CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** Mrs. Melanie NAME Date Received NICKNAME LAST SUFFIX Kidd 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Del Rio, Texas 78840 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER Mrs. Melanie NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Kidd 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** (Residence or Business) Del Rio, Texas 78840 AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month Year Year COVERED 06 2022 04 02 / 17 2022 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Day X General 07 2022 Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) School Board Place IV 14 NOTICE FROM 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S)

Additional Pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIG	N FINANCE REPORT		COVER SHEET PG 2
15 C/OH NAME Melanie Kid	dd	I	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT		\$ O.
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS	UTIONS S, OR GUARANTEES OF LOANS)	\$ 0./
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ 0./
• • • • • • • • • • • • • • • • • • • •	4. TOTAL POLITICAL EXPENDIT	URES	\$ 289.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST	DAY \$ 0.
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF T PERIOD	* 289.94
	wear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec		and correct and includes all information
		Signature of Cano	didate or Officeholder
3- 5	Places sample	to oither entire below.	
	Flease comple	te either option below:	
Notary Public Comm. Exp	BLACKWELDER c, State of Texas ires 02-09-2026 13358049-0		
NOTARY STAMP/SEAL	() solor of Blo		
Sworn to and subscribed 20 22 , to certify to	which, witness my hand and seal of office.	KWOULET this the611	day of April,
Signature of officer administer	ing oath Printed name of officer	administering oath	Title of officer administering oath
Wilder Com	The same of the same of the same of	Reversion of the second	were transferred to a property of the con-
(2) Unsworn Declaration	on		
My name is		and my date of birth is	
			-1
	(street)	(city) (stat	te) (zip code) (country)
Executed in	County, State of ,	on the day of(month)	, 20
		Signature of Candidate	(Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commis	sion Filers)
	Melanie Kidd N/A		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
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	\$	0 /
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	\$	289.94
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0./
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	4 \$	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./

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

176	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Travel In District Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
1 Total pages Schedule F4:	2 FILER NAME Melanie Cidd 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 289 94
5 Date 3-11-22	6 Payee name Signson the cheap. com
7 Amount (\$) 209.43	8 Payee address; Stonehollow Or Austin TX 78758 Soite 160
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense Yard Signs x 20
mana y Maring managara	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Melanie Kidd SFDRCISD Place IV
3-11-22	Payee name Vistapnnt
Amount (\$)	Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451
# 43.50	
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Add Prinking Oxpense Cards
	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	Melanie Kidd SFDRCISD Pace IV
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

Advertising Expense Accounting/Banking		EXPENDIT Event Expense Fees	URE CATE	Loan Repar	OR BOX 10(a) yment/Reimbursement rhead/Rental Expense	Solicitation/Fundra	
Consulting Expense Contributions/Donations Made E		Food/Beverage Exp Gift/Awards/Memor		Polling Exp	ense	Travel In District Travel Out Of Distri	ipment & Related Expens
Candidate/Officeholder/Politic	al Committee	Legal Services The Instruction	Guide explair		ages/Contract Labor omplete this form.		gory not listed above)
1 Total pages Schedule F4:	2 FILER		1 .	1/1	i i	3 Filer ID /Ethics	Commission Filers)
2.		Me	Lanie	KIO	19	o i noi io (cino	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXP	ENDITURES (CHARGED	TOACR	EDITCARD	\$ 289.9	4
5 Date 4-6-22	6 Payee	Walma	ut				
7 Amount (\$)	8 Payee		1 10		City;	State;	Zip Code
\$ 37.01	241	o Doolsc	n Ave	•3	Del Rio	TX	78840
9 TYPE OF EXPENDITURE	□ F	Political		Non-Pol	itical		
10	(a) Category	(See Categories listed	d at the top of this s	schedule)	(b) Description	3.1	1
PURPOSE	rain					oth, can	
EXPENDITURE	Eve	nt exp	ense		Mowers,	vase, mo	arbies
	(c)	Check if travel outside of	Texas. Complete S	Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate / Officeholo	ler name	Of	fice sought	Office	held
Date	Payee r	ame		- september and a september a			
Amount (\$)	Payee a	nddress;			City;	State;	Zip Code
TYPE OF EXPENDITURE	P	olitical		Non-Poli	tical		
	Category	(See Categories listed	at the top of this s	schedule)	Description		
PURPOSE	ŀ						
EXPENDITURE							
		Check if travel outside of	Texas. Complete Se	chedule T.	Check if Aus	tin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officehold	er name	Off	ice sought	Office h	neld
							3.113.114.114.114
	ATTACH	ADDITIONAL	COPIES OF	THIS SC	HEDULE AS NEE	nen	
	WILLIAM SANTAL SANTAL					a nur take but	

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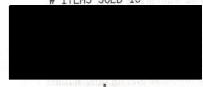
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