

# 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: <b>40</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Robert</b>	MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <b>Melvin</b>	SUFFIX	Date Received <b>4/3/2025 3:49:56PM</b>
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; <b>104 Bushnell Ave.</b> <b>San Antonio TX 78212</b>			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>727-8943</b>	EXTENSION	Date Hand-delivered or Date Postmarked
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Americo</b>	MI	Receipt #
	NICKNAME	LAST <b>Mendes</b>	SUFFIX	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>2727 Tremble Creek</b> <b>San Antonio TX 78258</b>			STATE; ZIP CODE
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE (      )	PHONE NUMBER -	EXTENSION	
<b>9</b> REPORT TYPE	<b>30th Day Before General Election</b>			
<b>10</b> PERIOD COVERED	Month Day Year <b>1/1/2025</b>		Month Day Year THROUGH <b>4/23/2025</b>	
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>5/3/2025</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____		
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) <b>Mayor</b>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Mr Robert Melvin		15 Filer ID (Ethics Commission Filers)
16 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
	<input type="checkbox"/> Additional Pages	
17 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN 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)	\$ 155938.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 37778.50
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
18 AFFIDAVIT		
<p>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.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mr Robert Melvin</u> this the <u>3rd</u> day of <u>April</u> , 2025, 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

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

<b>19</b> FILER NAME <b>Mr Robert Melvin</b>	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS <b>\$ 45938.00</b>	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS <b>\$ 110000.00</b>	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS <b>\$ 0</b>	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS <b>\$ 0</b>	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <b>\$ 37778.50</b>	
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS <b>\$ 0</b>	
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS <b>\$ 0</b>	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <b>\$ 0</b>	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <b>\$ 0</b>	
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH <b>\$ 0</b>	
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <b>\$ 0</b>	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER <b>\$ 0</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p><b>1</b> Total pages Schedule A1: <b>1 of 17</b></p>
<p><b>2</b> FILER NAME <b>Mr Robert Melvin</b></p>			<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> Date <b>1/11/2025</b></p>	<p><b>5</b> Full name of contributor <b>Rashad Wilkerson</b></p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p><b>7</b> Amount of contribution (\$) <b>1000.00</b></p>
<p><b>6</b> Contributor address; <b>601 Sprintsail Way Oxon Hill, MD 20745</b></p>			<p>City; State; Zip Code</p>
<p><b>8</b> Principal occupation / Job title (See instructions) <b>Physician</b></p>		<p><b>9</b> Employer (See instructions)</p>	
<p>Date <b>1/11/2025</b></p>	<p>Full name of contributor <b>Lisa Wilkerson</b></p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) <b>1000.00</b></p>
<p>Contributor address; <b>601 Sprintsail Way Oxon Hill , MD 20745</b></p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) <b>Physical Therapist</b></p>		<p>Employer (See instructions)</p>	
<p>Date <b>1/11/2025</b></p>	<p>Full name of contributor <b>Elisa Romero</b></p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) <b>1000.00</b></p>
<p>Contributor address; <b>17890 Blanco Rd San Antonio, TX 78232</b></p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions) <b>Realtor</b></p>		<p>Employer (See instructions)</p>	
<p>Date <b>1/11/2025</b></p>	<p>Full name of contributor <b>Erwin DeMarkius</b></p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>		<p>Amount of contribution (\$) <b>25.00</b></p>
<p>Contributor address; <b>212 Turnbrook Drive Huntsville, AL 35824</b></p>			<p>City; State; Zip Code</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>2 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Aaron Omotola</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>5900 Meridian Woods Glen Carbon, IL 62034</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>Physician</b>		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Bruce Hinew</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>473 Crimson Maple Way Smyrna, GA 30082</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>Accountant</b>		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Kendell James</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>34 Circle Dr Wheatley Heights, NY 11798</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>Accountant</b>		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Paul Salisbury</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>500.00</b>
Contributor address; <b>5150 Broadway #503 San Antonio, TX 78209</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>Accountant</b>		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>3 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Jessica Edwards</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>55.00</b>
