

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: 21			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Melissa	MI D	OFFICE USE ONLY		
	NICKNAME	LAST Ait Belaid	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Princeton, TX 75407					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER 	EXTENSION			
	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Andrea	MI			
	NICKNAME	LAST Luttrell	SUFFIX			
Receipt #		Amount \$				
Date Processed						
Date Imaged						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Dallas, TX 75248					
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER 	EXTENSION			
	9 REPORT TYPE					
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
7 / 1 / 25 THROUGH 9 / 26 / 25						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
11 / 4 / 25			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
Board of Trustees						
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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				
	<input checked="" type="checkbox"/> GENERAL	Leadership for Educational Equity - Texas PAC				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
	800 N King Street, Ste 304-4181, Wilmington, DE 19801					
COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2						

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

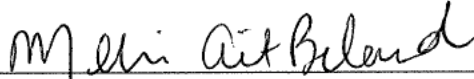
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Melissa Ait Belaid

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)	\$ 314.12
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,029.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 620.37
	4. TOTAL POLITICAL EXPENDITURES	\$ 920.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,925.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

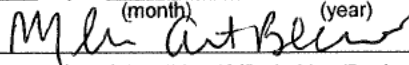
OR

(2) Unsworn Declaration

My name is Melissa Ait Belaid, and my date of birth is 09/16/1986

My address is _____, Princeton _____, TX _____, 75407 _____, USA _____
(street) (city) (state) (zip code) (country)

Executed in Collin _____ County, State of Texas, on the 6 day of October, 2025.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Melissa Ait Belaid

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,940.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 89.12
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 920.37
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 404.70
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 15
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/20	5 Full name of contributor out-of-state PAC (ID#: _____) Liz Michel	7 Amount of contribution (\$) 10.00
	6 Contributor address; City; State; Zip Code [REDACTED] McKinney TX 75070	
8 Principal occupation / Job title (See Instructions) Insurance agent		9 Employer (See Instructions) Self - employed
Date 08/17/20	Full name of contributor out-of-state PAC (ID#: _____) Celeste Perilla	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [REDACTED] Baltimore, MD 21211	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) LEE
Date 08/17/20	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Martinez	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78214	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 08/18/20	Full name of contributor out-of-state PAC (ID#: _____) Brad Devine	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code [REDACTED] Princeton, TX 75407	
Principal occupation / Job title (See Instructions) Real estate		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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) LeDetra Lindsey	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code [REDACTED] Redford MI 48240-2132		
8 Principal occupation / Job title (See Instructions) School Counselor		9 Employer (See Instructions) Redford Union Schools
Date 8/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Eleanor Crockett	Amount of contribution (\$) 200
Contributor address; City; State; Zip Code [REDACTED] Garland TX 75044		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 8/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Nelda Reid	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [REDACTED] Klondike TX 75448		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 8/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Carla Young	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75230		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 8/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jada Howard	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code [REDACTED] Mckinney TX 75071		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 8/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Marian McElroy	Amount of contribution (\$) 30
Contributor address; City; State; Zip Code [REDACTED] Chicago IL 60064		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Stephane Rovelo	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code [REDACTED] Garland TX 75044		
Principal occupation / Job title (See Instructions) Substitute teacher		Employer (See Instructions) Garland ISD
Date 8/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Diana Bonete Matzen	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [REDACTED] Chicago IL 60641		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) LEE
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/2025	5 Full name of contributor out-of-state PAC (ID#: <u>00068703</u>) Leadership for Educational Equity - Texas PAC	7 Amount of contribution (\$) 2,000
6 Contributor address; City; State; Zip Code [REDACTED] Wilmington, DE 19801		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Federal Reserve Bank of St Louis		
Date 8/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Courtney Harris	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [REDACTED] Chesterfield MO 63017		
Principal occupation / Job title (See Instructions) Federal Reserve Bank of St Louis		Employer (See Instructions)
Teacher		Princeton ISD
Date 9/1/2025	Full name of contributor out-of-state PAC (ID#: _____) Diane Johnson	Amount of contribution (\$) 10
Contributor address; City; State; Zip Code [REDACTED] Princeton TX 75407		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Princeton ISD
Date 9/1/2025	Full name of contributor out-of-state PAC (ID#: _____) Jessica Lucas	Amount of contribution (\$) 10
Contributor address; City; State; Zip Code [REDACTED] Plano TX 75025		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Princeton ISD
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Garvey Pierre	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code [REDACTED] Washington DC 20019		
8 Principal occupation / Job title (See Instructions) Officer		9 Employer (See Instructions) Government
Date 9/2/2025	Full name of contributor out-of-state PAC (ID#: _____) Bradford Chapman	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code [REDACTED] Rowlett TX 75088		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/3/2025	Full name of contributor out-of-state PAC (ID#: _____) Kay Hampshire	Amount of contribution (\$) 10
Contributor address; City; State; Zip Code [REDACTED] Rowlett TX 75089		
Principal occupation / Job title (See Instructions) Instructional Desiger		Employer (See Instructions) Dallas College
Date 9/5/2025	Full name of contributor out-of-state PAC (ID#: _____) Lissette Izaguirre	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code [REDACTED] Asheboro NC 27203		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/5/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Susan Wyll 6 Contributor address; City; State; Zip Code [REDACTED] Lucas TX 75098	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Doris Sanders Ltd
Date 9/5/2025	Full name of contributor out-of-state PAC (ID#: _____) Sandy DeLaunay Contributor address; City; State; Zip Code [REDACTED] McKinney TX 75072	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/5/2025	Full name of contributor out-of-state PAC (ID#: _____) Kathryn Adams Contributor address; City; State; Zip Code [REDACTED] Lane Princeton TX 75407	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/5/2025	Full name of contributor out-of-state PAC (ID#: _____) Idalia Amaya Contributor address; City; State; Zip Code [REDACTED] Little Elm TX 75068	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Prorgam Manager		Employer (See Instructions) Dallas County
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

