

# 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: 6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Melisa Ann  
Medina

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

Kyle Tx 78640

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

[REDACTED]

## OFFICE USE ONLY

Date Received

RECEIVED

OCT 03 2024

Time: 2:05 AM PM  
By: [Signature]

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

[REDACTED]

Kyle Tx 78640

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

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

07 / 22 / 2024

THROUGH

10 / 03 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 05 / 2024

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Kyle City Council District 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

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

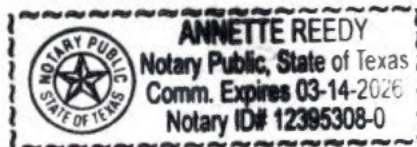
15 C/OH NAME <u>Melisa Ann Medina</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>25.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1460.39</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Melisa Ann Medina  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Melisa Ann Medina this the 3rd day of October, 2024, to certify which, witness my hand and seal of office.

Annette Reedy Annette Reedy Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Melisa Ann Medina

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1460.39
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# 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: <u>1</u>
2 FILER NAME <u>Melisa Ann Medina</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/16/2024</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Tim Wolf</u>	7 Amount of contribution (\$) <u>\$25.00</u>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>Kyle TX 78640</u>		
8 Principal occupation / Job title (See Instructions)		9 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)

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)

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)

**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 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.

<b>1</b> Total pages Schedule G: <u>2</u>		<b>2</b> FILER NAME <u>Melisa Ann Medina</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>8/16/2024</u>		<b>5</b> Payee name <u>Canva</u>			
<b>6</b> Amount (\$) <u>\$152.50</u> <small>Reimbursement from political contributions intended</small>		<b>7</b> Payee address; <u>3212 E Cesar Chavez St</u>		<b>City;</b> <u>Austin</u>	<b>State;</b> <u>TX</u>
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		<b>(b)</b> Description <u>Campaign Flyer</u>	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>8/30/2024</u>		Payee name <u>Fed Ex Office</u>			
Amount (\$) <u>\$321.49</u> <small>Reimbursement from political contributions intended</small>		Payee address; <u>730 Hopkins St</u>		<b>City;</b> <u>San Marcos</u>	<b>State;</b> <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <u>Printing Expense</u>		<b>Description</b> <u>Campaign Banner and Table Throw</u>	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>9/3/2024</u>		Payee name <u>Moonlight Graphix</u>			
Amount (\$) <u>\$414.00</u> <small>Reimbursement from political contributions intended</small>		Payee address; <u>603 W Goforth Rd</u>		<b>City;</b> <u>Buda</u>	<b>State;</b> <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <u>Printing Expense</u>		<b>Description</b> <u>Campaign Yard Signs</u>	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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.

<b>1</b> Total pages Schedule G: <div style="text-align: center; font-size: 1.5em;">2</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em;">Melisa Ann Medina</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="font-size: 1.2em;">9/16/2024</div>	<b>5</b> Payee name <div style="font-size: 1.2em;">HEB</div>	
<b>6</b> Amount (\$) <div style="font-size: 1.2em;">\$171.71</div> <div style="font-size: 0.8em;">Reimbursement from political contributions intended</div>	<b>7</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">5401 South Fm 1426 Kyle TX 78640</div>	
<b>8</b> <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="font-size: 1.2em;">Event Expense</div> </div> <div style="width: 48%;"> <b>(b)</b> Description  <div style="font-size: 1.2em;">Campaign Meet and Greet</div> </div> </div>	
	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div><b>(c)</b> Check if travel outside of Texas. Complete Schedule T.</div> <div>Check if Austin, TX, officeholder living expense</div> </div>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<b>Date</b> <div style="font-size: 1.2em;">9/19/2024</div>	<b>Payee name</b> <div style="font-size: 1.2em;">Moonlight Graphix</div>	
<b>Amount (\$)</b> <div style="font-size: 1.2em;">\$400.53</div> <div style="font-size: 0.8em;">Reimbursement from political contributions intended</div>	<b>Payee address; City; State; Zip Code</b> <div style="font-size: 1.2em;">403 W Goforth Rd Buda TX 78610</div>	
<b>PURPOSE OF EXPENDITURE</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Category</b> (See Categories listed at the top of this schedule)  <div style="font-size: 1.2em;">Printing Expense</div> </div> <div style="width: 48%;"> <b>Description</b>  <div style="font-size: 1.2em;">Campaign Road Signs</div> </div> </div>	
	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Check if travel outside of Texas. Complete Schedule T.</div> <div>Check if Austin, TX, officeholder living expense</div> </div>	
<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>  <div style="font-size: 0.8em;">Reimbursement from political contributions intended</div>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Category</b> (See Categories listed at the top of this schedule) </div> <div style="width: 48%;"> <b>Description</b> </div> </div>	
	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Check if travel outside of Texas. Complete Schedule T.</div> <div>Check if Austin, TX, officeholder living expense</div> </div>	
<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

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