

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: 13												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Melissa D NICKNAME LAST SUFFIX Ait Belaid	OFFICE USE ONLY													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Princeton, TX 75407	Date Received													
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Hand-delivered or Date Postmarked													
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Zakariae NICKNAME LAST SUFFIX Ait Belaid	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 [REDACTED] Princeton, TX 75407														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]														
9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☒ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ 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)				
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10 PERIOD COVERED	Month Day Year Month Day Year 9 / 29 / 23 THROUGH 10 / 28 / 23														
11 ELECTION	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>11 / 7 / 23</td> <td>☒ General</td> <td>Special</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month Day Year	Primary	Runoff	Other Description	11 / 7 / 23	☒ General	Special	
ELECTION DATE	ELECTION TYPE														
Month Day Year	Primary	Runoff	Other Description												
11 / 7 / 23	☒ General	Special													
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Princeton ISD Board of Trustees													
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.														
Additional Pages	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>Leadership For Educational Equity - Texas</td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>[REDACTED] New York, New York 10004</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	Leadership For Educational Equity - Texas		COMMITTEE ADDRESS		[REDACTED] New York, New York 10004	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME														
GENERAL	Leadership For Educational Equity - Texas														
	COMMITTEE ADDRESS														
	[REDACTED] New York, New York 10004														
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME														
	COMMITTEE CAMPAIGN TREASURER ADDRESS														

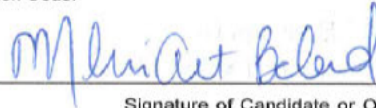
GO TO PAGE 2

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)	\$ 330.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 386.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,986.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 398.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 September 16, 1986.

My address is _____, Princeton, TX, 75407, USA.

(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the 29 day of October, 2023.



Signature of Candidate/Officeholder (Declarant)

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: **4**

2 FILER NAME

Melissa Ait Belaid

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2023

5 Full name of contributor

Liz Michel

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

[REDACTED], McKinney, TX 75070

7 Amount of contribution (\$)

40.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/03/2023

Full name of contributor

Michael Keating

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

[REDACTED], Princeton, TX 75407

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/04/2023

Full name of contributor

Jazmyn Ferguson

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

[REDACTED], Plano, TX 75024

Amount of contribution (\$)

40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/06/2023

Full name of contributor

Leadership for Educational Equity -Texas

out-of-state PAC (ID#: 68703)

Contributor address;

City;

State;

Zip Code

[REDACTED], New York, NY 10004

Amount of contribution (\$)

1,000.00

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.

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	\$ 2,680.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 594.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,986.60
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,223.58
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	\$
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: 4
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/23	5 Full name of contributor out-of-state PAC (ID# _____) Brent English 6 Contributor address; City; State; Zip Code [REDACTED], Dallas TX 75203	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Learning Facilitator		9 Employer (See Instructions)
Date 10/11/23	Full name of contributor out-of-state PAC (ID# _____) Jane Roden Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75215	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/11/23	Full name of contributor out-of-state PAC (ID# _____) Monica Tolliver Contributor address; City; State; Zip Code [REDACTED] Rowlett TX 75088	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/23	Full name of contributor out-of-state PAC (ID# _____) Ruby Akinwande Contributor address; City; State; Zip Code [REDACTED] Hanover, MD 21076	Amount of contribution (\$) \$50
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.		

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: 4
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/23	5 Full name of contributor out-of-state PAC (ID#: _____) Amy Johnson 6 Contributor address; City; State; Zip Code [REDACTED], Plano TX 75023	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) 504 and MTSS Coordinator		9 Employer (See Instructions) Plano ISD
Date 10/18/23	Full name of contributor out-of-state PAC (ID#: _____) Loren Colman Contributor address; City; State; Zip Code [REDACTED], Dallas, TX 75218	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) The Civic School
Date 10/19/23	Full name of contributor out-of-state PAC (ID#: 00068703) Leadership for Educational Equity - Texas Contributor address; City; State; Zip Code [REDACTED], New York, NY 10004	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#: _____) Kimberly Helsten Contributor address; City; State; Zip Code [REDACTED], Denton, TX 76207	Amount of contribution (\$) \$100
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.		