<b>6</b> Contributor address; <b>555 Creekside crossing New Braunfels, TX 78130</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>Physician</b>		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>John Hume</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>7802 Maple Trace Houston , TX 77070</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>Physician</b>		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Harriet Jackson</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>12524 Hammersmith Ct Charlotte, NC 28262</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Hughette Morris</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>31 Charleys Place Bayshore, NY 11706</b>			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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>4 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Jeff Sebern</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>6</b> Contributor address; <b>312 N. Park Dr.</b> <b>San Antonio, TX 78216</b>			
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Brian Steward</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>250.00</b>
		Contributor address; <b>623 Rockhill Dr</b> <b>San Antonio, TX 78209</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Willie Burroughs</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>1000.00</b>
		Contributor address; <b>515 Carleton Ct</b> <b>San Antonio, TX 78212</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Daniel Katselnik</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>500.00</b>
		Contributor address; <b>115 Limestone Oak</b> <b>Shavano Park, TX 78230</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>5 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Jill Giles</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>6</b> Contributor address; <b>914 Mistletoe San Antonio, TX 78212</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Carl Gamboa</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>128 Harrigan San Antonio, TX 78209</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Lamar Parrett</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>250.00</b>
Contributor address; <b>15002 Country Morning San Antonio, TX 78247</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Gregory Stouffer</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>150.00</b>
Contributor address; <b>3706 Betsy Ross Dr San Antonio, TX 78230</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>6 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Jorge Herrero</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>6</b> Contributor address;      City;      State;      Zip Code <b>78100 Destiny Second Ward Hills</b> <b>Austin , TX 78738</b>			
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Chris Beardsall</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>100.00</b>
		Contributor address;      City;      State;      Zip Code <b>8910 N Loop 1604 W #213</b> <b>San Antonoi, TX 78249</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Roberto Espinosa</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>100.00</b>
		Contributor address;      City;      State;      Zip Code <b>3218 Falling Brook</b> <b>San Antonio, TX 78258</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Christie Squire</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>100.00</b>
		Contributor address;      City;      State;      Zip Code <b>312 Gorrell St</b> <b>Greensboro, NC 27406</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>7 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Sandra James</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>34 Circle Drive</b> <b>Wheatley Heights, NY 11798</b>			
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Serge Fouche</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>100.00</b>
		Contributor address; <b>10740 Ember</b> <b>Boca Raton, FL 33428</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Lissa Melvin</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>1000.00</b>
		Contributor address; <b>104 Bushnell Ave</b> <b>San Antonio, TX 78212</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Kenya Windley</b>	<input type="checkbox"/> out-of-state PAC (ID#_____) <b>500.00</b>
		Contributor address; <b>1105 Bluewater</b> <b>Durham, NC 27703</b>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: <b>8 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Ron Dubois</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>555 Park Ave River Forest, IL 60305</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
<b>Date</b> <b>1/11/2025</b>	<b>Full name of contributor</b> <b>Art Hall</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Contributor address;</b> <b>2243 Shady Rock Circle San Antonio, TX 78231</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>Date</b> <b>1/11/2025</b>	<b>Full name of contributor</b> <b>Rushi Slaton</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b> <b>50.00</b>
<b>Contributor address;</b> <b>4815 Collins Lake Dr. Mableton, GA 30126</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>Date</b> <b>1/11/2025</b>	<b>Full name of contributor</b> <b>Lucienne Jacob</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b> <b>300.00</b>
<b>Contributor address;</b> <b>1351 Circle Dr East North Baldwin, NY 11510</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</b>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>9 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Daphne Hall</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>6</b> Contributor address; <b>116 Western Ln Lafayette, LA 70507</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Kelly Elmore</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>50.00</b>
Contributor address; <b>5680 Trinidad Way San Diego, CA 92114</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Derek Rabb</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>250.00</b>