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/5/2025	5 Full name of contributor out-of-state PAC (ID# _____) Winston Langham	7 Amount of contribution (\$) 100
	6 Contributor address; City; State; Zip Code [REDACTED] Chesapeake VA 23323	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/5/2025	Full name of contributor out-of-state PAC (ID# _____) Arelia Johnson, Ph.D	Amount of contribution (\$) 20
	Contributor address; City; State; Zip Code [REDACTED] Pearland TX 77584	
Principal occupation / Job title (See Instructions) Chief, Human and Civil Rights		Employer (See Instructions) Harris County
Date 9/5/2025	Full name of contributor out-of-state PAC (ID# _____) Allie Byrne	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code [REDACTED] Princeton TX 75407	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Stanley Martin Homes
Date 9/6/2025	Full name of contributor out-of-state PAC (ID# _____) Sheena Flanary	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code [REDACTED] McKinney TX 75070	
Principal occupation / Job title (See Instructions) State Farm		Employer (See Instructions) Agency Leader
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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SCHEDULE A1

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/6/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Soira Teferi	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code [REDACTED] Mesquite TX 75181		
8 Principal occupation / Job title (See Instructions) Community Relations		9 Employer (See Instructions) Dallas Area Rapid Transit
Date 9/6/2025	Full name of contributor out-of-state PAC (ID#: _____) Dulce Ramirez	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code [REDACTED] Sacramento CA 95814		
Principal occupation / Job title (See Instructions) Policy Consultant		Employer (See Instructions) Government
Date 9/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Paula McGinness	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75218		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Bri Thomas	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code [REDACTED] Princeton TX 75407		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Alexandria Anderson 6 Contributor address; City; State; Zip Code [REDACTED] Austin TX 78721	7 Amount of contribution (\$) 20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7/2025	Full name of contributor out-of-state PAC (ID#: _____) Jasmine Colvin Contributor address; City; State; Zip Code [REDACTED] Houston TX 77067	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Director, Civic Leadership Engagement		Employer (See Instructions) Good Reason Houston
Date 9/8/2025	Full name of contributor out-of-state PAC (ID#: _____) Aubrey Coleman Contributor address; City; State; Zip Code [REDACTED] Houston TX 77067	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions) Public Policy		Employer (See Instructions) Rivian
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)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Maria Viera - Williams 6 Contributor address; City; State; Zip Code [REDACTED] Dallas 75355	7 Amount of contribution (\$) 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Brandon Common Contributor address; City; State; Zip Code [REDACTED] Baton Rouge LA 70810	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Higher Education
Date 9/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Lynda Mitchell Contributor address; City; State; Zip Code [REDACTED] Creola AL 36525	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Grace Boykin Contributor address; City; State; Zip Code [REDACTED] Saint Louis MO 63103	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Carlos Rivas	7 Amount of contribution (\$) 100
	6 Contributor address; City; State; Zip Code [REDACTED] Chicago IL 60647	
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) City of Chicago
Date 9/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Alicia Lewis	Amount of contribution (\$) 50
	Contributor address; City; State; Zip Code [REDACTED] Saint Louis MO 63119	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Christopher Austin	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code [REDACTED] Washington DC 20019	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self employed
Date 9/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Christien Oliver	Amount of contribution (\$) 50
	Contributor address; City; State; Zip Code [REDACTED] Washington DC 20024	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Liz Michel	7 Amount of contribution (\$) 10
6 Contributor address; City; State; Zip Code [REDACTED] McKinney TX 75070		
8 Principal occupation / Job title (See Instructions) insurance		9 Employer (See Instructions) self employed
Date 9/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Monica Tolliver	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code [REDACTED] Rockwall TX 75087		
