

**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) 00089793	2 Total pages filed: 67		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Melissa A.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Beckett	SUFFIX	Date Received ELECTRONICALLY FILED 01/12/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3771 Harley Ridge Rd.			Date Hand-delivered or Date Postmarked		
	Longview , TX 75604			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST James M.	MI			
	NICKNAME Jim	LAST Beckett	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3771 Harley Ridge Rd.		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Longview, TX 75604					
7 CAMPAIGN TREASURER PHONE	AREA CODE (316)	PHONE NUMBER 293-6216	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 7			12 OFFICE SOUGHT (if known) State Representative District 7		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Beckett, Melissa A. (Mrs.)		14 Filer ID (Ethics Commission Filers) 00089793
15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 710.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 97,828.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 2,842.21
	4. TOTAL POLITICAL EXPENDITURES		\$ 65,330.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 39,029.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 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.

Mrs. Melissa A. Beckett

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Beckett , Melissa A. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00089793
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 91,736.31
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,092.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 7,500.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 680.17
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 43,518.73
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 21,811.82
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/32 Rpt: 4/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apple, Gail	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Arnold Trucking
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Sherrie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Marshall, TX 75670	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Arnold Trucking
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Sherrie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Marshall, TX 75670	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Arnold Trucking
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Sherrie	Amount of Contribution (\$) \$4,060.00
	Contributor address; City; State; Zip Code Marshall, TX 75670	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Arnold Trucking
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Stella	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/32 Rpt: 5/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Stella 6 Contributor address; City; State; Zip Code JEFFERSON, TX 75657	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions) retired
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Stella Contributor address; City; State; Zip Code Jefferson, TX 75657	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Stella Contributor address; City; State; Zip Code JEFFERSON, TX 75657	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Stella Contributor address; City; State; Zip Code JEFFERSON, TX 75657	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Robert Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$350.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/32 Rpt: 6/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battles, Sheri 6 Contributor address; City; State; Zip Code Longview, TX 75605	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Christus Good Shepherd medical center
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckett, Jim Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Ensign Services
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckett, Mark Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckmeyer, John Contributor address; City; State; Zip Code Lorraine, TX 79532	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobo, Larry Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/32 Rpt: 7/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonham, Deborah	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Marshall, TX 75672	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonham, Deborah	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borcherding, Gary	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boswell, Virginia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Joanna	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Henderson, TX 75652	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/32 Rpt: 8/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Amy	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions) Reporter		9 Employer (See Instructions) Courthouse News Service
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burckle, Robert	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code SouthLake, TX 76092	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cary, Phyllis	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Longview, TX 75602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casper, Lloyd	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casper, Sally	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/32 Rpt: 9/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castleberry, James	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlain, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions) Onsite manager		Employer (See Instructions) Pack Rat Self Storage Mini
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlain, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions) Onsite manager		Employer (See Instructions) Pack Rat Self Storage Mini
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlain, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions) Onsite manager		Employer (See Instructions) Pack Rat Self Storage Mini
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambless, Diana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/32 Rpt: 10/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conservative Republicans Of NE Texas PAC 6 Contributor address; City; State; Zip Code Pittsburg, TX 75686	7 Amount of Contribution (\$) \$500.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Teresa Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$34.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Teresa Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Teresa Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Degner, Brian Contributor address; City; State; Zip Code Diana, TX 75640	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/32 Rpt: 11/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, William	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Karnack, TX 75661	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Longview Regional
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Drake	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Longview Regional