Contributor address; <b>1727 Peniston St New Orleans, LA 70115</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Marie Magloire</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>500.00</b>
Contributor address; <b>10470 Ember St Boca Raton, FL 33428</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>10 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Juri McDowell</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>6</b> Contributor address; <b>5900 Meridian Wood Glen Carbon, IL 62034</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Elizabeth Utsman</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>16211 Los Sedona Helotes, TX 78023</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Black Stallion Boxing</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>500.00</b>
Contributor address; <b>17803 La Cantera #8125 San Antonio, TX 78256</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <b>Mrs Chaz Chideme</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>103 Wyckman Rise St. San Antonio, TX 78209</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>11 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#_____) <b>Mrs Shawntae Washington</b>	<b>6</b> Contributor address; <b>7111 Oldham drive</b> <b>san antonio, TX 78239</b>	<b>7</b> Amount of contribution (\$) <b>7.00</b>
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#_____) <b>Mrs Michelle Morgan</b>	Amount of contribution (\$) <b>100.00</b>	
	Contributor address; <b>11671 Folmsom Pass</b> <b>San Antonio, TX 78245</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#_____) <b>Mr Marc Villarreal</b>	Amount of contribution (\$) <b>250.00</b>	
	Contributor address; <b>7267 Brandy Ridge</b> <b>San Antonio, TX 78250</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#_____) <b>Mr Aaron Martinez</b>	Amount of contribution (\$) <b>250.00</b>	
	Contributor address; <b>8834 Brae Vista</b> <b>San Antonio, TX 78249</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>12 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/11/2025</b>	<b>5</b> Full name of contributor <b>Mr Albert Tran</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>6</b> Contributor address; <b>7223 Barrel Stage</b> <b>San Antonio , TX 78244</b>			
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Mr Tham Le</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)
		Contributor address; <b>5214 Anzueto</b> <b>San Antonio, TX 78261</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Tranh Nguyen</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)
		Contributor address; <b>6950 Crested Quail</b> <b>San Antonio, TX 78250</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>1/11/2025</b>		Full name of contributor <b>Frank Madala</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)
		Contributor address; <b>18550 Frank Madala</b> <b>Helotes, TX 78023</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>13 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/17/2025</b>	<b>5</b> Full name of contributor <b>Mr Tony Aderian</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>6</b> Contributor address; <b>17803 La Canterra Terrace san antonio, TX 78256</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>Athletic Trainer</b>		<b>9</b> Employer (See instructions) <b>BSB (+)</b>	
Date <b>1/17/2025</b>	Full name of contributor <b>Mr Matthew Dang</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>1222 West Esperanza Ave. McAllen , TX 78501</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>Banker</b>		Employer (See instructions) <b>Lone Start National Bank</b>	
Date <b>1/19/2025</b>	Full name of contributor <b>Mr Phuk Tranh</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>106 Huggins Fry Sugarland , TX 77479</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>Investor</b>		Employer (See instructions) <b>Self</b>	
Date <b>1/19/2025</b>	Full name of contributor <b>Ms Nina Nguyen</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>4015 4015 El Chamizal San Antonio, TX 78261</b>			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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>14 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/19/2025</b>	<b>5</b> Full name of contributor <b>Mr Duy Huynh</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>550.00</b>
<b>6</b> Contributor address; <b>5914 Concho River San Antonio, TX 78253</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>Artist</b>		<b>9</b> Employer (See instructions) <b>Self</b>	
Date <b>2/10/2025</b>	Full name of contributor <b>Mr Jose Ramero</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>17890 Blanco Rd San Antonio, TX 78232</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>Self</b>	
Date <b>2/11/2025</b>	Full name of contributor <b>Mr James Amerson</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>1107 Virginia Avenue San Antonio, TX 78203</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>2/12/2025</b>	Full name of contributor <b>Mr Steven Hartofelis</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>25019 25019 Estancia Cir San Antonio, TX 78260</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>Medical Sales</b>	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>15 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/16/2025</b>	<b>5</b> Full name of contributor <b>Mr Justin Holly</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>25.00</b>
<b>6</b> Contributor address; <b>1546 West Mistletoe Ave San Antonio, TX 78201</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)	
