

**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: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Melissa A.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Beckett	SUFFIX	Date Received ELECTRONICALLY FILED 01/31/2026		
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 type="checkbox"/> January 15 <input checked="" 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 01/01/2026	Day	Year	Month 01/22/2026	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)			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)		\$ 723.72
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 12,353.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 97.95
	4. TOTAL POLITICAL EXPENDITURES		\$ 29,251.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 38,546.94
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	\$ 12,170.26
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 183.72
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 28,750.42
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	\$ 18.11
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 483.00
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: 1/6 Rpt: 4/16
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/08/2026	5 Full name of contributor APP Big Family PAC	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Arlington, VA 22206	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2026	Full name of contributor Arnold, Sherrie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Marshall, TX 75670	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor 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
Date 01/08/2026	Full name of contributor Bates, Clara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2026	Full name of contributor Battles, Sheri	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/16
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Shara 6 Contributor address; City; State; Zip Code Longview, TX 75601	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Page Pub
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Brad Contributor address; City; State; Zip Code Kilgore, TX 75662	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/08/2026	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 (\$) \$200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Arnold Trucking
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fain, Kathy Contributor address; City; State; Zip Code Judson, TX 75660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Eagle Eye Firearms
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glock, Barbara Contributor address; City; State; Zip Code Jefferson, TX 75657	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: 3/6 Rpt: 6/16
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Janes 6 Contributor address; City; State; Zip Code White Oak, TX 75693	7 Amount of Contribution (\$) \$20.26
8 Principal occupation / Job title (See Instructions) Pipefitter/welder		9 Employer (See Instructions) Delek
Date 01/16/2026	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 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Fuzzy Contributor address; City; State; Zip Code Jefferson, TX 75657	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pipefitter/welder		Employer (See Instructions) Delek
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hood, Rayburn Contributor address; City; State; Zip Code Ben Wheeler, TX 75754	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pipefitter/welder		Employer (See Instructions) Delek
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchhoff, Joseph Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$50.00
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: 4/6 Rpt: 7/16
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kranzman, Jennifer	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Longview, TX 75603	
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Christus Good Shepard
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroyer, Jeff	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Oil&Gas Landman		Employer (See Instructions) Self employed
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Robert Gerald	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Lee	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Longview, TX 75602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangrum, David	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Longview First Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/16
2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Carla	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Longview, TX 75602	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, James	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/19/2026	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
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Harleton, TX 75651	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarran, Jules	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
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: 6/6 Rpt: 9/16
2 FILER NAME Beckett, Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, James	7 Amount of Contribution (\$) \$250.00
	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 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweeney, Tom	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Employer (See Instructions) retired
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Mike	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Employer (See Instructions) retired
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehorn, Gary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Longview, TX 75604	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Employer (See Instructions) retired
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Susan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions)		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: 1/1 Rpt: 10/16</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>\$ 33.72</p>
<p>5 Date 01/08/2026</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harmon, Fuzzy</p>	<p>8 Amount of contribution (\$) \$150.00</p>
	<p>7 Contributor address; City; State; Zip Code Jefferson, TX 75657</p>	<p>9 In-kind contribution description Tposts</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>		

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: 1/4 Rpt: 11/16	2 FILER NAME Beckett , Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/05/2026	5 Payee name 5411 llc	
6 Amount (\$) \$3,000.00	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 01/14/2026	Payee name 859 Print	
Amount (\$) \$15,340.00	Payee address; City; State; Zip Code 157 Venture Ct Ste 4 Lexington, KY 40511	
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 Mrkt Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/15/2026	Payee name Altprintshop	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 325 South High Street 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

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: 2/4 Rpt: 12/16	2 FILER NAME Beckett , Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/20/2026	5 Payee name Altprintshop	
6 Amount (\$) \$1,635.98	7 Payee address; City; State; Zip Code 325 South High Street Longview, TX 75601	
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 Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/22/2026	Payee name Anedot.com	
Amount (\$) \$97.95	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 01/22/2026	Payee name Facebook	
Amount (\$) \$88.00	Payee address; City; State; Zip Code 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 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: 3/4 Rpt: 13/16	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/07/2026	5 Payee name May, Larissa	
6 Amount (\$) \$290.00	7 Payee address; City; State; Zip Code 1101 Regal Oak Drive 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 Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/06/2026	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 01/06/2026	Payee name Moore, Joel	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 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: 4/4 Rpt: 14/16	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793
4 Date 01/13/2026	5 Payee name Rogers, Brett	
6 Amount (\$) \$3,200.00	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 Office sought	Office held
Date 01/07/2026	Payee name Sams Club	
Amount (\$) \$709.29	Payee address; City; 3310 Fourth St Longview, TX 75605	
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 Event Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/07/2026	Payee name The Reserve	
Amount (\$) \$1,250.00	Payee address; City; 7725 US-259 Longview, TX 75605	
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 Event
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: 1/1 Rpt: 15/16	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 \$
6 PAYMENT	(a) Amount Charged \$18.11	(b) Date of Charge 01/08/2026	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Zoom		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Meetings (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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 16/16	2 FILER NAME Beckett, Melissa A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089793	
4 Date 01/22/2026	5 Payee name Beckett, Melissa		
6 Amount (\$) \$483.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Longview, TX 75604		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held