

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	
	NICKNAME		LAST Beckett	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 3771 Harley Ridge Rd. Longview , TX 75604		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/31/2026			
		Date Hand-delivered or Date Postmarked			
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); APT / SUITE #; CITY; STATE; ZIP CODE 3771 Harley Ridge Rd. Longview, TX 75604			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (316) 293-6216			
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 Day Year THROUGH Month Day Year 01/01/2026 01/22/2026			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <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
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	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		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;">Mrs. Melissa A. Beckett</div><div style="border-top: 1px solid black; width: 300px;"></div></div> <p style="text-align: center;">Signature of Candidate or Officeholder</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"><div>Signature of officer administering</div><div>Printed name of officer administering</div><div>Title of officer administering oath</div></div>		

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 <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00887810) APP Big Family PAC <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22206	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Arnold, Sherrie <hr/> Contributor address; City; State; Zip Code Marshall, TX 75670	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Barrow, Stella <hr/> 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 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Bates, Clara <hr/> Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Battles, Sheri <hr/> 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

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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 6 Contributor address; City; State; Zip Code White Oak, TX 75693	7 Amount of Contribution (\$) \$20.26
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Michael <hr/> 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 <hr/> Contributor address; City; State; Zip Code Jefferson, TX 75657	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hood, Rayburn <hr/> Contributor address; City; State; Zip Code Ben Wheeler, TX 75754	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchhoff, Joseph <hr/> 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 6 Contributor address; City; State; Zip Code Longview, TX 75603	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Christus Good Shephard
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroyer, Jeff Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$200.00
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 Contributor address; City; State; Zip Code Longview, TX 75602	Amount of Contribution (\$) \$200.00
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 Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$50.00
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 6 Contributor address; City; State; Zip Code Longview, TX 75602	7 Amount of Contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$400.00
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 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 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, James Contributor address; City; State; Zip Code Harleton, TX 75651	Amount of Contribution (\$) \$250.00
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 Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$30.00
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: 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 6 Contributor address; City; State; Zip Code Longview, TX 75605	7 Amount of Contribution (\$) \$250.00
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#: _____) Sweeney, Tom Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Mike 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 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehorn, Gary Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/06/2026	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 (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/16	
2 FILER NAME Beckett , Melissa A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089793	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 33.72	
5 Date 01/08/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Fuzzy	8 Amount of contribution (\$) \$150.00	9 In-kind contribution description Tposts
	7 Contributor address; City; State; Zip Code Jefferson, TX 75657	<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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
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 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/07/2026	Candidate/Officeholder name Office sought Office held	
Payee name Sams Club		
Amount (\$) \$709.29	Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/07/2026	Candidate/Officeholder name Office sought Office held	
Payee name The Reserve		
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

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

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 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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