Date <b>2/18/2025</b>	Full name of contributor <b>Mr Michael Angelo</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>2820 S. Alma School Drive Chandler, AZ 85286</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>2/22/2025</b>	Full name of contributor <b>Mr Christopher Longoria</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>3400 Salato Creek San Antonio, TX 78217</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>2/23/2025</b>	Full name of contributor <b>Mr David Huffman</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>3626 John Simms Road Chattanooga, TN 37412</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>Medical Doctor</b>		Employer (See instructions) <b>Self</b>	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>16 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/23/2025</b>	<b>5</b> Full name of contributor <b>Mr Christopher Huffman</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>6</b> Contributor address; <b>3626 John Simms Road Chattanooga, TN 37412</b>			City;      State;      Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>Auto Mechanic</b>		<b>9</b> Employer (See instructions) <b>Auto1 Sales Group</b>	
Date <b>2/23/2025</b>	Full name of contributor <b>Ms Melanie Huffman</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>3626 John Simms Road Chattanooga, TN 37412</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>Medical Practice Exec</b>		Employer (See instructions)	
Date <b>2/23/2025</b>	Full name of contributor <b>Mr Victor Mendoza</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>1439 Butler Drive San Antonio, TX 78251</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>2/23/2025</b>	Full name of contributor <b>Mr Robert T Melvin</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>20000.00</b>
Contributor address; <b>104 Bushnell Ave. San Antonio, TX 78212</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: <b>17 of 17</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/24/2025</b>	<b>5</b> Full name of contributor <b>Mrs Terry Melvin</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>6</b> Contributor address; <b>3626 John Sims Road Chattanooga , TN 37412</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>Medical Doctor</b>		<b>9</b> Employer (See instructions) <b>Self</b>	
<b>Date</b> <b>3/12/2025</b>	<b>Full name of contributor</b> <b>Leonardo Pineda</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b> <b>1.00</b>
<b>Contributor address;</b> <b>4007 McCullough San Antonio, TX 78212</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>Date</b>	<b>Full name of contributor</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b>
<b>Contributor address;</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>Date</b>	<b>Full name of contributor</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b>
<b>Contributor address;</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</b>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule A2: <b>1 of 3</b></p>
<p><b>2</b> FILER NAME <b>Mr Robert Melvin</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$ 0</b></p>
<p><b>5</b> Date <b>1/1/2025</b></p>	<p><b>6</b> Full name of contributor <b>Mr Frederick. Beebe</b></p> <p><b>7</b> Contributor address; City; State; Zip Code <b>11707 Nuevo Circle San Antonio, TX 78253</b></p>	<p><b>8</b> Amount of Contribution \$ <b>15000.00</b></p> <p><b>9</b> In-kind contribution description <b>Political Advisor</b></p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <b>Statewide Energy Manager</b></p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) <b>Texas Department of Transportation</b></p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date <b>1/1/2025</b></p> <p>Full name of contributor <b>Ms Terry Thames</b></p> <p>Contributor address; City; State; Zip Code <b>717 East Grayson Street San Antonio, TX 78208</b></p>		<p>Amount of Contribution \$ <b>25000.00</b></p> <p>In-kind contribution description <b>Political Advisor/Consultant</b></p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <b>Consultant</b></p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) <b>River Thames Prime Consultancy</b></p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule A2: <b>2 of 3</b></p>
<p><b>2</b> FILER NAME <b>Mr Robert Melvin</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>
<p><b>5</b> Date <b>1/1/2025</b></p>	<p><b>6</b> Full name of contributor <b>Mr Calvin McGhee</b></p> <p><b>7</b> Contributor address; <b>4107 Tamarak Road</b> <b>San Antonio, TX 78220</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p><b>8</b> Amount of Contribution \$ <b>15000.00</b></p> <p><b>9</b> In-kind contribution description <b>Political Advisor/Consultant</b></p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <b>Retention Specialist</b></p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) <b>Verizon Wireless Corp</b></p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date <b>1/1/2025</b></p>	<p>Full name of contributor <b>Mr Saulo Rodriguez</b></p> <p>Contributor address; <b>9039 Broadmoor</b> <b>San Antonio, TX 78251</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p><b>Amount of Contribution \$ 15000.00</b></p> <p>In-kind contribution description <b>Digital Marketing and Media Consultant</b></p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <b>CEO</b></p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) <b>S180 Media</b></p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule A2: <b>3 of 3</b></p>
<p><b>2</b> FILER NAME <b>Mr Robert Melvin</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>
