CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages file	1516
3 CANDIDATE / OFFICEHOLDER	мs/mrs/mr Mrs.	FIRST Melba		MI	OFFICE	JSE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
	NICKNAME			SUFFIX		
4 CANDIDATE /	ADDRESS / PO BOX;	Jeffus APT / SUITE #;	CITY; STA	TE: ZIP CODE	NECE	IVEN
OFFICEHOLDER MAILING ADDRESS	2606 Cypress		ockwall TX		APR 0	3 2025
Change of Address					BY. KJe	ene -
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered of	or Date Postmarked
PHONE	(214)	802-3225			04/03/25	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mrs.	Julie			Date Processed	
	NICKNAME	LAST		SUFFIX	04/03/25 Date Imaged	
		McElroy			04/03/25	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE
ADDRESS	605 Limme	rhill Dr	F	Rockwall	TX	75087
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION		
PHONE	(972)	989-2375				
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day afte treasurer app (Officeholder	ointment
	July 16	8th day before el	ection	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	01 /	03 2025	THROUGH	04 /	03 202	5
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05 / 03 /	2025 Seneral	Special	West Hold Server 2 and Server 2		
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known		0
			K	OCKWALL CI	TY GOUS CI	L PIRE3
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		D		
		COMMITTEE ADDRESS		R	ockwall City Co	uncii Place 3
Additional Pages	GENERAL					
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TF	REASURER ADDRE	SS		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Melba L. Jeffus	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,454.66
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 	s 3,579.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	тне \$ 10,000.00
The second se	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Mella & Signature of Car	Hef fus hdidgle of Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the _	day of,
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	in the second
(2) Unsworn Declaratio	on	
My name is <u>Melba L.</u>	Jeffus, and my date of birth is	
My address is 2606 Cy	press Drive, <u>Rockwall</u> , <u>T</u>	X, <u>75087_</u> , <u>Rockwall</u>
Executed in <u>Rockwall</u>	County, State of <u>Texas</u> , on the <u>3rd</u> day of <u>April</u> (month	

SUBTOTALS - C/OH	FORM C/OH ER SHEET PG 3
19 FILER NAME 20 Filer ID (Eth Melba L. Jeffus	ics Commission Filers)
21 SCHEDULE SUBTOTALS	SUBTOTAL
NAME OF SCHEDULE	AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 223.51
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.00
4. SCHEDULE E: LOANS	\$ 10,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,020.19
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,454.66
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	слон \$.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	D \$.00

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.							
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME	Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 2/21/2025 Jennifer Jeffus 6 Contributor address; City; State; Zip Code 120 Pleasant Hill Ln Fate TX 75189			7 Amount of contribution (\$) \$100.00				
8 Principal occu Teacher	pation / Job title (See Instructions) g	Employer (See Instruct MISD	ions)				
Date 2/18/2025	Tricia Thornberg	ID#:) State; Zip Code	Amount of contribution (\$) \$200.00				
Principal occupation / Job title (See Instructions) Employer (See Inst Retired			ions)				
Date 2/13/2025	Full name of contributor 🗌 out-of-state PAC (Lisa Walker Contributor address; City; 1015 Ridge Rd Rockwall TX 75087		Amount of contribution (\$) \$75.00				
Principal occup Retired	Dation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date 2/24/2025	Full name of contributor Peggy Dichard Contributor address; City; 1903 S FM 549 Rockwall TX 75032	ID#:) State; Zlp Code	Amount of contribution (\$) \$1000.00				
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
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 If the requested information is not applicable, DO NOT include this page in the report.								
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:								
	manuation Guide explains now to complete this	torm.						
2 FILER NAME	Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)					
4 Date 2/24/2025	 5 Full name of contributor □ out-of-state PAC Amy Herbst 6 Contributor address; City; 1509 S Alamo Rockwall TX 75087 	(ID#:) State; Zip Code	7 Amount of contribution (\$) \$100.00					
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)					
Date 2/6/2025	Full name of contributor 🗌 out-of-state PAC Kathryn Wacker Contributor address; City; 309 Featherstone Dr Rockwall TX 7508	: (ID#:) State; Zip Code 7	Amount of contribution (\$) \$100.00					
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)					
Date 3/9/2025	Full name of contributor 🛛 out-of-state PAC Jennifer Jeffus Contributor address; City; 120 Pleasant Hill Ln Fate TX 75189	: (ID#:) State; Zip Code	Amount of contribution (\$) \$50.00					
Principal occu Teacher	Loation / Job title (See Instructions)	Employer (See Instruc MISD	tions)					
Date 3/9/2025	Full name of contributor Micahael McElroy Contributor address; City; 605Limmerhill Dr Rockwall TX 75087	; (ID#:) State; Zip Code	Amount of contribution (\$) \$100.00					
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)					
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instr							

