

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

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)
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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.
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 155938.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 37778.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT		
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.		
*** Electronically Certified ***		
_____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Mr Robert Melvin , this the 3rd day of April , 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 17

2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rashad Wilkerson

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**601 Sprintsail Way
Oxon Hill, MD 20745**

8 Principal occupation / Job title (See instructions)
Physician

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lisa Wilkerson

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**601 Sprintsail Way
Oxon Hill , MD 20745**

Principal occupation / Job title (See instructions)
Physical Therapist

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Elisa Romero

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**17890 Blanco Rd
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Erwin DeMarkius

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**212 Turnbrook Drive
Huntsville, AL 35824**

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 17

2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Aaron Omotola

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**5900 Meridian Woods
Glen Carbon, IL 62034**

8 Principal occupation / Job title (See instructions)
Physician

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bruce Hinev

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**473 Crimson Maple Way
Smyrna, GA 30082**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kendell James

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**34 Circle Dr
Wheatley Heights, NY 11798**

Principal occupation / Job title (See instructions)
Accountant

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Paul Salisbury

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5150 Broadway #503
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jessica Edwards

7 Amount of contribution (\$)
55.00

6 Contributor address; City; State; Zip Code
**555 Creekside crossing
New Braunfels, TX 78130**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Hume

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**7802 Maple Trace
Houston , TX 77070**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harriet Jackson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**12524 Hammersmith Ct
Charlotte, NC 28262**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hughette Morris

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**31 Charleys Place
Bayshore, NY 11706**

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jeff Sebern

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
312 N. Park Dr.
San Antonio, TX 78216

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brian Steward

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
623 Rockhill Dr
San Antonio, TX 78209

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Willie Burroughs

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
515 Carleton Ct
San Antonio, TX 78212

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Katselnik

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
115 Limestone Oak
Shavano Park, TX 78230

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jill Giles

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**914 Mistletoe
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carl Gamboa

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**128 Harrigan
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lamar Parrett

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**15002 Country Morning
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gregory Stouffer

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**3706 Betsy Ross Dr
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jorge Herrero

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**78100 Destiny Second Ward Hills
Austin , TX 78738**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chris Beardsall

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**8910 N Loop 1604 W #213
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Roberto Espinosa

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3218 Falling Brook
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christie Squire

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**312 Gorrell St
Greensboro, NC 27406**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sandra James

7 Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
34 Circle Drive
Wheatley Heights, NY 11798

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Serge Fouche

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
10740 Ember
Boca Raton, FL 33428

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lissa Melvin

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
104 Bushnell Ave
San Antonio, TX 78212

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kenya Windley

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1105 Bluewater
Durham, NC 27703

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ron Dubois

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**555 Park Ave
River Forest, IL 60305**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Art Hall

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2243 Shady Rock Circle
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rushi Slaton

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**4815 Collins Lake Dr.
Mableton, GA 30126**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lucienne Jacob

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**1351 Circle Dr East
North Baldwin, NY 11510**

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Daphne Hall

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**116 Western Ln
Lafayette, LA 70507**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kelly Elmore

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**5680 Trinidad Way
San Diego, CA 92114**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Derek Rabb

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1727 Peniston St
New Orleans, LA 70115**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marie Magloire

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10470 Ember St
Boca Raton, FL 33428**

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Juri McDowell

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**5900 Meridian Wood
Glen Carbon, IL 62034**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Elizabeth Utsman

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**16211 Los Sedona
Helotes, TX 78023**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Black Stallion Boxing

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**17803 La Cantera #8125
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Chaz Chidemeh

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**103 Wyckman Rise St.
San Antonio , TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Shawyntae Washington

7 Amount of contribution (\$)
7.00

6 Contributor address; City; State; Zip Code
**7111 Oldham drive
san antonio, TX 78239**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Michelle Morgan

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11671 Folmsom Pass
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Marc Villarreal

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7267 Brandy Ridge
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Aaron Martinez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8834 Brae Vista
San Antonio, TX 78249**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Albert Tran