<p><b>5</b> Date <b>1/1/2025</b></p>	<p><b>6</b> Full name of contributor <b>Mr Americo Mendes</b></p> <p><b>7</b> Contributor address; <b>2727 Table Creek #234</b> <b>San Antonio, TX 78258</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p><b>8</b> Amount of Contribution \$ <b>10000.00</b></p> <p><b>9</b> In-kind contribution description <b>Political Advisor/Consultant</b></p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <b>Senior Vice President</b></p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date <b>1/1/2025</b></p>	<p>Full name of contributor <b>Mr Duy Le</b></p> <p>Contributor address; <b>18140 HWY 281 N. #109</b> <b>San Antonio, TX 78259</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Amount of Contribution \$ <b>30000.00</b></p> <p>In-kind contribution description <b>Campaign Manager / Political Advisor / Consultant</b></p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule B: <b>1 of 1</b></p>
<p><b>2</b> FILER NAME <b>Mr Robert Melvin</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED PLEDGES</p>		<p><b>\$ 0</b></p>
<p><b>5</b> Date</p>	<p><b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p><b>8</b> Amount of Pledge \$ . . . . . <b>9</b> In-kind contribution description</p>
	<p><b>7</b> Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p><b>10</b> Principal occupation / Job title (See instructions)</p>		<p><b>11</b> Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ . . . . . In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ . . . . . In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ . . . . . In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Mr Robert Melvin</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See instructions)		<b>13</b> Employer (See instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation (See instructions)		<b>21</b> Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	<b>Name of guarantor  Guarantor address; City; State; Zip Code</b>	<b>Amount Guaranteed (\$)</b>
Principal occupation (See instructions)		Employer (See instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: <b>1 of 6</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/5/2025</b>	5 Payee name <b>Innovative Media Group Studio</b>		
6 Amount (\$) <b>8700.00</b>	7 Payee address; City; State; Zip Code <b>8627 Cinnamon Creek Drive #602 San Antonio, TX 78240</b>		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Marketing video</b>	
	(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 <b>1/8/2025</b>	Payee name <b>Little Taco Factory</b>		
Amount (\$) <b>235.00</b>	Payee address; City; State; Zip Code <b>1510 McCullough San Antonio, TX 78212</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Get to know Candidate Meet and Greet district 1</b>	
	<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 <b>1/10/2025</b>	Payee name <b>Marissa Gonzales</b>		
Amount (\$) <b>207.00</b>	Payee address; City; State; Zip Code <b>234 Breeze Drive San Antonio, TX 78212</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Shirts</b>	
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: <b>2 of 6</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)														
4 Date <b>1/11/2025</b>	5 Payee name <b>Paella Bomba USA</b>															
6 Amount (\$) <b>650.00</b>	7 Payee address; City; State; Zip Code <b>5325 Scoria Trail San Antonio, TX 78253</b>															
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description <b>Candidate Announcement (2 paella pans-225 count)</b>														
	(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													
<table border="1"> <tr> <td>Date <b>1/23/2025</b></td> <td>Payee name <b>Soccer Central Property Management</b></td> </tr> <tr> <td>Amount (\$) <b>1500.00</b></td> <td>Payee address; City; State; Zip Code <b>6610 Low Bid Lane San Antonio, TX 78250</b></td> </tr> <tr> <td rowspan="2">  <b>PURPOSE OF EXPENDITURE</b></td> <td>Category (See categories listed at the top of this schedule) <b>Event Expense</b></td> <td>Description <b>Venue Rental</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>1/23/2025</b>	Payee name <b>Soccer Central Property Management</b>	Amount (\$) <b>1500.00</b>	Payee address; City; State; Zip Code <b>6610 Low Bid Lane San Antonio, TX 78250</b>	  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Venue Rental</b>	<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 <b>1/23/2025</b>	Payee name <b>Soccer Central Property Management</b>															
Amount (\$) <b>1500.00</b>	Payee address; City; State; Zip Code <b>6610 Low Bid Lane San Antonio, TX 78250</b>															
  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Venue Rental</b>														
	<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													
<table border="1"> <tr> <td>Date <b>1/23/2025</b></td> <td>Payee name <b>Paella Bomba USA</b></td> </tr> <tr> <td>Amount (\$) <b>975.00</b></td> <td>Payee address; City; State; Zip Code <b>5325 Scoria Trail San Antonio, TX 78252</b></td> </tr> <tr> <td rowspan="2">  <b>PURPOSE OF EXPENDITURE</b></td> <td>Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b></td> <td>Description <b>Catering Services for 3 Paellas</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>1/23/2025</b>	Payee name <b>Paella Bomba USA</b>	Amount (\$) <b>975.00</b>	Payee address; City; State; Zip Code <b>5325 Scoria Trail San Antonio, TX 78252</b>	  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Catering Services for 3 Paellas</b>	<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 <b>1/23/2025</b>	Payee name <b>Paella Bomba USA</b>															
Amount (\$) <b>975.00</b>	Payee address; City; State; Zip Code <b>5325 Scoria Trail San Antonio, TX 78252</b>															
  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Catering Services for 3 Paellas</b>														
	<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													
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>																

