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:

OFFICE USE ONLY

Date Received: FILED
12:33 o'clock P M
MAY 20 2024
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
By: Amanda Mix Deputy
Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) | FIRST: Cary | MI: L.

NICKNAME | LAST: Mellema | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

403 W. Aurora Vista Trl.,
Aurora, Tx 76078

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(940) 980-7147

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MRS) | FIRST: Cara | MI: M

NICKNAME | LAST: Mellema | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

403 W. Aurora Vista Trl.,
Aurora, Tx 76078

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(940) 980-7147

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 02 / 25 / 24 THROUGH Month Day Year: 05 / 18 / 24

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 28 / 24

ELECTION TYPE: ☐ Primary ☒ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council

13 OFFICE SOUGHT (if known): Sheriff

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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	Cary L Mellema	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 35,708.38
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 44,152.36
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,236.88
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

Cary L Mellema

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
LISA LETBETTER
Notary Public, State of Texas
Comm. Expires 08-26-2024
Notary ID 132645084

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cary Mellema this the 20 day of May, 20 24, to certify which, witness my hand and seal of office.

Lisa Letbetter	Lisa Letbetter	City Secretary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Cary L. Mellema, and my date of birth is 10/30/1960.

My address is 403 W. Aurora Vista Trail, Aurora, TX, 76078, USA.
(street) (city) (state) (zip code) (country)

Executed in Wise County, State of TX, on the 20 day of May (month), 20 24 (year).

Cary L Mellema

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 35,708.38
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☐	SCHEDULE E: LOANS	$ 0
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 44,152.36
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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
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:	2 FILER NAME: Cary L Mellema	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name	
3-5-24	Anedot	
6 Amount ($)	**7 Payee address; City; State; Zip Code**	
9.60	1920 McKinney Ave 7th Floor, Dallas, Tx 75201	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule): Fee	**(b) Description**: online card processing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 2

Date	Payee name	
3-11-24	Office Depot	
Amount ($)	**Payee address; City; State; Zip Code**	
314.12	1317 W. State Hwy, Grapevine, Tx 76051	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): Advertising	**Description**: Labels
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 3

Date	Payee name	
3-20-24	Impact Signs & Graphics	
Amount ($)	**Payee address; City; State; Zip Code**	
920.13	1201 Minters Chapel Rd # 301 Grapevine, Tx 76051	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): Advertising	**Description**: Signs
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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:	2 FILER NAME: Cary L Mellema	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name	
3-13-24	Anedot	
6 Amount ($)	**7 Payee address;** City; State; Zip Code	
2.30	1920 McKinney Ave. 7th Floor, Dallas, Tx 75201	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule): Fees	**(b) Description:** online card processing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 2

Date	Payee name	
3-20-24	Anedot	
Amount ($)	**Payee address;** City; State; Zip Code	
18.64	1920 McKinney Ave 7th Floor Dallas, Tx 75201	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): Fees	**Description:** online card processing
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 3

Date	Payee name	
3-27-24	Anedot	
Amount ($)	**Payee address;** City; State; Zip Code	
23.50	1920 McKinney Ave 7th Floor Dallas, Tx 75201	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): Fees	**Description:** online card processing
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Cary L Mellema	

4 Date	5 Payee name
3-28-24	Reimagine Group

6 Amount (S)	7 Payee address; City; State; Zip Code
1631.87	PO Box 2154 Goodlettsville TN 37070

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising	Big Signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date	Payee name
3-28-24	Bluestone Creatives

Amount (S)	Payee address; City; State; Zip Code
2,000.00	605 Steeplechase Dr., Bedford, Tx 76021

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising	Social Media

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date	Payee name
4-2-24	Anedot

Amount (S)	Payee address; City; State; Zip Code
42.60	1920 McKinney Ave 7th Floor Dallas, Tx 75201

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fee	online Card processing

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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:	2 FILER NAME: Cary L Mellema	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name	
4-10-24	Anedot	
6 Amount ($)	**7 Payee address; City; State; Zip Code**	
65.30	1920 McKinney Ave 7th Floor, Dallas, Tx 75201	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule): Fees	**(b) Description**: online card processing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 2

