

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: <div style="text-align: center; font-size: 2em;">2</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST <div style="font-size: 1.5em;">Melissa</div> MI <div style="font-size: 1.5em;">A.</div>		OFFICE USE ONLY		
	NICKNAME LAST <div style="font-size: 1.5em;">Hibbitts</div> SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.5em;">1021 S. 6th Memphis TX 79245</div>				
	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em;">(325) 260-1268</div>				
5 CANDIDATE / OFFICEHOLDER PHONE	MS <input checked="" type="checkbox"/> MRS / MR FIRST <div style="font-size: 1.5em;">Melissa</div> MI <div style="font-size: 1.5em;">A.</div>		Date Received		
	NICKNAME LAST <div style="font-size: 1.5em;">Hibbitts</div> SUFFIX		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST <div style="font-size: 1.5em;">Melissa</div> MI <div style="font-size: 1.5em;">A.</div>		Receipt # Amount \$		
	NICKNAME LAST <div style="font-size: 1.5em;">Hibbitts</div> SUFFIX		Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.5em;">1021 S. 6th Memphis TX 79245</div>		Date Imaged		
	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em;">(325) 260-1268</div>		Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em;">(325) 260-1268</div>				
	9 REPORT TYPE <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div> <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em;">2 / 14 / 25 3 / 28 / 25</div>				
	11 ELECTION <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 3 / 25</div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">alderman ward 1</div>		
	14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="font-size: 0.8em; margin-top: 5px;"> 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. </div>				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
	<input type="checkbox"/> GENERAL COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	GO TO PAGE 2				

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FORM C/OH
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15 C/OH NAME <u>Melissa Hibbitts</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>100.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>100.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

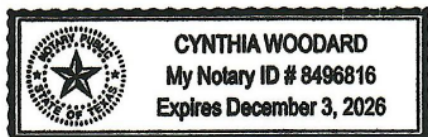
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melissa Hibbitts

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Melissa Hibbitts this the 28 day of March

25, to certify which, witness my hand and seal of office.

Cynthia Woodard

Cynthia Woodard

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)