

# 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:

14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Melissa  
NICKNAME LAST SUFFIX  
Semmler

### OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2024

LEGAL  
12:34

Date hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
83 S Bardsbrook Circle, The Woodlands, Tx 77382

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713 ) 269-6414

Receipt #

Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Melissa  
NICKNAME LAST SUFFIX  
Semmler

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
83 S Bardsbrook Circle, The Woodlands, Tx 77382

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713 ) 269-6414

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 Month Day Year  
1 / 1 / 24 THROUGH 6 / 30 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
11 / 5 / 24  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Melissa Semmler		<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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,107.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 600.16
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,642.29
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.



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 Melissa Semmler and my date of birth is 09/22/1982  
 My address is 83 S Bardsbrook Circle, The Woodlands, Tx, 77382, United States  
(street) (city) (state) (zip code) (country)  
 Executed in Montgomery County, State of Texas, on the 15 day of July, 20 24  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

RECEIVED  
JUL 15 2024  
LEGAL  
JW 12 34

# 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>5</b>
2 FILER NAME <b>Melissa Semmler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/03/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Semmler</b> 6 Contributor address; City; State; Zip Code <b>83 S Bardsbrook Circle, The Woodlands, Tx 77382</b>	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions) <b>Valaris</b>
Date <b>02/03/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dr. Joel Goffman and Melanie Goffman</b> Contributor address; City; State; Zip Code <b>106 Park Laureate, Houston, Tx 77024</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/03/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ian Marsac</b> Contributor address; City; State; Zip Code <b>3219 Royal Oaks, Spring, Tx 77380</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/05/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>John and Melanie Johnson</b> Contributor address; City; State; Zip Code <b>43284 Chrystal Lake St, Leesburg, Virginia, 20176</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
<b>RECEIVED</b> <b>JUL 15 2024</b> <b>LEGAL</b> <i>[Signature]</i> 12/34		
<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.		

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Melissa Semmler		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,070.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 37.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 427.71
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 172.45
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

RECEIVED  
JUL 15 2024  
LEGAL  
JL. 12:34

# 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 <b>Melissa Semmler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/05/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Johnson</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>1607 Barton Chapel Rd, Augusta, GA 30909</b>		
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>LiteCraft</b>
Date <b>02/06/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kellie Barnes</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2572 Whispering Pines Dr, Grayson GA, 30017</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/16/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Trimble</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>4853 Post Oak Timber Dr Houston Tx 77056</b>		
Principal occupation / Job title (See Instructions) <b>Mangement</b>		Employer (See Instructions) <b>Eagle Energy Resources</b>
Date <b>02/21/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bob Cress</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1000 Uptown Park Blvd Houston, Tx, 77056</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

RECEIVED

JUL 15 2024

LEGAL

*JK* 12:34

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 Melissa Semmler		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jay Bute 6 Contributor address; City; State; Zip Code 12003 Yarbrough Dr, Austin, TX 78748	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Stewart Stanuell III Contributor address; City; State; Zip Code 733 Old Nelsonville Rd, Bellville, TX 77418	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Kathy and Rick Smith Contributor address; City; State; Zip Code 12735 W FM 1431 MARBLE FALLS, TX 78654	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Stewart Stanuell III Contributor address; City; State; Zip Code 733 Old Nelsonville Rd, Bellville, TX 77418	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>RECEIVED</b> JUL 15 2024 <b>LEGAL</b>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

RECEIVED  
JUL 15 2024  
LEGAL

5/1 12:34

# 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 <b>Melissa Semmler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/22/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Kathy and Rick Smith</b> 6 Contributor address; City; State; Zip Code <b>12735 W FM 1431 MARBLE FALLS, TX 78654</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>02/27/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Peter Hua</b> Contributor address; City; State; Zip Code <b>10 Mercutio Ct, The Woodlands, Tx, 77382</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions) <b>IT</b>		Employer (See Instructions) <b>Exxon</b>
Date <b>03/02/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Duff</b> Contributor address; City; State; Zip Code <b>19 N West Oak Dr. Unit C, Houston, TX 77056</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>03/17/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Laurel Marsac</b> Contributor address; City; State; Zip Code <b>6444 Burnet Rd apt 508 Austin, Tx 78757</b>	Amount of contribution (\$) <b>80.00</b>
Principal occupation / Job title (See Instructions) <b>PA</b>		Employer (See Instructions) <b>St. David's</b>
<b>RECEIVED</b> <b>JUL 15 2024</b> <b>LEGAL</b> <i>SP 12:34</i>		
<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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Melissa Semmler		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/30/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) John D LaRue <b>6</b> Contributor address; City; State; Zip Code 7397 Teaswood Dr, Conroe, Tx 77304	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 05/28/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) April Taylor <b>Contributor address; City; State; Zip Code</b> 7 Player Pond Place, The Woodlands, Tx, 77382	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Unemployed		<b>Employer (See Instructions)</b> NA
<b>Date</b> 02/23/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Lee Girard <b>Contributor address; City; State; Zip Code</b> 2420 Chimney Rock Rd, Houston, Tx, 77056	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