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Jim	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Fort Davis, TX 79734	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Brian	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Harelton, TX 75661	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, JoAnn	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Flint, TX 75762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/32 Rpt: 12/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Terri	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Henderson, TX 75652	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLOCK, BARBARA	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glock, Barbara	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glock, Barbara	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Daniel	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Gladewater, TX 75647	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/32 Rpt: 13/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Rachel 6 Contributor address; City; State; Zip Code Henderson, TX 75654	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Boatcycle
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Michael Contributor address; City; State; Zip Code White Oak, TX 75693	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pipefitter/welder		Employer (See Instructions) Delek
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Michael Contributor address; City; State; Zip Code White Oak, TX 75693	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pipefitter/welder		Employer (See Instructions) Delek
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Michael Contributor address; City; State; Zip Code White Oak, TX 75693	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Michael Contributor address; City; State; Zip Code White Oak, TX 75693	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pipefitter/welder		Employer (See Instructions) Delek

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/32 Rpt: 14/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Michael	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code White Oak, TX 75693	
8 Principal occupation / Job title (See Instructions) Pipefitter/welder		9 Employer (See Instructions) Delek
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Michael	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code White Oak, TX 75693	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Fuzzy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Fuzzy	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) Landman		Employer (See Instructions) Independent
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Fuzzy	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) Landman		Employer (See Instructions) Independent

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/32 Rpt: 15/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayhurst, Robert 6 Contributor address; City; State; Zip Code Canyon, TX 79015	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Jamie Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healy-Schlueter, Mary Contributor address; City; State; Zip Code Worth, IL 60482	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Carrier Assistant		Employer (See Instructions) USPS
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrman, Michael Contributor address; City; State; Zip Code Wichita, KS 67206	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, Paula Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/32 Rpt: 16/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoag, Jerry	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Jefferson, TX 75657	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Robert	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Kenny	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Karnack, TX 75661	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Kenny	Amount of Contribution (\$) \$179.00
	Contributor address; City; State; Zip Code Karnack, TX 75661	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/32 Rpt: 17/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Charles 6 Contributor address; City; State; Zip Code Longview, TX 75601	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Howard Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Dorothy Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$50.31
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Dorothy Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keen, Crystal Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Solventum

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/32 Rpt: 18/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 08/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killingsworth, Jonathan	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) Kilgore College
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchhoff, Joseph	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Kilgore College
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchhoff, Joseph	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Kilgore College
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchhoff, Joseph	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Kilgore College
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchhoff, Joseph	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Kilgore College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/32 Rpt: 19/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchhoff, Joseph	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Longview, TX 75604	
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) Kilgore College
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Melissa	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code McKinney, TX 75069	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroyer, Jeffrey	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis Jr., V.B.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Marshall, TX 75670	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, David	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/32 Rpt: 20/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 10/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Travis	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Hallsville, TX 75650	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Linden, TX 75563	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melson, Sam	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Napps, Mary	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Longview, TX 75602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Napps, Mary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/32 Rpt: 21/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oney, Pamela	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Longview, TX 75601	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oney, Pamela	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Longview, TX 75601	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oney, Rebecca	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Marshall, TX 75670	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oxton, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oxton, Patricia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 19/32 Rpt: 22/67
