## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

### CANDIDATE / OFFICEHOLDER NAME
- **First Name:** Melissa
- **Last Name:** Bellon
- **MI:** J

### CANDIDATE / OFFICEHOLDER MAILING ADDRESS
- **Address:** P.O. Box 570-708
- **City:** Dallas
- **State:** TX
- **Zip Code:** 75357

### CANDIDATE / OFFICEHOLDER PHONE
- **Area Code:** (469)
- **Phone Number:** 661-8870

### CAMPAIGN TREASURER NAME
- **First Name:** Melissa
- **Last Name:** Bellon
- **MI:** J

### CAMPAIGN TREASURER ADDRESS
- **Address:** P.O. Box 570-717
- **City:** Dallas
- **State:** TX
- **Zip Code:** 75357

### REPORT TYPE
- **Report Type:** January 15

### PERIOD COVERED
- **Start Date:** 7/1/2020
- **End Date:** 12/31/2020

### ELECTION
- **Election Date:** 11/06/2018

### OFFICE
- **Office Held:** (If Any)
- **Office Sought:** (If Known)

### 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.
## Contribution/Officeholder Campaign Finance Report

### 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) $0

3. **Total Unitemized Political Expenditure** $53,588

4. **Total Political Expenditures** $37,02

### Expenditure Totals

5. **Total Political Contributions Maintained As of the Last Day of Reporting Period** $37,02

6. **Total Principal Amount of All Outstanding Loans As of the Last Day of the Reporting Period** $37,02

### 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.

![Signature]

Signature of Candidate or Officeholder

Please complete either option below:

### 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

### Unsworn Declaration

My name is ________________, and my date of birth is 10/31/1977.

My address is P.O. Box 576708, Dallas, TX 75237, Dallas

Executed in Dallas County, State of Texas, on the 15th day of ________________, 20____.

Signature of Candidate/Officeholder (Declarant)