Principal occupation / Job title (See Instructions) Senior Broker		Employer (See Instructions) New York Life
Date 9/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Cathy McHorse	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [REDACTED] Austin TX 78731		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Christopher Ludiker	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code [REDACTED] Austin TX 78704		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/18/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Cherrelle Turner <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Columbus OH 43204	7 Amount of contribution (\$) 30
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) School District
Date 9/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Swagata Chakroborty <hr/> Contributor address; City; State; Zip Code [REDACTED] Silver Spring MD 20904	Amount of contribution (\$) 30
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Regenia Ramsey-Outlaw <hr/> Contributor address; City; State; Zip Code [REDACTED] Odenton MD 21113	Amount of contribution (\$) 40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Olivia Francois <hr/> Contributor address; City; State; Zip Code [REDACTED] Odenton MD 21113	Amount of contribution (\$) 20
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jonathan Overberg	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code [REDACTED] Austin TX 78748		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Georgiana Bustos	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 9/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Erin Nowell	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [REDACTED] Grand Prairie TX 75054		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carter law group
Date 9/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Dionna Hardin	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code [REDACTED] Washington DC 20002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 15
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/2025	5 Full name of contributor Heather Smith out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75238	7 Amount of contribution (\$) 400
8 Principal occupation / Job title (See Instructions) Financial advisor		9 Employer (See Instructions) Ameriprise
Date 9/22/2025	Full name of contributor Robert Ortiz out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Melissa TX 75454	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke
Date 9/23/2025	Full name of contributor Courtney Collins out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Charlotte NC 28211	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 9/25/2025	Full name of contributor Genevieve Armendariz out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Pebble Beach CA 93953	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
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: 1	
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 89.12	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description 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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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.

1 Total pages Schedule F1:	2 FILER NAME Melissa Ait Belaid	3 Filer ID (Ethics Commission Filers)
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4 Date 09/05/2025	5 Payee name LEE, Inc. - Democracy Engine
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 800 N King Street, Suite 304 - 4181, Wilmington, DE 19801
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Strategy, Digital, and Communications
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address; City; State; Zip Code
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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	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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	Office sought	Office held
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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.

1 Total pages Schedule G: 1	2 FILER NAME Melissa Ait Belaid	3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2025	5 Payee name Everlane	
6 Amount (\$) 314.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code [REDACTED] Washington, DC 20007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Blazer, dress for CBC and Meet and Greet
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 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 09/27/2025	Payee name La Dolce Vita	
Amount (\$) 89.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code [REDACTED] Washington, DC 20007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Shoes for CBC and Meet and 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"/>

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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. <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"/>

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