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: <b>3 of 6</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/1/2025</b>	5 Payee name <b>3D Signs</b>		
6 Amount (\$) <b>5500.00</b>	7 Payee address; <b>8015 W 2nd Street</b> <b>Somerset, TX 78069</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Political Signage</b>	
	(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 <b>2/8/2025</b>	Payee name <b>Bokoba Mexican Fine dining</b>		
Amount (\$) <b>2800.00</b>	Payee address; City; State; Zip Code <b>3420 N. St. Marys #105</b> <b>San Antonio, TX 78212</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Venue Rental and food and beverage</b>	
	<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 <b>2/22/2025</b>	Payee name <b>Paella Bomba USA</b>		
Amount (\$) <b>325.00</b>	Payee address; City; State; Zip Code <b>5325 Scoria Trail</b> <b>San Antonio, TX 78253</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Neighborhood Meet and Greet (Home)</b>	
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: <b>4 of 6</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)														
4 Date <b>2/25/2025</b>	5 Payee name <b>Tryst Kitchen and Cocktails</b>															
6 Amount (\$) <b>92.70</b>	7 Payee address; <b>1915 Broadway #111 San Antonio, TX 78215</b>	City; State; Zip Code														
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description <b>Team Meeting</b>														
	(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													
<table border="1"> <tr> <td>Date <b>2/28/2025</b></td> <td>Payee name <b>Bubbles and Sudzz Car Wash</b></td> </tr> <tr> <td>Amount (\$) <b>1500.00</b></td> <td>Payee address; <b>1469 WW White Road San Antonio, TX 78202</b></td> </tr> <tr> <td rowspan="2">  <b>PURPOSE OF EXPENDITURE</b></td> <td>Category (See categories listed at the top of this schedule) <b>Event Expense</b></td> <td>Description <b>Political Rally</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>2/28/2025</b>	Payee name <b>Bubbles and Sudzz Car Wash</b>	Amount (\$) <b>1500.00</b>	Payee address; <b>1469 WW White Road San Antonio, TX 78202</b>	  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Political Rally</b>	<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 <b>2/28/2025</b>	Payee name <b>Bubbles and Sudzz Car Wash</b>															
Amount (\$) <b>1500.00</b>	Payee address; <b>1469 WW White Road San Antonio, TX 78202</b>															
  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Political Rally</b>														
	<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													
<table border="1"> <tr> <td>Date <b>2/28/2025</b></td> <td>Payee name <b>Smoke House BBQ</b></td> </tr> <tr> <td>Amount (\$) <b>500.00</b></td> <td>Payee address; <b>1469 WW White Road San Antonio, TX 78202</b></td> </tr> <tr> <td rowspan="2">  <b>PURPOSE OF EXPENDITURE</b></td> <td>Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b></td> <td>Description <b>Political Rally</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>2/28/2025</b>	Payee name <b>Smoke House BBQ</b>	Amount (\$) <b>500.00</b>	Payee address; <b>1469 WW White Road San Antonio, TX 78202</b>	  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Political Rally</b>	<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 <b>2/28/2025</b>	Payee name <b>Smoke House BBQ</b>															
Amount (\$) <b>500.00</b>	Payee address; <b>1469 WW White Road San Antonio, TX 78202</b>															
  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Political Rally</b>														
	<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													
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>																