2 FILER NAME Beckett, Melissa A. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, Brian	7 Amount of Contribution (\$) \$60.00	
	6 Contributor address; City; State; Zip Code Blackwell, TX 79506		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, Sharilyn	Amount of Contribution (\$) \$250.00	
	Contributor address; City; State; Zip Code Blackwell, TX 79506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perimon, Pamela	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code Hallsburg, TX 75650		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perimon, Pamela	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code Hallsburg, TX 75650		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perimon, Pamela	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code Hallsburg, TX 75650		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/32 Rpt: 23/67
2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perimon, Pamela	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Hallsville, TX 75650	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perimon, Pamela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perimon, Pamela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perimon, Pamela	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hallsville, TX 75650	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkovic Story, Jennifer	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code SouthLake, TX 76092	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/32 Rpt: 24/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Brandon	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Avinger, TX 75630	
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) iVoterguide.com
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Kori	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Avinger, TX 75630	
Principal occupation / Job title (See Instructions) Policy Advisor/Researcher		Employer (See Instructions) American Family Association
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Kori	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Avinger, TX 75630	
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) iVoterGuide/American Family Association Action
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Kori	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Avinger, TX 75630	
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) iVoterGuide/American Family Association Action
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priefert, Bill	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mount Pleasant, TX 75455	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/32 Rpt: 25/67
2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, James 6 Contributor address; City; State; Zip Code Harleton, TX 75651	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Janis Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Janis Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Leonard Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martha Contributor address; City; State; Zip Code Scottsville, TX 75688	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 23/32 Rpt: 26/67
2 FILER NAME Beckett, Melissa A. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Mireya	7 Amount of Contribution (\$) \$250.00	
	6 Contributor address; City; State; Zip Code Salt Lake City, UT 84123		
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed	
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rydin, Michael	Amount of Contribution (\$) \$25,000.00	
	Contributor address; City; State; Zip Code Houston, TX 77081		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saccoccio, Peter	Amount of Contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code White Oak, TX 75693		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sargent, Daniel	Amount of Contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code Karnack, TX 75661		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarran, Jules	Amount of Contribution (\$) \$50.00	
	Contributor address; City; State; Zip Code Longview, TX 75605		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Jules Sarran	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/32 Rpt: 27/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Charles 6 Contributor address; City; State; Zip Code Odessa, TX 79768	7 Amount of Contribution (\$) \$4,125.00
	8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions) retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Charles Contributor address; City; State; Zip Code Odessa, TX 79768	Amount of Contribution (\$) \$8,500.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Charles Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Mark Contributor address; City; State; Zip Code Odessa, TX 79768	Amount of Contribution (\$) \$4,125.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Matthew Contributor address; City; State; Zip Code Odessa, TX 79768	Amount of Contribution (\$) \$4,125.00
	Principal occupation / Job title (See Instructions) CEO	Employer (See Instructions) Saulsbury Industries

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/32 Rpt: 28/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kevin	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Longview, TX 75603	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kevin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Longview, TX 75603	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kevin	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Longview, TX 75603	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Severin, Victor	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Ramona, OK 74061	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Kim	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/32 Rpt: 29/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Kim	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Jefferson, TX 75657	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Kevin	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Harleton, TX 75651	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Kevin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Harleton, TX 75651	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Cara	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Harleton, TX 75651	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Cindy Welch	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Karnack, TX 75661	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/32 Rpt: 30/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey, Jim	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Jefferson, TX 75657	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stebbins, Scott	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stebbins, Scott	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturrock, Bert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75608	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweeney, Thomas	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Paige Pub