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**7223 Barrel Stage
San Antonio, TX 78244**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Tham Le

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**5214 Anzuetto
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tranh Nguyen

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**6950 Crested Quail
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
1/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Frank Madala

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**18550 Frank Madala
Helotes, TX 78023**

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**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 17

2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
1/19/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Duy Huynh

7 Amount of contribution (\$)
550.00

6 Contributor address; City; State; Zip Code
**5914 Concho River
San Antonio, TX 78253**

8 Principal occupation / Job title (See instructions)
Artist

9 Employer (See instructions)
Self

Date
2/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Jose Ramero

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**17890 Blanco Rd
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Self

Date
2/11/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr James Amerson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1107 Virginia Avenue
San Antonio, TX 78203**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/12/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Steven Hartofelis

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**25019 25019 Estancia Cir
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Medical Sales

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 17

2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
2/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Justin Holly

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**1546 West Mistletoe Ave
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
2/18/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Michael Angelo

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2820 S. Alma School Drive
Chandler , AZ 85286**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr Christopher Longoria

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3400 Salato Creek
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mr David Huffman

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3626 John Simms Road
Chattanooga, TN 37412**

Principal occupation / Job title (See instructions)
Medical Doctor

Employer (See instructions)
Self

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**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 of 17

2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date
2/24/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mrs Terry Melvin

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**3626 John Sims Road
Chattanooga, TN 37412**

8 Principal occupation / Job title (See instructions)
Medical Doctor

9 Employer (See instructions)
Self

Date
3/12/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leonardo Pineda

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**4007 McCullough
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ 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
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 6	2 FILER NAME Mr Robert Melvin	3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2025	5 Payee name Innovative Media Group Studio	
6 Amount (\$) 8700.00	7 Payee address; City; State; Zip Code 8627 Cinnamon Creek Drive #602 San Antonio, TX 78240	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing video
	(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 1/8/2025	Payee name Little Taco Factory	
Amount (\$) 235.00	Payee address; City; State; Zip Code 1510 McCullough San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Get to know Candidate Meet and Greet district 1
	<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 1/10/2025	Payee name Marissa Gonzales	
Amount (\$) 207.00	Payee address; City; State; Zip Code 234 Breeze Drive San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Campaign Shirts
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 6	2 FILER NAME Mr Robert Melvin		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2025	5 Payee name 3D Signs		
6 Amount (\$) 5500.00	7 Payee address; City; State; Zip Code 8015 W 2nd Street Somerset, TX 78069		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Political Signage
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/8/2025	Payee name Bokoba Mexican Fine dining		
Amount (\$) 2800.00	Payee address; City; State; Zip Code 3420 N. St. Marys #105 San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Venue Rental and food and beverage
	<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 2/22/2025	Payee name Paella Bomba USA		
Amount (\$) 325.00	Payee address; City; State; Zip Code 5325 Scoria Trail San Antonio, TX 78253		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Neighborhood Meet and Greet (Home)
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 6	2 FILER NAME Mr Robert Melvin	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2025	5 Payee name Tryst Kitchen and Cocktails	
6 Amount (\$) 92.70	7 Payee address; City; State; Zip Code 1915 Broadway #111 San Antonio, TX 78215	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Team Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 2/28/2025	Payee name Bubbles and Sudzz Car Wash		
Amount (\$) 1500.00	Payee address; City; State; Zip Code 1469 WW White Road San Antonio, TX 78202		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Political Rally	
	<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 2/28/2025	Payee name Smoke House BBQ		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1469 WW White Road San Antonio, TX 78202		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Political Rally	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr Robert Melvin	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 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
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mr Robert Melvin	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
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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
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

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

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Mr Robert Melvin	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
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		
Date	Candidate / Officeholder name Office sought Office held	
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		
Date	Candidate / Officeholder name Office sought Office held	
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		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr Robert Melvin

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mr Robert Melvin		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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.

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.

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.

Signature of Officeholder