Date	Payee name	
4-12-24	Reimagine Group	
Amount ($)	**Payee address; City; State; Zip Code**	
1,631.87	PO Box 2154 Goodlettsville, TN 37070	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): Advertising	**Description**: Big Signs
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

Expenditure 3

Date	Payee name	
4-19-24	American Nation Bank	
Amount ($)	**Payee address; City; State; Zip Code**	
10.00	1901 N. Commerce Ardmore, OK 73403	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule): Fee	**Description**: wire transfer
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name**	**Office sought** / **Office held**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Cary L Mellema	

4 Date	5 Payee name
4-22-24	Impact Signs & Graphic

6 Amount ($)	7 Payee address; City; State; Zip Code
757.95	1201 Minters Chapel Rd #301 Grapevine, Tx 76051

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising	Signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date	Payee name
4-23-24	Anedot

Amount ($)	Payee address; City; State; Zip Code
4.30	1920 McKinney Ave 7th Floor Dallas, Tx 75201

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fee	online card processing

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date	Payee name
4-30-24	Anedot

Amount ($)	Payee address; City; State; Zip Code
20.30	" " "

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 ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Cary L Mellema	

4 Date	5 Payee name
4-9-24	Julie Herring

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1280.00	261 Private Rd 4687	Boyd, TX		76023

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
5-8-24	Impact Signs & Graphics

Amount ($)	Payee address;	City;	State;	Zip Code
324.75	1201 Minters Chapel Rd #301	Grapevine,	Tx	76051

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Signs

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
5-8-24	Schober Enterprises, LLC

Amount ($)	Payee address;	City;	State;	Zip Code
7,746.37	304 Red Tailed Hawk Dr.	Pflugerville,	Tx	78660

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	mail out Newsletter

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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:

2 FILER NAME: Cary L Mellema

3 Filer ID (Ethics Commission Filers):

4 Date: 5-8-24

5 Payee name: American Nation Bank

6 Amount (S): 25.95

7 Payee address; City; State; Zip Code: 1901 N. Commerce Ardmore, OK 73403

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Fee

(b) Description: Stop Payment - Lost Check # 10116

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date: 5-13-24

Payee name: Schober Enterprises, LLC

Amount (S): 5,510.36

Payee address; City; State; Zip Code: 304 Red Tailed Hawk Dr., Pflugerville, Tx 78660

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: Mail out newsletter

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date: 5-15-24

Payee name: Anedot

Amount (S): 4.30

Payee address; City; State; Zip Code: 1920 McKinney Ave 7th Floor Dallas, Tx 75201

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fee

Description: online card processing

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Cary L Mellema	

4 Date	5 Payee name
5-15-24	Bluestone Creatives

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1250.00	605 Steeplechase Dr.,	Bedford,	Tx	76021

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising

(b) Description: Social Media

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date	Payee name
5-5-24	Bluestone Creatives

Amount ($)	Payee address;	City;	State;	Zip Code
670.00	605 Steeplechase Dr.,	Bedford,	Tx	76021

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: Social Media

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date	Payee name
5-14-24	CWS Research

Amount ($)	Payee address;	City;	State;	Zip Code
19,828.35	8313 Mimi Ln	Austin,	Tx	78724

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting

Description: Campaign Mgr

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 16

2 FILER NAME: Cary L. Mellema

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3-5-24	Sherry Rogers	P.O. Box 673 Decatur Tx 76234	25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Bail Bond security	All Around Bonding Co.

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3-5-24	Shellie Ferguson	PO Box 300 Decatur, Tx 76234	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director	ABUS

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3-11-24	Rocky Pack	396 CR 3838 Boyd, Tx 76426	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Mgr.	Floors Inc.

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3-11-24	Rocky Pack	396 CR 3838 Boyd, Tx 76426	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Mgr.	Floor Inc.