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/32 Rpt: 31/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Chuckie	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Marshall, TX 75670	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Richard Russell	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Milton, GA 30004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Martha	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandeventer, Judy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Karnack, TX 75661	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Kristi	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Hallsville, TX 75651	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/32 Rpt: 32/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Kristi	7 Amount of Contribution (\$) \$31.00
	6 Contributor address; City; State; Zip Code Hallsville, TX 75651	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiersig, Jonathon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiersig, Jonathon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Allen	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/32 Rpt: 33/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Chris 6 Contributor address; City; State; Zip Code Marshall, TX 75672	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Chris Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Chris Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Chris Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Susan Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/32 Rpt: 34/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wineinger, Andy	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Employer (See Instructions) retired
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Gregory	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mountain City, TN 37683	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Employer (See Instructions) retired
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngberg, John	Amount of Contribution (\$) \$12.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngberg, Shelia	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zugg, Amelia	Amount of Contribution (\$) \$4,125.00
	Contributor address; City; State; Zip Code Odessa, TX 79768	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Saulsbury Community Investments

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/32 Rpt: 35/67
2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) meazell, john 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 1/7 Rpt: 36/67</p>
<p>2 FILER NAME Beckett , Melissa A. (Mrs.)</p>				<p>3 Filer ID (Ethics Commission Filers) 00089793</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 10/25/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Sherrie</p> <p>7 Contributor address; City; State; Zip Code Marshall, TX 75670</p>			<p>8 Amount of contribution (\$) \$500.00</p> <p>9 In-kind contribution description Spent on Auction</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) President</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Arnold Trucking</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/15/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlain, Susan</p> <p>Contributor address; City; State; Zip Code Marshall, TX 75672</p>			<p>Amount of contribution (\$) \$32.00</p> <p>In-kind contribution description Candy</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 10/10/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glock, Barbara</p> <p>Contributor address; City; State; Zip Code Jefferson, TX 75657</p>			<p>Amount of contribution (\$) \$20.00</p> <p>In-kind contribution description Marketing Materials</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 2/7 Rpt: 37/67</p>
<p>2 FILER NAME Beckett , Melissa A. (Mrs.)</p>				<p>3 Filer ID (Ethics Commission Filers) 00089793</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 10/25/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glock, Barbara</p> <p>7 Contributor address; City; State; Zip Code Jefferson, TX 75657</p>			<p>8 Amount of contribution (\$) \$20.00</p> <p>9 In-kind contribution description Spent on Advertising</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/15/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Fuzzy</p> <p>Contributor address; City; State; Zip Code Jefferson, TX 75657</p>			<p>Amount of contribution (\$) \$425.00</p> <p>In-kind contribution description Billboard Advertising</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Landman</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Independent</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/15/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Fuzzy</p> <p>Contributor address; City; State; Zip Code Jefferson, TX 75657</p>			<p>Amount of contribution (\$) \$1,200.00</p> <p>In-kind contribution description T posts</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Landman</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Independent</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 3/7 Rpt: 38/67</p>
<p>2 FILER NAME Beckett , Melissa A. (Mrs.)</p>				<p>3 Filer ID (Ethics Commission Filers) 00089793</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 11/08/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Robert</p>			<p>8 Amount of contribution (\$) \$200.00</p> <p>9 In-kind contribution description Event space rental</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>7 Contributor address; City; State; Zip Code Hallsville, TX 75650</p>			
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/16/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Kenny</p>			<p>Amount of contribution (\$) \$130.00</p> <p>In-kind contribution description Event Food</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>Contributor address; City; State; Zip Code Karnack, TX 75661</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Kenny</p>			<p>Amount of contribution (\$) \$121.00</p> <p>In-kind contribution description Billboard Advertising</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>Contributor address; City; State; Zip Code Karnack, TX 75661</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 4/7 Rpt: 39/67</p>
<p>2 FILER NAME Beckett, Melissa A. (Mrs.)</p>				<p>3 Filer ID (Ethics Commission Filers) 00089793</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 12/15/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis, Victoria</p> <p>7 Contributor address; City; State; Zip Code Longview, TX 75601</p>			<p>8 Amount of contribution (\$) \$300.00</p> <p>9 In-kind contribution description Food for Event</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/15/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koos, Austin</p> <p>Contributor address; City; State; Zip Code Hallsville, TX 75650</p>			<p>Amount of contribution (\$) \$740.00</p> <p>In-kind contribution description T posts</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/15/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroyer, Jeffrey</p> <p>Contributor address; City; State; Zip Code Longview, TX 75605</p>			<p>Amount of contribution (\$) \$128.00</p> <p>In-kind contribution description T posts</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 5/7 Rpt: 40/67