Melba L. Jeffus Charles (Cluber) Image: Solution of the contributor address; City; State; Zip Code 3/9/2025 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 609Limmerhill Dr Rockwall TX 75087 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (IO#) Amount of contribution (\$) 3/9/2025 Sharon Tuley State; Zip Code 0/9/2025 Sharon Tuley State; Zip Code 171 Chamberlain Dr Fate TX 75189 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (IO#	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
3/9/2025 Aimee Norton \$100.00 6 Contributor address; City; State; Zip Code 609Limmerhill Dr Rockwall TX 75087 9 Employer (See Instructions) \$100.00 7 Amount of contribution \$201 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Full name of contributor out-of-state PAC (IDF Amount of contribution (\$) 3/9/2025 Sharon Tuley City; State; Zip Code 7 Amount of contribution (\$) \$150.00 \$150.00 8 Principal occupation / Job title (See Instructions) Self Amount of contribution (\$) 8/9/2025 Sharon Tuley State; Zip Code \$150.00 9 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50.00 3/9/2025 Edie Smith Contributor address; City; State; Zip Code 3/9/2025 Full name of contributor out-of-state PAC (IDF; Amount of contribution (\$) \$50.00 8 Edie Smith Contributor address; City; Sta	2 FILER NAME	Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
Realtor Self Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 3/9/2025 Sharon Tuley full name of contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	4 Date 3/9/2025	Aimee Norton 6 Contributor address; City;		
Amount of contribution (\$) 3/9/2025 Sharon Tuley Contributor address; City; State; Zip Code 171 Chamberlain Dr Fate TX 75189 Employer (See Instructions) Self Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Solutant Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$) 3/9/2025 Edie Smith Contributor address; City; State; Zip Code 3/9/2025 Edie Smith Contributor address; City; State; Zip Code 2312 Saddlebrook Rockwall TX 75087 Employer (See Instructions) State; Amount of contribution (\$) Retired Full name of contributor out-of-state PAC (D#:		pation / Job title (See Instructions)		tions)
Consultant Self Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 3/9/2025 Edie Smith \$50.00 Contributor address; City; State; Zip Code 2312 Saddlebrook Rockwall TX 75087 Employer (See Instructions) Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) S13/2025 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) S13/2025 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) S200.00 S200.00 \$200.00 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Sharon Tuley Contributor address; City;		
3/9/2025 Edie Smith \$50.00 Contributor address; City; State; Zip Code 2312 Saddlebrook Rockwall TX 75087 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#:) 3/13/2025 Full name of contributor out-of-state PAC (ID#:) S/13/2025 For the contributor address; City; State; Zip Code 2610 Cypress Dr Rockwall TX 75087 Employer (See Instructions)		ation / Job title (See Instructions)		tions)
Retired Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 3/13/2025 Brodie Breitling \$200.00 Contributor address; City; State; Zip Code 2610 Cypress Dr Rockwall TX 75087 Employer (See Instructions) Employer (See Instructions)		Edie Smith Contributor address; City;		
3/13/2025 Brodie Breitling \$200.00 Contributor address; City; State; Zip Code 2610 Cypress Dr Rockwall TX 75087 Employer (See Instructions) Employer (See Instructions)		pation / Job title (See Instructions)	Employer (See Instruc	tions)
		Brodie Breitling Contributor address; Clty;		
		Dation / Job title (See Instructions)	Employer (See Instruc American Na	tions) tional Bank

