


# 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:  <div style="text-align: center; font-size: 24pt;">12</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <i>Mrs.</i> <i>MELISSA</i> <i>A.</i> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 18pt;">Rendon - Wasicek</div>	<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked  Receipt #    Amount \$  Date Processed <b>JAN 21 2020</b>  Date Imaged BY: <i>Kristen Szabo</i>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 18pt;">117 FALCON LANE, VICTORIA, TX, 77905</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="font-size: 18pt;">(361)                      935-5418</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <i>Mr.</i> <i>COREY</i> <i>A.</i> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 18pt;">Wasicek</div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 18pt;">117 FALCON LANE, VICTORIA, TX, 77905</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="font-size: 18pt;">(361)                      655-1881</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input checked="" type="checkbox"/> January 15	<input 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">8 / 31 / 19</td> <td></td> <td style="text-align: center; font-size: 24pt;">01 / 14 / 20</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	8 / 31 / 19		01 / 14 / 20		
Month    Day    Year	THROUGH	Month    Day    Year									
8 / 31 / 19		01 / 14 / 20									
11 ELECTION	ELECTION DATE  Month    Day    Year <div style="font-size: 18pt;">03 / 03 / 20</div>	ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 18pt;">VICTORIA COUNTY SHERIFF</div>									

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14** C/OH NAME

**15** Filer ID (Ethics Commission Filers)

**16** 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**17** CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,370.

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 7,701.<sup>37</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

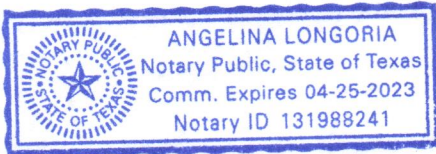
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

**18** AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Melissa Penden-Wasicek, this the 21<sup>st</sup> day of January, 2020, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Angelina Longoria

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> MELISSA RENDON - WASICEK		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,370. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,147. <sup>66</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,553. <sup>71</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME *MELISSA RENDON - WASICEK*

3 Filer ID (Ethics Commission Filers)

4 Date  
*11/12/19*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*EDWARD P. WILKINSON*  
*TANYA M. WILKINSON*

7 Amount of contribution (\$)

*\$200.00*

6 Contributor address; City; State; Zip Code  
*102 SUMMIT VW VICTORIA, TX, 77904*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
*11/14/19*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*CHRISTOPHER L. HERNANDEZ*  
*KATHLEEN D. HERNANDEZ*

Amount of contribution (\$)

*\$200.00*

Contributor address; City; State; Zip Code  
*808 W. BROADWAY STREET, CUERO, TX, 77954*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*11/16/19*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*L.D. WASICEK*

Amount of contribution (\$)

*\$500.00*

Contributor address; City; State; Zip Code  
*107 LANCASTER STREET, VICTORIA, TX, 77904*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*RETIRED*

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*BAR-B-QUE FUNDRAISER @ QUAIL CREEK*

Amount of contribution (\$)

*\$6,130.00*

Contributor address; City; State; Zip Code  
*SIS CHUKAR DRIVE, VICTORIA, TX, 77905*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*FUNDRAISER*

*NONE*

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
2 of 2

2 FILER NAME  
MELISSA RENDON - WASICEK

3 Filer ID (Ethics Commission Filers)

4 Date  
9/24/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JUAN G. NUNEZ

7 Amount of contribution (\$)  
\$100.00

6 Contributor address; City; State; Zip Code  
116 NORTH MAIN ST. VICTORIA, TX, 77901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/4/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MARTHA OR JOE VASQUEZ, JR.

Amount of contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
301 E. WARREN AVE. VICTORIA, TX, 77902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/5/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JANIE G. CASTILLO

Amount of contribution (\$)  
\$120.00

Contributor address; City; State; Zip Code  
306 SAM HOUSTON APT. 816 VICTORIA, TX, 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JUAN RAMIREZ, SR. OR -  
GUADALUPE RAMIREZ