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: <b>5 of 6</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)														
4 Date <b>2/28/2025</b>	5 Payee name <b>Pulp Coffee Roasters</b>															
6 Amount (\$) <b>450.00</b>	7 Payee address; <b>503 Chestnut Street San Antonio, TX 78202</b>	City; State; Zip Code														
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Meet and greet the Candidate district 2</b>														
	(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													
<table border="1"> <tr> <td>Date <b>3/1/2025</b></td> <td>Payee name <b>Salem Media Group</b></td> </tr> <tr> <td>Amount (\$) <b>12900.00</b></td> <td>Payee address; City; State; Zip Code <b>9601 McCallister Freeway #1200 San Antonio, TX 78216</b></td> </tr> <tr> <td rowspan="2">  <b>PURPOSE OF EXPENDITURE</b></td> <td>Category (See categories listed at the top of this schedule) <b>Advertising Expense</b></td> <td>Description <b>Political Marketing videos</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>3/1/2025</b>	Payee name <b>Salem Media Group</b>	Amount (\$) <b>12900.00</b>	Payee address; City; State; Zip Code <b>9601 McCallister Freeway #1200 San Antonio, TX 78216</b>	  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Marketing videos</b>	<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 <b>3/1/2025</b>	Payee name <b>Salem Media Group</b>															
Amount (\$) <b>12900.00</b>	Payee address; City; State; Zip Code <b>9601 McCallister Freeway #1200 San Antonio, TX 78216</b>															
  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Marketing videos</b>														
	<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													
<table border="1"> <tr> <td>Date <b>3/10/2025</b></td> <td>Payee name <b>Marissa Gonzalez</b></td> </tr> <tr> <td>Amount (\$) <b>300.00</b></td> <td>Payee address; City; State; Zip Code <b>234 Breeze Drive San Antonio, TX 78212</b></td> </tr> <tr> <td rowspan="2">  <b>PURPOSE OF EXPENDITURE</b></td> <td>Category (See categories listed at the top of this schedule) <b>Printing Expense</b></td> <td>Description <b>T-Shirt Printing</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>3/10/2025</b>	Payee name <b>Marissa Gonzalez</b>	Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>234 Breeze Drive San Antonio, TX 78212</b>	  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>T-Shirt Printing</b>	<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 <b>3/10/2025</b>	Payee name <b>Marissa Gonzalez</b>															
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>234 Breeze Drive San Antonio, TX 78212</b>															
  <b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>T-Shirt Printing</b>														
	<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													
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>																