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:				
2 FILER NAME	Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)				
4 Date 3/13/2025	 5 Full name of contributor □ out-of-state PAG Lynzie Offutt 6 Contributor address; City; 2602 Cypress Dr Rockwall TX 75087 	C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$100.00				
8 Principal occu Program N	pation / Job title (See Instructions) Aanger	9 Employer (See instruct SNC	tions)				
Date Full name of contributor Out-of-state PAC (ID#:) 3/10/2025 Dewayne Cain Contributor address; City; State; Zip Code 305 Stonebridge Dr Rockwall TX 75087			Amount of contribution (\$) \$500.00				
Principal occupation / Job title (See Instructions) Employer (See Instru Retired			tions)				
Date 3/16/2025	Full name of contributor □ out-of-state PAG Les Chapman Contributor address; Contributor address; City; 733 Sunsett Hill Rockwall TX 75087	C (ID#:) State; Zip Code	Amount of contribution (\$) \$200.00				
Principal occup Flight Crew In	L pation / Job title (See Instructions) Istructor	Employer (See Instruc SOU	_{tions)} thwest Airlines				
Date 3/14/2025	Full name of contributor Larry Jeffus Contributor address; City; 552 Granite Fields Rockwall TX 75087	C (ID#:) State; Zip Code 7	Amount of contribution (\$) \$1000.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired							
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 If the requested information is not applicable, DO NOT include this page in the report.								
II the reques	ned information is not applicable, DO NOT Inc	lude this page in the	report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2 FILER NAME	Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)					
3/13/2025	Larry Henry		\$150.00					
	6 Contributor address; City;	State; Zip Code						
	2605 Cypress Dr Rockwall TX 75087							
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)					
Date	Full name of contributor 🛛 out-of-state PAC	(ID#:)	Amount of contribution (\$)					
3/23/2025	Linda Goud		\$100.00					
	Contributor address; City;	State; Zip Code						
• •	3023 Wimberley Rockwall TX 75032							
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Instructions)						
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)					
3/16/2025	Giovanna Psolka Contributor eddress; City;	State; Zlp Code	\$50.00					
	1725 Bay Watch Dr Rockwall TX 75087							
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)					
Date 3/30/2025	Full name of contributor 🛛 out-of-state PAC Kathy Weintraub	(ID#:)	Amount of contribution (\$) \$25.00					
	Contributor address; City; 28 Shadydale Ln Rockwall tx 75032	State; Zip Code						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired								
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS I	NEEDED					
	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.							

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:				
2 FILER NAME	Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)				
4 Date 3/25/2025	 5 Full name of contributor □ out-of-state PAC (I) Jeanine Wittig 6 Contributor address; City; 1759 Bay Watch Dr Rockwall TX 75089 	7 Amount of contribution (\$) \$50.00					
8 Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct)	ions)				
Date 3/30/2025	Full name of contributor 🗌 out-of-state PAC (Deanna Stinebaugh Contributor address; City; 905 Ivy Ln Rockwall TX 75087	ID#:) State; Zip Code	Amount of contribution (\$) \$100.00				
Principal occupation / Job title (See Instructions) Employer (See In Retired			ions)				
Date 3/30/2025	Full name of contributor 🗌 out-of-state PAC (Joe Bridges Contributor address; City; 760 Anna Cade Rockwall TX 75087	ID#:) State; Zìp Code	Amount of contribution (\$) \$100.00				
Principal occu Retired	Dation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributorout-of-state PAC (Amount of contribution (\$)				
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.							

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form).	1 Total pages Schedule A2: 1
2 FILER NAME	≡ Melba L. Jeffus	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ 1 description
2/13/2025	David Schoen		Contribution \$ description \$223.51 Flag
		Zip Code	
	3006 San Marcos Dr Rockwall TX 75032		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
	Contributor address, Oky, Oky,		
		I	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICIAL)(See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contrit	outor's job title (FOR JUDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law fir	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULEAS NEEDED or additional reporting requirements.