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: 4
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/23	5 Full name of contributor out-of-state PAC (ID#: Courtney Harris 6 Contributor address; City; State; Zip Code [REDACTED], Chesterfield, MO 63017	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Chief of Staff		9 Employer (See Instructions) MLT
Date 10/27/23	Full name of contributor out-of-state PAC (ID#: Leadership for Educational Equity - Texas Contributor address; City; State; Zip Code [REDACTED], New York, NY 10004	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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)
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)
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		\$ 330.00	
5 Date 10/19/2023	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Marilyn Munro 7 Contributor address; City; State; Zip Code _____, McKinney, TX 75071	8 Amount of Contribution \$ 264.00	9 In-kind contribution description Postage 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 ☐ 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.			

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		\$ 330.00	
5 Date 10/19/2023	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Marilyn Munroe 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 264.00	9 In-kind contribution description Postage 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 ☐ 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		2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)	
4 Date 10/11/2023		5 Payee name Princeton Printing			
6 Amount (\$) 687.39		7 Payee address; City; State; Zip Code 4287 E University Dr Suite 6A, Princeton, TX 75407			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Postcard design and printing		
	(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					
Date 10/19/2023		Payee name Go Union Printing			
Amount (\$) 1,012.68		Payee address; City; State; Zip Code 2600 9th Street North, Suite 501, St. Petersburg, Florida 33704			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / Printing		Description printing and mailing post cards		
	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					
Date 10/23/2023		Payee name Path to Victory LLC			
Amount (\$) 500.00		Payee address; City; State; Zip Code 136 S Hancock St, Madison, WI 53703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Digital Ads		
	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					

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.

1 Total pages Schedule F1: 2	2 FILER NAME Melissa Ait Belaid	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/23	5 Payee name Leadership for Educational Equity	
6 Amount (\$) 400	7 Payee address; City; State; Zip Code 1805 7th Street NW, Washington, DC 20001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Coaching, Data, Digital Support
	(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		
Date	Payee name	
Amount (\$)	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. 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	Payee name	
Amount (\$)	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. 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS**SCHEDULE F2**

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 1	2 FILER NAME Melissa Ait Belaid	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 1,223.58
--	-------------

5 Date 10/26/2023	6 Payee name Go Union Printing
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7 Amount (\$) 923.58	8 Payee address; City; State; Zip Code 2600 9th Street North, Suite 501, St. Petersburg, Florida 33704
--------------------------------	--

9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Final round of mailers
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/26/2023	Payee name Leadership for Educational Equity - Texas
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Amount (\$) 300.00	Payee address; City; State; Zip Code 25 Broadway, 13th Street, New York, NY 10004
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TYPE OF EXPENDITURE	☒ Political ☐ Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Coaching, Digital Support, Targeting
	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

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Melissa Ait Belaid

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☒

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☒

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



10/24/2023

Melissa Ait Belaid for Texas

717 Stallings Dr

Princeton, TX 75407

Dear Melissa ,

I hope all is well on the campaign trail! As a Leadership for Educational Equity (LEE) member running for elected office, you were invited to join our fundraising platforms Friends of LEE and Champions of LEE. Your demonstrated hard work, willingness to form a strong partnership with LEE, and commitment to educational equity, has been noticed by both our organization and the individuals that support our mission.

We are pleased to inform you that on 10/19/2023 Leadership for Educational Equity – Texas made a contribution of \$500 to support your candidacy for elected office and your efforts to end educational inequity. Please use the information below to report this contribution on your next campaign finance report.

Leadership for Educational Equity - Texas

[REDACTED]

New York, New York 10004

ID#: 00068703

Congratulations on your early success and we look forward to continuing our partnership through the election.

Sincerely,

A handwritten signature in cursive script that reads 'Britton Giroux'.

Britton Giroux
Director, Campaign Finance and Member Resources
Leadership for Educational Equity