

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Ms Melissa
NICKNAME LAST SUFFIX
Ait Belaid

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Princeton TX 75407

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

Mrs Andrea
NICKNAME LAST SUFFIX
Luttrell

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Dallas, TX 75248

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
9 / 27 / 25 THROUGH 10 / 25 / 25

11 ELECTION

ELECTION DATE

Month Day Year
11 / 4 / 25

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other
Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Leadership for Educational Equity - Texas PAC

☐ GENERAL

COMMITTEE ADDRESS

800 N King Street, Ste 304-4181, Wilmington, DE 19801

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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)

\$

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

\$

1,945.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

724.55

4. TOTAL POLITICAL EXPENDITURES

\$

4,459.46

CONTRIBUTION
BALANCE

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

\$

3,199.83

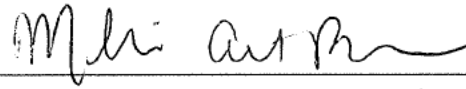
OUTSTANDING
LOAN TOTALS

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 September 16, 1986.

My address is [REDACTED], Princeton, TX, 75407, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Collin County, State of Texas, on the 1 day of 12, 20 25.

(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	\$ 1,945.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,734.91
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	\$
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: 8
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Sweta Basnet 6 Contributor address; City; State; Zip Code [REDACTED] Ann Arbor MI 48108	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Product Manager		9 Employer (See Instructions) Tech
Date 09/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Fernando Fisk Contributor address; City; State; Zip Code [REDACTED] Olney MD 20832	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Sales Associate		Employer (See Instructions) Fitzgerald Auto Mall
Date 09/30/2025	Full name of contributor out-of-state PAC (ID#: _____) John David Merrill Contributor address; City; State; Zip Code [REDACTED] Baltimore MD 21210	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Deputy Chief of Staff		Employer (See Instructions) City of Baltimore
Date 10/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Britney English Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) student
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: 8
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2025	5 Full name of contributor out-of-state PAC (ID# _____) Ashley Kearney 6 Contributor address; City; State; Zip Code [REDACTED] Capitol Heights MD 20743	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) DC Government
Date 10/06/2025	Full name of contributor out-of-state PAC (ID# _____) Giovanni Outram Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76133	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Leadership development director		Employer (See Instructions) SustainedED
Date 10/07/2025	Full name of contributor out-of-state PAC (ID# _____) Carl Zaragoza Contributor address; City; State; Zip Code [REDACTED] Wilsonville OR 97070	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) nonprofit		Employer (See Instructions) LEE
Date 10/08/2025	Full name of contributor out-of-state PAC (ID# _____) Mildred Otero Contributor address; City; State; Zip Code [REDACTED] Miami Beach FL 33140	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) leadership development		Employer (See Instructions) LEE
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: 8
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/08/2025	5 Full name of contributor out-of-state PAC (ID# _____) Taylor Stewart 6 Contributor address; City; State; Zip Code [REDACTED] Baltimore MD 21218	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) LEE
Date 10/08/2025	Full name of contributor out-of-state PAC (ID# _____) Michael Buman Contributor address; City; State; Zip Code [REDACTED] New York NY 10010	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) LEE
Date 10/12/2025	Full name of contributor out-of-state PAC (ID# _____) Mimi Jacobs Contributor address; City; State; Zip Code [REDACTED] Brooksville FL 34601	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/12/2025	Full name of contributor out-of-state PAC (ID# _____) Amber Woodruff Contributor address; City; State; Zip Code [REDACTED] Baltimore MD 21213	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) member		Employer (See Instructions) Greater Baltimore Committee
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: 8
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2025	5 Full name of contributor out-of-state PAC (ID# _____) Chris Turner 6 Contributor address; City; State; Zip Code [REDACTED] Grand Prairie TX 75054	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self
Date 10/17/2025	Full name of contributor out-of-state PAC (ID# _____) Liz Michel Contributor address; City; State; Zip Code [REDACTED] McKinney TX 75070	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) insurance agent		Employer (See Instructions) self employed
Date 10/19/2025	Full name of contributor out-of-state PAC (ID# _____) Roberto Carrera Contributor address; City; State; Zip Code [REDACTED] McKinney TX 75069	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Solar Mentor		Employer (See Instructions) Roberto Carrera
Date 10/19/2025	Full name of contributor out-of-state PAC (ID# _____) Michael Cassavant Contributor address; City; State; Zip Code [REDACTED] Plano TX 75075	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) JPMorgan & Chase
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: 8
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2025	5 Full name of contributor out-of-state PAC (ID#: Lourdes Laguna 6 Contributor address; City; State; Zip Code Washington DC 20010	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Leadership Coach		9 Employer (See Instructions) Laguna & Co.
Date 10/20/2025	Full name of contributor out-of-state PAC (ID#: Kristina Sterling Contributor address; City; State; Zip Code Garland TX 75043	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Passage to Preparation
Date 10/21/2025	Full name of contributor out-of-state PAC (ID#: Sharon Stark Contributor address; City; State; Zip Code Frisco TX 75035	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/21/2025	Full name of contributor out-of-state PAC (ID#: Patricia Swagerty Contributor address; City; State; Zip Code Allen TX 75013	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
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.

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2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Will Richardson 6 Contributor address; City; State; Zip Code [REDACTED] Memphis TN 38103	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) WR Community Services
Date 10/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Nuria Diallo Contributor address; City; State; Zip Code [REDACTED] Harrisburg PA 17105-2465	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Student Advocate		Employer (See Instructions) Pennsylvania State University
Date 10/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Anne McGarry Contributor address; City; State; Zip Code [REDACTED] Kernersville NC 27284	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) Orca Test Inc
Date 10/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Erain Stawar Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75252	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Finance Manager		Employer (See Instructions) American Heart Association
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: 8
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2025	5 Full name of contributor out-of-state PAC (ID# _____) Kalen Gallagher 6 Contributor address; City; State; Zip Code [REDACTED] San Jose CA 95130	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions) LEE
Date 10/24/2025	Full name of contributor out-of-state PAC (ID# _____) Ruby Powell - Dennis Contributor address; City; State; Zip Code [REDACTED] Cordova TN 38018	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Elect Black Women PAC
Date 10/24/2025	Full name of contributor out-of-state PAC (ID# _____) Sharmila Bose Contributor address; City; State; Zip Code [REDACTED] Plano TX 75024	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/24/2025	Full name of contributor out-of-state PAC (ID# _____) Robert Ortiz Contributor address; City; State; Zip Code [REDACTED] Melissa TX 75454	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke
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: 8
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Justin Chapa 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) McDowell Hetherington LLP
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)
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.		

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
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 F1: 1	2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2025	5 Payee name Melissa Ait Belaid		
6 Amount (\$) 459.00	7 Payee address; City; State; Zip Code [REDACTED] Princeton, TX 75407		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Blazer, Dress, Shoes for campaign events
	(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 10/20/2025	Payee name Printed Union		
Amount (\$) 1,270.32	Payee address; City; State; Zip Code [REDACTED] Dallas, TX 75427		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Campaign Literature
	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 10/21/2025	Payee name MityMo Creative		
Amount (\$) 2,005.59	Payee address; City; State; Zip Code [REDACTED] St. Petersburg, FL 33704		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Mailers
	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			



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Melissa Ait Belaid</u>	Filer ID #
---	----------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 80 day pre-election report due on Oct 27.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

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 _____.

My address is _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in Collin County, State of Texas, on the 1 day of December, 2025.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**