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: Cary L. Mellema

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
3-11-24	Rodney Holmes 200 Jennings Ave., Boyd, Tx 76426	100.00	Owner	Self-Employed
3-13-24	Kyle Erwin PO Box 643 Boyd, Tx 76023	5,000.00	Owner	Self-Employed
3-13-24	Zachary Turlington 3113 S. College Ave, Decatur, Tx 76234	50.00	Contractor	ZTI
3-18-24	Matt Newby PO Box 333 Newark, Tx 76071	1000.00	Owner	Outside Shed & Cabinets

☐ out-of-state PAC (ID#:_____)

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: Cary L. Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3-18-24	Jeff Lungrin 341 Marshal Rd. Newark, Tx 76071	500.00

8 Principal occupation / Job title (See Instructions): Project Mgr.

9 Employer (See Instructions): Master Builders

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Debra Jackson 1300 S. Hatcher St., Decatur, Tx 76234	100.00

Principal occupation / Job title (See Instructions): Sr. Account Mgr.

Employer (See Instructions): Hydrafab Inc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Cathy Wells 633 CR 4010, Decatur, Tx 76234	25.00

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Marlene Lee 1488 CR 2175, Decatur, Tx 76234	10.00

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: Cary L. Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
3-20-24	Jim Joling **6** Contributor address; City; State; Zip Code PO Box 1137, Boyd, Tx 76023	100 OV

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3-20-24	Ryan Williams Contributor address; City; State; Zip Code 1184 Mc Reynolds Rd, Sanger, Tx 76266	500 OV

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Commissioner	Denton County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3-20-24	Donald Duncan Contributor address; City; State; Zip Code 3001 Sawtimber Trl, Ft. Worth, Tx 76244	100 OV

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3-20-24	Claudia Teinert Contributor address; City; State; Zip Code 5708 E. CR 97, Midland, Tx 79706	100 OV

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3-20-24	Joseph Olszta 1216 Aurora Vista Trl, Aurora, Tx 76078	25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
National Acct. Mgr.	Whiting Door Mfg

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Michelle Tye 105 N. School Rd, Rhome, Tx 76078	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Police	DFW Airport

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Billie Evans 390 Old Mill Rd., Rhome, Tx 76078	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Mark Hobbs 413 W Aurora Vista Trl, Aurora, Tx 76078	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self-Employed	Tek Systems

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3-20-24	Mark Lorance 1116 Sunrise Ave, Rhome, Tx 76078	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Civil Engineer	Cobb, Fendley & Assc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Ralph Woods 190 Cundiff-Crafton Rd, Chico Tx 76431	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
LE	Denton County

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	John Donnell 205 Quail Ridge Ct, Decatur, Tx 76234	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sr. Strategic Business Analyst	Army Airforce Exchange Serv.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Patrick Wamhoff 1136 Churchill Dr, Frisco, Tx 75036	38.38

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
International Acct Exe.	Asurion

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
3-20-24	Roderick Smith 485 CR 4796 Boyd, TX 76023	250

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
programmer	Computa center

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Tony Nash 133 Aviator Dr., Ft. Worth, TX 76179	200

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
COO / Restaurant	Taco Casa

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Melinda Preston 13370 Bayfield Dr., Frisco, TX 75034	500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Citizens Defending Freedom	Denton City Exe. Director

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-20-24	Jason Priakos 203 W Aurora Vista Trl, Aurora, TX 76078	100

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	Solo.io

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: Cary L. Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3-25-24	Michael B. Dolan 508 W Aurora Vista Trl, Aurora, Tx 76078	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
owner	Self-Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-25-24	Lawrence Fraiser 501 W. Aurora Vista Trl, Aurora, Tx 76078	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
owner	Self-Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-25-24	Rocky Pack 396 CR 3838 Bridgeport, Tx 76426	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Mgr.	Floors Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3-27-24	Gregg Arrington PO Box 942 Rhome, Tx 76078	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Police Officer	TCU