LOANS

SCHEDULE E

	The	Instruction Guide explains h	ow to compl	ete this fo	rm.		1 Total pages Schedule E: 1
2	FILER NAME	lelba L. Jeffus					3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS					\$
5	Date of loan	7 Name of lender	out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
	1/10/2025	Melba Jeffus					\$10000.00
6	is lender a financial Institution?	8 Lender address;	City;		State;	Zip Code	10 Interest rate 0.0%
	Y N	2606 Cypress Dr	Rockwall		ТХ	75087	11 Maturity date
12		on / Job title (See Instructions)		13 Emplo	var (Saa	Instructions)	5/5/2025
					,		
14	Retired Description of Colli	ateral		N/A 15			
	none None	1		∇		if personal fund It (See Instruct	ds were deposited into political ions)
16	GUARANTOR	17 Name of guarantor		· · · · · · · · · · · · · · · · · · ·			19 Amount Guaranteed (\$)
	INFORMATION	Melba Jeffus					
		18 Guarantor address;	City;		State;	Zip Code	\$10000.00
	not applicable	2606 Cypress Dr	Rockwal		ТХ	75087	
20	Principal Occupat Retired	ion (See Instructions)		21 Emple N/	Xer (See	Instructions)	
	Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial Institution?	Lender address;	City;		State;	Zip Code	Interest rate
	Y N						Maturity date
	Principal occupation	on / Job title (See Instructions)		Emple	oyer (See	Instructions)	1
-	Description of Coll	ateral			Check	if personal fun	ds were deposited into political
	none					nt (See Instruc	
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)
		Guarantor address;	City;	• • • • • • • • • • • • •	State;	Zip Code	
	not applicable						
	Principal Occupat	ion (See Instructions)		Empl	oyer (See	Instructions)	
	If Ic	ATTACH ADDI ander is out-of-state PAC, p					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Accounting/Banking Fees Office Consulting/Banking Food/Beverage Expense Pollin Contributions/Donations Made By Gift/Awards/Memorials Expense Printin Candidate/Officeholder/Political Committee Legal Services Salari		in Repayment/Reimbursement ice Overhead/Rental Expense ling Expense nting Expense arles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.					
1 Total pages Schedule F1: 1	2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)				
4 Date 3/15/2025	5 Payee name Blue Ribon News						
6 Amount (\$) \$720.00	7 Payee address; POBox 967 Rockwall TX 75087	City;	State; Zip Code				
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Pr	int & Online Ads				
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check If Austi	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date 3/13/2025							
Amount (\$)	Payee address;	City;	State; Zip Code				
\$300.19	102 North Tyler St Rockwall TX 75087						
	Category (See Categories listed at the top of this schedu						
PURPOSE OF EXPENDITURE	Printing Expense	Push	Cards				
	Check if travel outside of Texas, Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH			Office held				
Date	Payee name						
Amount (\$) Payee address;		City;	State; Zip Code				
		ule) Description					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description					
	Check if travel outside of Texas. Complete Schedu	ule T. Check If Aus	tin, TX, officeholder living expense				
Complete <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Solicitation/Fundralsii Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense	
1 Jotal pages Schedule G:	4 Tiller NAME Melba L. Jeffus				3 Filer ID (Ethics Commission Filers)		
4 Date							
1/29/2025	5 Payee na	Keepers Press	-				
6 Amount (\$) \$1533.81 Reimbursement from political contributions intended	7 Payee ad 1905	_{dress;} Alpha Drive - Ste 170		City; Rockwall	^{State:} TX	zip Code 75087	
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description			
OF	Printing Expense			4x4 Campaign signs			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check If Austin	TX, officeholder living e	kpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held	
Date	Payee na	me					
1/27/2025		Qball					
Amount (\$) \$860.59 Reimbursement from political contributions Intended	Payee ad 102 Nor	^{dress;} th Tyler St		_{City;} Rockwall	State; TX	zip Code 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Graphics Design				
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date 2/6/2025	Payee na	^{me} Qball					