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: <b>6 of 6</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/11/2025</b>	5 Payee name <b>Commonwealth Coffee House</b>		
6 Amount (\$) <b>550.00</b>	7 Payee address; <b>203 Jones Road San Antonio, TX 78215</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Candidate Meet and Greet</b>	
	(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 <b>3/20/2025</b>	Payee name <b>Tryst Kitchen and Cocktails</b>		
Amount (\$) <b>593.80</b>	Payee address; City; State; Zip Code <b>1915 Broadway #111 San Antonio, TX 78215</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Political Rally</b>	
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

**The Instruction Guide explains how to complete this form**

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr Robert Melvin</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> <b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule F3: <b>1 of 1</b></p>	
<p><b>2</b> FILER NAME <b>Mr Robert Melvin</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>	
<p><b>4</b> Date</p>	<p><b>5</b> Name of person from whom investment is purchased</p> <p>.....</p>		
	<p><b>6</b> Address of person from whom investment is purchased;      City;      State;      Zip Code</p>		
	<p><b>7</b> Description of investment</p>		
	<p><b>8</b> Amount of investment (\$)</p>		
<p>Date</p>	<p>Name of person from whom investment is purchased</p> <p>.....</p>		
	<p>Address of person from whom investment is purchased;      City;      State;      Zip Code</p>		
	<p>Description of investment</p>		
	<p>Amount of investment (\$)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: <b>1 of 1</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0	
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 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		
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr Robert Melvin</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date	<b>5</b> Payee Name				
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code				
<input type="checkbox"/> Reimbursement from political contributions intended					
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description			
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> 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				
<input type="checkbox"/> Reimbursement from political contributions intended			<input type="checkbox"/> Category (See categories listed at the top of this schedule) <input type="checkbox"/> Description		
<b>PURPOSE OF EXPENDITURE</b>	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name				Office sought
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<input type="checkbox"/> Reimbursement from political contributions intended			<input type="checkbox"/> Category (See categories listed at the top of this schedule) <input type="checkbox"/> Description		
<b>PURPOSE OF EXPENDITURE</b>	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name				Office sought

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: <b>1 of 1</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 <b>PURPOSE OF EXPENDITURE</b>	(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	Business name		
Amount (\$)	Business 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	Business name		
Amount (\$)	Business 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>1 of 1</b>	2 FILER NAME <b>Mr Robert Melvin</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: <b>1 of 1</b></p>
<p><b>2 FILER NAME</b> <b>Mr Robert Melvin</b></p>		<p><b>3 Filer ID (Ethics Commission Filers)</b></p>
<p><b>4 Date</b></p>	<p><b>5 Name of person from whom amount is received</b></p> <p>.....</p> <p><b>6 Address of person from whom amount is received; City; State; Zip Code</b></p>	<p><b>8 Amount (\$)</b></p>
	<p><b>7 Purpose for which amount is received</b></p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule T: <b>1 of 1</b></p>												
<p><b>2</b> FILER NAME <b>Mr Robert Melvin</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>												
<p><b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p><b>5</b> Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p><b>6</b> Dates of travel</p>	<p><b>7</b> Name of person(s) traveling</p>													
	<p><b>8</b> Departure city or name of departure location</p>													
	<p><b>9</b> Destination city or name of destination location</p>													
<p><b>10</b> Means of transportation</p>	<p><b>11</b> Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
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<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>														

# 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" ••**

C/OH NAME  
**Mr Robert Melvin**

Filer ID (Ethics Commission Filers)

## 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.

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Signature of Candidate / Officeholder

## 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.

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Signature of Candidate

## 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.

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Signature of Officeholder