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: Cary L. Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
3-27-24	Patti Noyes	302 Barham Ln. Bridgeport, Tx 76426	200 W	Retired	
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
3-27-24	William Taylor	230 Private Rd 3628, Runaway Bay Tx 76426	50 W	Retired	
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
3-27-24	Danny Coston	102 High Vista Rd., Decatur, Tx 76234	100 W	Auditor	HOYA
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
3-27-24	Ron Pellegrini	104 Orion Ct, Aurora, Tx 76078	1.00 W	Vice Pres.	GE Healthcare

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
3-28-24	Samuel Frankenfield 125 CR 1890 Sunset, Tx 76270	100
8 Principal occupation / Job title (See Instructions): Retired	**9** Employer (See Instructions):	
4-2-24	Tuf Cooper P.O. Box 2034 Decatur, Tx 76234	1,000
Principal occupation / Job title (See Instructions): Rodeo Performer	Employer (See Instructions): Self-employed	
4-2-24	Roderick Smith 485 CR 4796 Boyd, Tx 76023	50
Principal occupation / Job title (See Instructions): Programmer	Employer (See Instructions): Computacenter	
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.

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
4-8-24	Monica Hamilton 245 CR 4581 Boyd, Tx 76023	200.00	Home maker	
4-8-24	George Toon 814 CR 1650 Chico, Tx 76431	500.00	Sr. Director	SAP
4-10-24	Kimberlee Swoboda 822 Port O Call Dr., Runaway Bay, Tx 76426	50.00	Gas Turbine Controls	GE/Fieldcore
4-10-24	Carla Phillips 189 Lone Trl. Rhome, Tx 76078	25.00	Real Estate Broker	Self-employed

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4-10-24	Deborah Bryant 175 Aston Cr., Bridgeport, Tx 76426	50 w

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4-10-24	LouAnn Peterson 530 Hilltop Dr., Decatur, Tx 76234	25 w

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4-10-24	La Donna Walker 2150 W. Hwy 114, Paradise, Tx 76073	100 w

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4-10-24	Dan Jackson 231 Drifter Dr., Newark, Tx 76071	250 w

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
4-10-24	Edward Wynn	1235 Alliance Blvd., Rhome, Tx 76078	100 W	Retired	
4-10-24	Lori Armes	P.O. Box 277, Decatur, Tx 76234	350 W	Sales Exec.	RIG
4-10-24	Susan Abshier	301 Elvis Rd., Bowie, Tx 76230	50 W	Owner	Abshier Energy
4-10-24	Tammy Owens	118 Oakhills Ct, Paradise, Tx 76073	50 W	Nurse	Medical City

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: Cary L. Mellema

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
4-10-24	Margaret Tanner P.O. Box 1414, Bridgeport, Tx 76426	500.00	IR/Finance	Family Clinic
4-16-24	Elaine Priest 216 Cheyenne Tr. N, Rhome, Tx 76078	60.00	Retired	
4-16-24	Kay Swaim 5058 FM 1810 Chico, Tx 76431	200.00	Retired	
4-16-24	Samuel Frankenfield 125 CR 1890, Sunset, Tx 76270	150.00	Retired	

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: Cary L Mellema

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
4-19-24	Texas Conservative Project	10,000.00
	6 Contributor address; City; State; Zip Code: 10900 Research Blvd., Ste 160C PMB 3194 Austin, TX 78759	
8 Principal occupation / Job title (See Instructions):		9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4-23-24	Debra Jackson	100.00
	Contributor address; City; State; Zip Code: 1300 S. Hatcher St., Decatur, Tx 76234	
Principal occupation / Job title (See Instructions): Sr. Acct. Mgr		Employer (See Instructions): Hydrafab Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4-24-24	DL Conklin	100.00
	Contributor address; City; State; Zip Code: 369 CR 4213 Decatur, Tx 76234	
Principal occupation / Job title (See Instructions): Retired		Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4-24-24	Darrell Martin	5,000.00
	Contributor address; City; State; Zip Code: 2569 E. State Hwy 114, Boyd, Tx 76023	
Principal occupation / Job title (See Instructions): owner		Employer (See Instructions): Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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