing expen	se			campaign po	st cards		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
11 Complete ONLY if direct expenditure to benefit C/OH		didate / Officeh				fice sought and Commissioner PCT. 2	Of	fice he	ld
Date	Payee	name							
01/16/2022	Lowes								
Amount (\$)	Payee	address;				City;	Stat	——— e;	Zip Code
323.00	1	outhwest Fr	reeway S	Suga	rland,	-			·
TYPE OF EXPENDITURE	Ī.	Political			Non-Pol	litical			•
PURPOSE OF EXPENDITURE	Categor other	y (See Categories I	isted at the top o	of this sci	hedule)	Description WOODEN S 4X8	TAKES FO	)R R	OAD SIGNS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ssa M.				fice sought nd Commissioner PCT. 2	Of	ffice he	ld
	ATTA	CH ADDITION	AL COPIE	S OF	THIS SO	CHEDULE AS NE	EDED		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

						page in the rep			
		EXPEND	DITURE CAT	TEGOI	RIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense te Legal Services		O P P S	ffice Over olling Exp dinting Exp elarles/Wa	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)		
			ion Guide exp	plains h	ow to co	emplete this form.			
1 Total pages Schedule F4: 2 FILER NAME Melissa M. Wilson							3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXP	ENDITURE	S CHARGI	EDTO	ACR	EDIT CARD	\$		
5 Date 01/28/2022	6 Payee name Fast Signs Missouri City								
7 Amount (\$) 334.00	<b>8</b> Рауве 9612 Ніс		uite 130,	Miss	ouri C	city; city, TX 77459	State;	Zip Code	
9 TYPE OF EXPENDITURE		Political	1	The state of the s	Non-Pol	itical			
10 PURPOSE OF EXPENDITURE		y (See Calegories sing expen		f this sche		(b) Description campaign yai	rd signs		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
11 Complete ONLY If direct expenditure to benefit C/OH		ssa M.				fice sought and Commissioner PCT. 2	Offic	e held*	
Date 02/13/2022	Payee LOWes	name							
Amount (\$) 11.58		<sub>address;</sub> outhwest F	reeway S	Sugar	land,	City; TX 77478	State;	Zip Code	
TYPE OF EXPENDITURE	F.	Political			Non-Pol	litical			
PURPOSE OF EXPENDITURE	Categor other	y (See Categories	listed at the top o	of this sche	edule)	Description sign stakes			
,		Check if travel outs	ide of Texas. Comp	plete Sche	dule T.	Check if Au	rstin, TX, officeholder	living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ssa M.				fice sought nd Commissioner PCT. 2	Offic	ce held	
	ATTAC	H ADDITION	IAL COPIE	S OF 1	HIS SC	CHEDULE AS NE	EDED		

# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	•				
1 Total pages Schedule G:	<sup>2</sup> FILER NAME MELISSA M. WILSON		3 Filer ID (Ethics Commission Filers)				
4 Date 02/01/0222	5 Payee name ANDREA SALISBURY						
6 Amount (\$) 750.00  Reimbursement from political contributions intended	7 Payee address; 11200 BROADWAY STE. 2743 PEARLAND, TX 77584	City;	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING/OTHER	(b) Description CONTRACTOR	PAY				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense				
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MELISSA M. WILSON FO	Office sought	Office held				
Date	Payee name		<b>@</b> .				
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name  OH	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions Intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, 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 NEEDE	D				