2 FILER NAME Beckett , Melissa A. (Mrs.)				3 Filer ID (Ethics Commission Filers) 00089793
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$
5 Date 08/08/2025	6 Full name of contributor Lester, Lee 7 Contributor address; City; State; Zip Code Longview, TX 75602	8 Amount of contribution (\$) \$750.00	9 In-kind contribution description Bumper Stickers	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired		
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 12/15/2025	Full name of contributor Lester, Lee Contributor address; City; State; Zip Code Longview, TX 75602	Amount of contribution (\$) \$200.00	In-kind contribution description T posts	
<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)				
Date 12/15/2025	Full name of contributor McDaniel, Joe Contributor address; City; State; Zip Code Longview, TX 75605	Amount of contribution (\$) \$756.00	In-kind contribution description T posts	
<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)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 6/7 Rpt: 41/67</p>
<p>2 FILER NAME Beckett , Melissa A. (Mrs.)</p>				<p>3 Filer ID (Ethics Commission Filers) 00089793</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 09/09/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Napps, Mary</p> <p>7 Contributor address; City; State; Zip Code Longview, TX 75602</p>			<p>8 Amount of contribution (\$) \$100.00</p> <p>9 In-kind contribution description Mary Kay Gift Card</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/16/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, Sharilyn</p> <p>Contributor address; City; State; Zip Code Blackwell, TX 79506</p>			<p>Amount of contribution (\$) \$70.00</p> <p>In-kind contribution description Event Food</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 10/02/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Kim</p> <p>Contributor address; City; State; Zip Code Jefferson, TX 75657</p>			<p>Amount of contribution (\$) \$300.00</p> <p>In-kind contribution description Event Food</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 7/7 Rpt: 42/67
2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 12/15/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Youngberg, Sheila 7 Contributor address; City; State; Zip Code Longview, TX 75605	8 Amount of contribution (\$) 9 In-kind contribution description \$100.00 Candy <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		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)		

PLEDGED CONTRIBUTIONS

SCHEDULE B

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule B: Sch: 1/1 Rpt: 43/67</p>
<p>2 FILER NAME Beckett , Melissa A. (Mrs.)</p>				<p>3 Filer ID (Ethics Commission Filers) 00089793</p>
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>				<p>\$ 0.00</p>
<p>5 Date 12/31/2025</p>	<p>6 Full name of pledgor APP Big Family PAC</p>	<p><input checked="" type="checkbox"/> out-of-state PAC (ID#: C00887810)</p>	<p>8 Amount of pledge (\$) \$5,000.00</p>	<p>9 In-kind description (If applicable)</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>7 Pledgor Address; City; State; Zip Code</p> <p>Arlington, VA 22206</p>			
<p>10 Principal occupation / Job title (See Instructions)</p>		<p>11 Employer (See Instructions)</p>		
<p>5 Date 12/31/2025</p>	<p>6 Full name of pledgor Arnold, Sherrie</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	<p>8 Amount of pledge (\$) \$1,000.00</p>	<p>9 In-kind description (If applicable)</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>7 Pledgor Address; City; State; Zip Code</p> <p>Marshall, TX 75670</p>			
<p>10 Principal occupation / Job title (See Instructions)</p>		<p>11 Employer (See Instructions)</p>		
<p>President</p>		<p>Arnold Trucking</p>		
<p>5 Date 12/31/2025</p>	<p>6 Full name of pledgor Clark, Brad</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>	<p>8 Amount of pledge (\$) \$1,500.00</p>	<p>9 In-kind description (If applicable)</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>7 Pledgor Address; City; State; Zip Code</p> <p>Kilgore, TX 75662</p>			
<p>10 Principal occupation / Job title (See Instructions)</p>		<p>11 Employer (See Instructions)</p>		
<p>Owner</p>		<p>Eagle Eye Firearms</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 44/67
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/01/2025	7 Name of lender Beckett, Melissa	9 out-of-state PAC (ID#: \$680.17
6 Is lender a financial institution? No	8 Lender address; Longview, TX 75604	10 Interest Rate 11 Maturity Date 07/07/2025
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/14 Rpt: 45/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/12/2025	5 Payee name 5411 llc	
6 Amount (\$) \$3,325.00	7 Payee address; City; State; Zip Code 3500 S DuPont Hwy Dover, DE 19901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Alt Print Shop	
Amount (\$) \$700.92	Payee address; City; State; Zip Code 325 S High St Longview, TX 75601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mkt Material
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Anedot.com	
Amount (\$) \$102.80	Payee address; City; State; Zip Code 3723 Greenville Ave Ste. 41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/14 Rpt: 46/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 08/31/2025	5 Payee name Anedot.com	
6 Amount (\$) \$25.50	7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste. 41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Anedot.com	
Amount (\$) \$57.60	Payee address; City; State; Zip Code 3723 Greenville Ave Ste. 41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name Anedot.com	
Amount (\$) \$106.00	Payee address; City; State; Zip Code 3723 Greenville Ave Ste. 41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/14 Rpt: 47/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 11/30/2025	5 Payee name Anedot.com	
6 Amount (\$) \$207.57	7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste. 41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Anedot.com	
Amount (\$) \$110.50	Payee address; City; State; Zip Code 3723 Greenville Ave Ste. 41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Beckett, Melissa	
Amount (\$) \$680.17	Payee address; City; State; Zip Code 3771 Harley Ridge Road Longview, TX 75604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/14 Rpt: 48/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 10/21/2025	5 Payee name Christian Heritage School	
6 Amount (\$) \$250.00	7 Payee address; City; 2715 FM 1844 Longview, TX 75605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DRIUpprinting	Office sought Office held
Date 12/02/2025	Payee name DRIUpprinting	
Amount (\$) \$170.76	Payee address; City; 8000 Haskell Ave. Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mkt Material
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 12/31/2025	Payee name Facebook	