Amount of contribution (\$)  
\$70.00

Contributor address; City; State; Zip Code  
PO Box 145 FANNIN, TX, 77960

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 4	<b>2</b> FILER NAME MELISSA RENDON-WASICEK	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/23/19	<b>5</b> Payee name UPS STORE	
<b>6</b> Amount (\$) \$1071.68	<b>7</b> Payee address; City; State; Zip Code 8806 N. NAVARRO, VICTORIA, TX, 77904 SUITE 600	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/24/19	Payee name TRACTOR SUPPLY COMPANY	
Amount (\$) \$75.56	Payee address; City; State; Zip Code 9304 N. NAVARRO, VICTORIA, TX, 77904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/31/19	Payee name UPS STORE	
Amount (\$) \$57.37	Payee address; City; State; Zip Code 8806 N. NAVARRO, VICTORIA, TX, 77904 SUITE 600	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: _____	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: 2 of 4	<b>2</b> FILER NAME Moussa Rendon-Wasicek	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/08/19	<b>5</b> Payee name McMillan's Bar-B-Q	
<b>6</b> Amount (\$) \$2,766.00	<b>7</b> Payee address; City; State; Zip Code 9913 US-59, GOLIAD, TX, 77963	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 11/15/19	Candidate / Officeholder name	
Amount (\$) \$94.12	Payee name UPS STORE	
	Payee address; City; State; Zip Code 8806 N. NAVARRO, VICTORIA, TX, 77904 SUITE 600	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 12/4/19	Candidate / Officeholder name	
Amount (\$) \$363.00	Payee name DELEON CLUB	
	Payee address; City; State; Zip Code PO Box 5332, VICTORIA, TX, 77903	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## 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: <i>3 of 4</i>	<b>2</b> FILER NAME <i>MELISSA RENDON-WASICEK</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/6/19</i>	<b>5</b> Payee name <i>UPS STORE</i>	
<b>6</b> Amount (\$) <i>\$178.61</i>	<b>7</b> Payee address; City; State; Zip Code <i>8806 W. NAVARRO, VICTORIA, TX, 77904 SUITE 600</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>12/8/19</i>	Payee name <i>AMAZON.COM, INC.</i>	
Amount (\$) <i>\$49.07</i>	Payee address; City; State; Zip Code <i>PO Box 81226, SEATTLE, WA, 98108-1226</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>12/16/19</i>	Payee name <i>UNITED STATES FLAG STORE</i>	
Amount (\$) <i>\$79.59</i>	Payee address; City; State; Zip Code <i>1000 WESTINGHOUSE DR., NEW STANTON, PA, 15672 SUITE 1</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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: <i>4 of 4</i>	<b>2</b> FILER NAME <i>MELISSA RENDON-WASICEK</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>1/12/20</i>	<b>5</b> Payee name <i>UPS STORE</i>				
<b>6</b> Amount (\$) <i>\$1,412.66</i>	<b>7</b> Payee address; City; State; Zip Code <i>8806 N. NAVARRO, VICTORIA, TX, 77904 SUITE 600</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: 1 of 3	2 FILER NAME MELISSA RENDON-WASICEK	3 Filer ID (Ethics Commission Filers)
-------------------------------------	--	---------------------------------------

4 Date 8/31/19	5 Payee name SAM'S CLUB
-------------------	----------------------------

6 Amount (\$) \$30.13 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9202 N. NAVARRO; VICTORIA; TX; 77904
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/5/19	Payee name TEACHER'S TOOL BOX
----------------	----------------------------------

Amount (\$) \$10.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1405 B EAST AIRLINE; VICTORIA; TEXAS; 77901
--	---

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

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

Date 10/4/19	Payee name THE UPS STORE
-----------------	-----------------------------

Amount (\$) \$64.40 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8806 N. NAVARRO ST; VICTORIA, TX, 77904 SUITE 600
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 PERSONAL FUNDS

## SCHEDULE G

### 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 G: 2 of 3		2 FILER NAME MELISSA RENDON-WASICOK		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/19		5 Payee name THE UPS STORE			
6 Amount (\$) \$18.63 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 8806 N. NAVARRO, VICTORIA, TX, 77904 SUITE 600			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/19/19		Payee name VICTORIA GOP			
Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 115 S. MAIN ST., VICTORIA, TX, 77901			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FILING FEE FOR VICTORIA COUNTY SHERIFF RACE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/26/19		Payee name MINZONI MARKETING			
Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3100 SE 35 <sup>TH</sup> STREET, NORMAN, OK, 73073			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 PERSONAL FUNDS

## SCHEDULE G

### 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: 3 of 3	<b>2</b> FILER NAME MELISSA RENDON-WASICEK	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> Date 12/27/19	<b>5</b> Payee name MINZONI MARKETING
---------------------------	--

<b>6</b> Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3100 SE 35 <sup>TH</sup> STREET, NORMAN, OK, 73073
--	---

<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	--

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

Date 1/12/20	Payee name TRACTOR SUPPLY COMPANY
-----------------	--------------------------------------

Amount (\$) \$179.75 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9304 N. NAVARRO, VICTORIA, TX, 77904
---	--

<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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