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:					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS		MI A	OFFICE USE ONLY					
NAME	NICKNAME	MELANCON	SUFFIX	Date Received					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 3627 GRANE SAN ANTON		CITY; STATE; ZIP CODE						
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER	MS / MRS / MR		MI	Receipt # Amount \$					
NAME	MS		Α	Date Processed					
	NICKNAME		SUFFIX	Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S BY CT, SAN ANT(STATE; ZIP CODE					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION						
TREASURER	(512) 587-3273								
9 REPORT TYPE	January 15	30th day before	election	15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	MonthDayYearMonthDayYear92923THROUGH102023								
11 ELECTION	ELECTION DATE ELECTION TYPE								
	Month Day Year Primary Runoff Other Description 11 7 23 General Special San Antonio River Authority Board of Directors at Large								
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) N/a SARA Bexar County Director at Large								
14 NOTICE FROM POLITICAL	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.								
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME								
Additional Pages	GENERAL COMMITTEE ADDRESS								
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								
GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME PATRICE A. MELANO		Filer ID (Eth	hics Commission Filers)		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,037.23		
	4. TOTAL POLITICAL EXPENDITURES	\$	\$ 1,037.23		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$	0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$	0.00		
rec	guired to be reported by me under Title 15, Election Code.	N N N 9			
	Signature of Cand	idate or Offi	cenolder		
	Please complete either option below:				
(1) Affidavit	MELISSA ANNE TURNER Notary Public, State of Texas Comm. Expires 01-10-2024 Notary ID 132308082	·			
NOTARY STAMP/SEA		-			
Sworn to and subscribed	before me by <u>Petrice Melancon</u> this the	20 th day	of October,		
20 <u>23</u> , to certify	which, witness my hand and seal of office. Melissa Anne Turner	Publi	c Information C		
Signature of officer administer	Printed name of officer administering oath	Title	of officer administering oath		
	OR ·				
(2) Unsworn Declarat	on				
My name is	, and my date of birth is				
My address is			·		
		ate) (zip c			
Executed in	County, State of, on the day of(month)	, 20) (year)		
	Signature of Candida	te/Officehold	er (Declarant)		

	RES MADE BY CRED				DULE F4			
	EXPENDITURE CATE	EGORIES FO	R BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F4:	2 FILER NAME PATRICE A. MELANCON			3 Filer ID (Ethics 0	Commission Filers)			
4 TOTAL OF UNITEM	DIT CARD	\$ 1,037.23						
5 Date	6 Payee name			1				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political							
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t Printing expense	(b) Description Signs, flyers, and cards for distribution						
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
11 Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Office sought				Office held				
Date	Payee name							
Amount (\$)	Payee address;		City;	State;	Zip Code			
TYPE OF EXPENDITURE	Political	Non-Pol	itical					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office	held			
	ATTACH ADDITIONAL COPIE	S OF THIS SO	CHEDULE AS N	EEDED				

1