Amount (\$) \$108.80	Payee address; City; 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/14 Rpt: 49/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 07/22/2025	5 Payee name JP Morgan Chase Bank	
6 Amount (\$) \$1,498.38	7 Payee address; City; 270 Park Ave New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name JP Morgan Chase Bank	
Amount (\$) \$1,632.95	Payee address; City; 270 Park Ave New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name JP Morgan Chase Bank	
Amount (\$) \$2,753.37	Payee address; City; 270 Park Ave New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/14 Rpt: 50/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 10/24/2025	5 Payee name JP Morgan Chase Bank	
6 Amount (\$) \$1,774.64	7 Payee address; City; 270 Park Ave New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name JP Morgan Chase Bank	
Amount (\$) \$1,559.31	Payee address; City; 270 Park Ave New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name JP Morgan Chase Bank	
Amount (\$) \$14,107.83	Payee address; City; 270 Park Ave New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/14 Rpt: 51/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/31/2025	5 Payee name Mailchimp	
6 Amount (\$) \$122.59	7 Payee address; City; State; Zip Code 405 North Angier Avenue NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name McPhetridge, Sarah	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3800 Graystone Road Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Planning
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name McPhetridge, Sarah	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3800 Graystone Road Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Planning
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/14 Rpt: 52/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 11/14/2025	5 Payee name McPhetridge, Sarah	
6 Amount (\$) \$500.00	7 Payee address; City; 3800 Graystone Road Longview, TX 75605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Planning
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name McPhetridge, Sarah	
Amount (\$) \$500.00	Payee address; City; 3800 Graystone Road Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Planning
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Moore, Joel	
Amount (\$) \$1,000.00	Payee address; City; 3408 Airline Road Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Planning
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/14 Rpt: 53/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 11/26/2025	5 Payee name Mullins, Haley	
6 Amount (\$) \$150.00	7 Payee address; City; 5008 US HWY 80 Big Sandy, TX 75755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tshirts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Republican Party of Texas	
Amount (\$) \$750.00	Payee address; City; 1108 Lavaca Street Ste. 500 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot Filing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Republican Party of Texas	
Amount (\$) \$750.00	Payee address; City; 1108 Lavaca Street Ste. 500 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot Filing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/14 Rpt: 54/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/05/2025	5 Payee name Republican Women of Gregg County	
6 Amount (\$) \$115.00	7 Payee address; City; 2802 Gilmer Rd Ste. 5 Longview, TX 75604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Booth Rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Rogers, Brett	
Amount (\$) \$1,200.00	Payee address; City; 4514 Edinburgh Drive Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Rogers, Brett	
Amount (\$) \$1,200.00	Payee address; City; 4514 Edinburgh Drive Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/14 Rpt: 55/67	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 09/23/2025	5 Payee name Rogers, Brett	
6 Amount (\$) \$1,200.00	7 Payee address; City; 4514 Edinburgh Drive Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rogers, Brett	Office sought Office held
Date 10/21/2025	Payee name Rogers, Brett	
Amount (\$) \$1,200.00	Payee address; City; 4514 Edinburgh Drive Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rogers, Brett	Office sought Office held
Date 12/17/2025	Payee name Rogers, Brett	
Amount (\$) \$2,400.00	Payee address; City; 4514 Edinburgh Drive Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rogers, Brett	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/14 Rpt: 56/67	2 FILER NAME Beckett , Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/16/2025	5 Payee name Rumbleup.com	
6 Amount (\$) \$124.50	7 Payee address; City; State; Zip Code 2021 L St NW Ste 101-220 Washington, DC 20037	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text platform
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/01/2025	Payee name USPS	
Amount (\$) \$122.00	Payee address; City; State; Zip Code 4501 McCann Rd Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO BOX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/08/2025	Payee name USPS	
Amount (\$) \$122.00	Payee address; City; State; Zip Code 4501 McCann Rd Longview, TX 75605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO BOX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/14 Rpt: 57/67	2 FILER NAME Beckett , Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 12/12/2025	5 Payee name VistaPrint	
6 Amount (\$) \$463.30	7 Payee address; City; 275 Wyman Street Wltham, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mkt Material
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Wal-mart #4114	
Amount (\$) \$128.47	Payee address; City; 3812 Gilmer Rd Longview, TX 75604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name White Oak Economic Corp	
Amount (\$) \$350.00	Payee address; City; 906 S. White Oak Road White Oak, TX 75693	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/14 Rpt: 58/67	2 FILER NAME Beckett , Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793	
4 Date 09/12/2025	5 Payee name Work Smart TX		
6 Amount (\$) \$250.00	7 Payee address; City; 3122 Nealy Way Longview, TX 75605		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/9 Rpt: 59/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution Chase		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$106.89	(b) Date of Charge 07/03/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name DRIUprinting		(b) Payee address; City, State, Zip Code 8000 Haskell Ave. Van Nuys, CA 91406
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Push Cards
			(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
PAYMENT	(a) Amount Charged \$310.90	(b) Date of Charge 07/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name First Graphics Services		(b) Payee address; City, State, Zip Code 229 Garvon Street Garland, TX 75040
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signs
			(c) <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
PAYMENT	(a) Amount Charged \$627.85	(b) Date of Charge 07/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Imprint.com		(b) Payee address; City, State, Zip Code 4550 Beechnut Street Houston, TX 77083
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Shirts
