

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>15 16</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Melba	MI L.
	NICKNAME	LAST Jeffus	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2606 Cypress Dr	APT / SUITE #;	CITY; STATE; ZIP CODE Rockwall TX 75087
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 214 )	PHONE NUMBER 802-3225	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Julie	MI
	NICKNAME	LAST McElroy	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 605 Limmerhill Dr		CITY; STATE; ZIP CODE Rockwall TX 75087
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 972 )	PHONE NUMBER 989-2375	EXTENSION
9 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)		
10 PERIOD COVERED	Month Day Year 01 / 03 / 2025		THROUGH Month Day Year 04 / 03 / 2025
11 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Rockwall City Council Place 3</b>	
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Rockwall City Council Place 3	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED

4:39 pm  
APR 03 2025

BY: K Seagone

Date Hand-delivered or Date Postmarked  
**04/03/25**

Receipt #	Amount \$
Date Processed <b>04/03/25</b>	Date Imaged <b>04/03/25</b>

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> Melba L. Jeffus		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ .00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,600.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ .00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,454.66
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,579.81
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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

*Melba L. Jeffus*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Melba L. Jeffus, and my date of birth is [REDACTED].

My address is 2606 Cypress Drive, Rockwall, TX, 75087, Rockwall.  
(street) (city) (state) (zip code) (country)

Executed in Rockwall County, State of Texas, on the 3<sup>rd</sup> day of April, 2025.  
(month) (year)

*Melba L. Jeffus*  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

**19 FILER NAME**

Melba L. Jeffus

**20 Filer ID (Ethics Commission Filers)**

**21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE**

**SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,600.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 223.51
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ .00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,020.19
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ .00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ .00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,454.66
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ .00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ .00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Jeffus	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 120 Pleasant Hill Ln Fate TX 75189		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) MISD
Date 2/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tricia Thornberg	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4053 Hanne Way Royce City TX 75189		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Walker	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 1015 Ridge Rd Rockwall TX 75087		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Dichard	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1903 S FM 549 Rockwall TX 75032		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Herbst <hr/> 6 Contributor address; City; State; Zip Code 1509 S Alamo Rockwall TX 75087	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Wacker <hr/> Contributor address; City; State; Zip Code 309 Featherstone Dr Rockwall TX 75087	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Jeffus <hr/> Contributor address; City; State; Zip Code 120 Pleasant Hill Ln Fate TX 75189	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MISD
Date 3/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micahael McElroy <hr/> Contributor address; City; State; Zip Code 605Limmerhill Dr Rockwall TX 75087	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aimee Norton 6 Contributor address; City; State; Zip Code 609Limmerhill Dr Rockwall TX 75087	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self
Date 3/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Tuley Contributor address; City; State; Zip Code 171 Chamberlain Dr Fate TX 75189	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 3/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edie Smith Contributor address; City; State; Zip Code 2312 Saddlebrook Rockwall TX 75087	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodie Breitling Contributor address; City; State; Zip Code 2610 Cypress Dr Rockwall TX 75087	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Bank Analyst		Employer (See Instructions) American National Bank
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynzie Offutt 6 Contributor address; City; State; Zip Code 2602 Cypress Dr Rockwall TX 75087	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Program Manger		9 Employer (See Instructions) SNC
Date 3/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewayne Cain Contributor address; City; State; Zip Code 305 Stonebridge Dr Rockwall TX 75087	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Les Chapman Contributor address; City; State; Zip Code 733 Sunsett Hill Rockwall TX 75087	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Flight Crew Instructor		Employer (See Instructions) Southwest Airlines
Date 3/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Jeffus Contributor address; City; State; Zip Code 552 Granite Fields Rockwall TX 75087	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Henry 6 Contributor address; City; State; Zip Code 2605 Cypress Dr Rockwall TX 75087	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Goud Contributor address; City; State; Zip Code 3023 Wimberley Rockwall TX 75032	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giovanna Psolka Contributor address; City; State; Zip Code 1725 Bay Watch Dr Rockwall TX 75087	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Weintraub Contributor address; City; State; Zip Code 28 Shadydale Ln Rockwall tx 75032	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanine Wittig ..... 6 Contributor address; City; State; Zip Code 1759 Bay Watch Dr Rockwall TX 75089	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Stinebaugh ..... Contributor address; City; State; Zip Code 905 Ivy Ln Rockwall TX 75087	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Bridges ..... Contributor address; City; State; Zip Code 760 Anna Cade Rockwall TX 75087	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME  Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  2/13/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  David Schoen	8 Amount of Contribution \$  \$223.51	9 In-kind contribution description  Flag
7 Contributor address; City; State; Zip Code  3006 San Marcos Dr Rockwall TX 75032		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  IT		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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# LOANS

# SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Melba L. Jeffus		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 1/10/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melba Jeffus	9 Loan Amount (\$) \$10000.00
6 is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2606 Cypress Dr Rockwall TX 75087	10 Interest rate 0.0%
		11 Maturity date 5/5/2025
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions) N/A
14 Description of Collateral <input type="checkbox"/> none None		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor Melba Jeffus	19 Amount Guaranteed (\$) \$10000.00
	18 Guarantor address; City; State; Zip Code 2606 Cypress Dr Rockwall TX 75087	
20 Principal Occupation (See Instructions) Retired		21 Employer (See Instructions) N/A
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Melba L. Jeffus	3 Filer ID (Ethics Commission Filers)
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4 Date 3/15/2025	5 Payee name Blue Ribon News
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6 Amount (\$) \$720.00	7 Payee address; POBox 967 Rockwall TX 75087	City;	State;	Zip Code
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Print & Online Ads
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/13/2025	Payee name Qball
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Amount (\$) \$300.19	Payee address; 102 North Tyler St Rockwall TX 75087	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check If Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check If Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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.

<b>1</b> Total pages Schedule G: 4	<b>2</b> FILER NAME Melba L. Jeffus	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1/29/2025	<b>5</b> Payee name Keepers Press
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<b>6</b> Amount (\$) \$1533.81 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 1905 Alpha Drive - Ste 170	City; Rockwall	State; TX	Zip Code 75087
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description 4x4 Campaign signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/27/2025	Payee name Qball
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Amount (\$) \$860.59 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 102 North Tyler St	City; Rockwall	State; TX	Zip Code 75087
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Graphics Design
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/6/2025	Payee name Qball
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Amount (\$) \$1057.94 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 102 North Tyler St	City; Rockwall	State; TX	Zip Code 75087
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Melba L. Jeffus	3 Filer ID (Ethics Commission Filers)
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4 Date 1/3/2025	5 Payee name Alliance Bank
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6 Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 3045 North Goliad St City: Rockwall State: TX Zip Code 75087
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Set up Bank Account
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/15/2025	Payee name 276 Self-Storage-N-More
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Amount (\$) \$90.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2740 Texas 276 City: Rockwall State: TX Zip Code 75032
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description P.O. Box
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/15/2025	Payee name Rockwall GOP
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Amount (\$) \$3000.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 112 Kenway St City: Rockwall State: TX Zip Code 75087
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Regan Day Table
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### 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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Melba L. Jeffus	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/6/2025	<b>5</b> Payee name Qball
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<b>6</b> Amount (\$) \$162.38 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;		
	102 North Tyler St	Rockwall	City; State; Zip Code TX 75087

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Graphics Design
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 2/22/2025	<b>Payee name</b> Keepers Press
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<b>Amount (\$)</b> \$378.88 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b>		
	1905 Alpha Drive - Ste 170	Rockwall	City; State; Zip Code TX 75087

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> 4x4 Campaign signs
	<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
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<b>Date</b> 2/14/2025	<b>Payee name</b> Keepers Press
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<b>Amount (\$)</b> \$237.07 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b>		
	1905 Alpha Drive - Ste 170	Rockwall	City; State; Zip Code TX 75087

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> Yard Signs
	<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
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Melba L. Jeffus	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/3/2025	<b>5</b> Payee name Hobby Lobby
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<b>6</b> Amount (\$) \$83.99 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 2004 S Goliad City: Rockwall State: TX Zip Code: 75087
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Poster Framed
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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
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