RECEIVED

JUL 15 2024

LEGAL

12:34

**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: <b>1</b>	
2 FILER NAME <b>Melissa Semmler</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>04/03/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marianne Horton</b>	8 Amount of Contribution \$ <b>37.00</b>	9 In-kind contribution description <b>Newsletter</b>
7 Contributor address; City: State: Zip Code <b>7 Caulfield Ct., Spring, TX 77382</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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
		Check if travel outside of Texas. Complete Schedule T.	
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)			
<div style="font-size: 24px; font-weight: bold; color: blue;">RECEIVED</div> <div style="font-size: 18px; color: red;">JUL 15 2024</div> <div style="font-size: 24px; font-weight: bold; color: blue;">LEGAL</div> <div style="font-size: 24px; color: blue;">SP. 12:34</div>			
<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>			

# 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Melissa Semmler</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/18/2024</b>	<b>5</b> Payee name <b>Squarespace, Inc</b>	
<b>6</b> Amount (\$) <b>60.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor, New York, NY 10014</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Domain Name</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <b>03/31/2024</b>	<b>Payee name</b> <b>Stripe</b>	
<b>Amount (\$)</b> <b>119.63</b>	<b>Payee address; City; State; Zip Code</b> <b>354 Oyster Point Blvd South San Francisco, CA 94080</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Fees</b>	<b>Description</b> <b>Credit Card Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <b>04/10/2024</b>	<b>Payee name</b> <b>I Promote You</b>	
<b>Amount (\$)</b> <b>78.43</b>	<b>Payee address; City; State; Zip Code</b> <b>25700 I-45 North, The Woodlands, Tx 77386</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>Description</b> <b>Push Cards</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

RECEIVED

JUL 15 2024

5:12:34

**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                        | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Melissa Semmler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/29/2024	<b>5</b> Payee name Canva	
<b>6</b> Amount (\$) 23.98	<b>7</b> Payee address; City, State, Zip Code 110 Kippax St, Sydney, Australia	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Canva Teams for Design Sharing
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 05/01/2024	Payee name FedEx	
Amount (\$) 19.47	Payee address; City, State, Zip Code 10001 Woodlands Pkwy Walmart Store #3390, The Woodlands, TX 77382-2883	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Table Top Banner
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 05/13/2024	Payee name Crust pizza	
Amount (\$) 43.42	Payee address; City, State, Zip Code 4775 W Panther Creek, The Woodlands, Tx, 77381	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/bevarage expense	Description Pizza for teacher meet & greet.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

RECEIVED

JUL 15 2024

LEGAL

12:31

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                        | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Melissa Semmler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/20/2024	<b>5</b> Payee name Canva	
<b>6</b> Amount (\$) 44.00	<b>7</b> Payee address; City; State; Zip Code 110 Kippax St, Sydney, Australia	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Business Cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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
Date 05/28/2024	Payee name Canva	
Amount (\$) 23.98	Payee address; City; State; Zip Code 110 Kippax St, Sydney, Australia	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Canva Teams for Design Sharing
	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	Office sought Office held
Date 05/20/2024	Payee name Stripe	
Amount (\$) 14.80	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Stripe processing fee
	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	Office sought Office held

RECEIVED

JUL 15 2024

JW 12/24

**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.

<b>1</b> Total pages Schedule G <b>2</b>	<b>2</b> FILER NAME <b>Melissa Semmler</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date <b>02/02/2024</b>	<b>5</b> Payee name <b>PoliEngine</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>35.00</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address: <b>621 NW 12th Ave, Gainesville, Florida, 32601</b>	City:	State:	Zip Code
--	--	-------	--------	----------

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

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>02/03/2024</b>	Payee name <b>Logomaster</b>
---------------------------	---------------------------------

Amount (\$) <b>39.00</b> <small>Reimbursement from political contributions intended</small>	Payee address: <b>4521 Pga Blvd 139, West Palm Beach, Florida, 33418</b>	City:	State:	Zip Code
---	---	-------	--------	----------

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

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

Date <b>02/06/2024</b>	Payee name <b>Moo</b>
---------------------------	--------------------------

Amount (\$) <b>63.45</b> <small>Reimbursement from political contributions intended</small>	Payee address: <b>109 Kingston St 2nd Floor, Boston, MA 02111</b>	City:	State:	Zip Code
---	--	-------	--------	----------

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

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

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

RECEIVED  
JUL 15 2024  
LEGAL  
3/12/24

# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Melissa Semmler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/02/2024	<b>5</b> Payee name PoliEngine	
<b>6</b> Amount (\$) 35.00 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 621 NW 12th Ave, Gainesville, Florida, 32601	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Web Hosting
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

RECEIVED

JUL 15 2024

LEGAL

JUL 12 2024

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