			(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/9 Rpt: 60/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$139.19	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Home Depot		(b) Payee address; City, State, Zip Code 411 East Loop 281 Longview, TX 75605
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Wood Boards
			(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
PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Bear Creek Smokehouse		(b) Payee address; City, State, Zip Code 10857 TX-154 Marshall, TX 75670
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Booth Rental
			(c) <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
PAYMENT	(a) Amount Charged \$127.83	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DRIUprinting		(b) Payee address; City, State, Zip Code 8000 Haskell Ave. Van Nuys, CA 91406
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/9 Rpt: 61/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$275.00	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Gregg Co Fair		(b) Payee address; City, State, Zip Code 1511 Judson Road Suite F Longview, TX 75601
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Booth Rental
			(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
PAYMENT	(a) Amount Charged \$167.03	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name EBAY		(b) Payee address; City, State, Zip Code 2025 Hamilton Avenue San Jose, CA 95125
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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
PAYMENT	(a) Amount Charged \$420.32	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DRIUprinting		(b) Payee address; City, State, Zip Code 8000 Haskell Ave. Van Nuys, CA 91406
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/9 Rpt: 62/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$373.68	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Sticker Mule		(b) Payee address; City, State, Zip Code 336 Forest Avenue Amsterdam, NY 12010
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(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
PAYMENT	(a) Amount Charged \$362.50	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name VistaPrint		(b) Payee address; City, State, Zip Code 275 Wyman Street Wltham, MA 02421
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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
PAYMENT	(a) Amount Charged \$463.06	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name VistaPrint		(b) Payee address; City, State, Zip Code 275 Wyman Street Wltham, MA 02421
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/9 Rpt: 63/67	2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$174.00	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Opus Clip		(b) Payee address; City, State, Zip Code 530 University Avenue Palo Alto, CA 94301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Web software
	(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
PAYMENT	(a) Amount Charged \$274.74	(b) Date of Charge 09/07/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Omni Las Colinas Hotel		(b) Payee address; City, State, Zip Code 221 Las Colinas Blvd Irving, TX 75039
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel
	(c) <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
PAYMENT	(a) Amount Charged \$143.75	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Brothers Keeper Motorcycle Club		(b) Payee address; City, State, Zip Code 110 Walnut Street Jefferson, TX 75657
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Booth Rental
	(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/9 Rpt: 64/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$105.00	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Greater Marshall Chamber of		(b) Payee address; City, State, Zip Code 110 South Bolivar Street Ste. 101 Marshall, TX 75670
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Booth Rental
			(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
PAYMENT	(a) Amount Charged \$702.54	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Imprint.com		(b) Payee address; City, State, Zip Code 4550 Beechnut Street Houston, TX 77083
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Shirts
			(c) <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
PAYMENT	(a) Amount Charged \$321.88	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Office Depot #2254		(b) Payee address; City, State, Zip Code 422 W Loop 281 Ste. 300 Longview, TX 75605
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/9 Rpt: 65/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$140.71	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Academy Sports #69		(b) Payee address; City, State, Zip Code 445 Forest Square Longview, TX 75605
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event Canopy
			(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
PAYMENT	(a) Amount Charged \$246.14	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name VistaPrint		(b) Payee address; City, State, Zip Code 275 Wyman Street Wltham, MA 02421
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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
PAYMENT	(a) Amount Charged \$373.68	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Sticker Mule		(b) Payee address; City, State, Zip Code 336 Forest Ave Amsterdam, NY 12010
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Material
			(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/9 Rpt: 66/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$10,671.83	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name First Graphic Services		(b) Payee address; City, State, Zip Code 229 Garvyn Street Garland, TX 75040
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs
			(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
PAYMENT	(a) Amount Charged \$1,990.00	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Printastic.com		(b) Payee address; City, State, Zip Code 46555 Humboldt Drive Ste. D Novi, MI 48377
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mkt Materials
			(c) <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
PAYMENT	(a) Amount Charged \$227.21	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Best Buy		(b) Payee address; City, State, Zip Code 422 W Loop 281 Ste. 100 Longview, TX 75605
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Printer
			(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/9 Rpt: 67/67	2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,143.44
6 PAYMENT	(a) Amount Charged \$368.05	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name First Graphic Services		(b) Payee address; City, State, Zip Code 229 Garvyn Street Garland, TX 75040
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs
	(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
PAYMENT	(a) Amount Charged \$254.60	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name First Graphic Services		(b) Payee address; City, State, Zip Code 229 Garvyn Street Garland, TX 75040
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs
	(c) <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