Amount (\$) \$1057.94 Reimbursement from political contributions intended	Payee ad 102 No	_{dress:} orth Tyler St		_{City;} Rockwall	State; TX	Zip Code 75087	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this ng Expense	schedule)	Description Push Cards			
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Melba L. Jeffus			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee na	220			1	
1/3/2025	U raybona	Alliance Bank				
6 Amount (\$) \$50.00 Reimbursement from political contributions intended	7 Payee ad 3045 No	dress; orth Goliad St		City; Rockwall	State; TX	Zip Code 75087
8	(a) Cotogoa			(1) Desired		
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) I Accounting/Banking			(b) Description Set up Bank Account		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	me				
1/15/2025	-	276 Self-Storage-N-Mc	ore			
Amount (\$)	Payee ad			City;	State;	Zip Code
\$90.00 Reimbursement from political contributions intended	2740 Texa	as 276		Rockwall	TX	75032
PURPOSE OF EXPENDITURE	Category Offic	/ (See Categories listed at the top of this s ce Overhead/Rental Ex	es listed at the top of this schedule) Description P.O.		Box	
Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0		date / Officeholder name		Office sought		Office held
Date 1/15/2025	Payee na	Rockwall GOP				
Amount (\$) \$3000.00 Reimbursement from political contributions intended	Payee ad 112 Ke	^{dress;} nway St		_{City;} Rockwall	State; TX	^{Zip Code} 75087
PURPOSE OF EXPENDITURE		 (See Categories listed at the top of this s Expense 	chedule)	Description Regan Day Tab	le	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin, TX, officeholder living expense		xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	date / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense	
1 Total pages Schedule G:	2 FILER NAME Melba L. Jeffus 3 Filer ID (Ethics Com				Commission Filers)		
4 Date 2/6/2025	5 Payee na	me Qball					
6 Amount (\$) \$162.38 Reimbursement from political contributions intended	7 Payee ad 102 No	^{dress} ; orth Tyler St		City; Rockwall	TX ^{State;}	Zip Code 75087	
8	(a) Category	(See Categories listed at the top of this s	ichedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense			Grap	Graphics Design		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living e	xpansa	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sought		Office held	
Date	Payee na	me	****				
2/22/2025	Payeena	Keepers Press					
Amount (\$) \$378.88 Reimbursement from political contributions intended	Payee ad 1905 Al	_{dress;} pha Drive - Ste 170		city; Rockwall	State; TX	Zip Code 75087	
PURPOSE Category (See Categories listed at the top of this schedule) OF Printing Expense EXPENDITURE Printing Expense		Description 4x4 Campaign signs					
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	xpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Complete ONLY if direct expenditure to benefit C/OH			Office sought		Office held	
Date 2/14/2025	Payee na	^{me} Keepers Press					
Amount (\$) \$237.07 Reimbursement from political contributions intended	Payee ad 1905 Al	_{dress;} pha Drive - Ste 170		_{City;} Rockwall	State; TX	Zip Code 75087	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s ng Expense	schedule)	Description Yard Signs			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					xpense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES C	F THIS S	CHEDULE AS NEED	DED		

SCHEDULE G

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Offic Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ling Expense arles/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		-			
1 Total pages Schedule G:	² FILER NAME Melba L. Jeffus	3 Filer ID (Ethics Commission Filers)			
4 Date 2/3/2025	5 Payee name Hobby Lobby				
6 Amount (\$) \$83.99 Reimbursement from political contributions intended	7 Payee address; 2004 S Goliad	c _{ity;} Rockwall	State; Zip Code TX 75087		
8	(a) Category (See Categories listed at the top of this schedule	a) (b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Framed			
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, 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 (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions Intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	e) Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	a) Description			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	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 TH	IS SCHEDULE AS NEED	DED		