

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: 7																									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; border-bottom: 1px solid black;">Esmeralda</td> <td style="width:15%; font-size: 8px;">FIRST</td> <td style="width:15%; border-bottom: 1px solid black;"></td> <td style="width:10%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="border-bottom: 1px solid black;">Mellie</td> <td style="font-size: 8px;">LAST</td> <td style="border-bottom: 1px solid black;">Hereford</td> <td style="font-size: 8px;">SUFFIX</td> </tr> </table>	MS / MRS / MR	Esmeralda	FIRST		MI	NICKNAME	Mellie	LAST	Hereford	SUFFIX	OFFICE USE ONLY																
MS / MRS / MR	Esmeralda	FIRST		MI																								
NICKNAME	Mellie	LAST	Hereford	SUFFIX																								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">ADDRESS / PO BOX; APT / SUITE #;</td> <td style="width:25%; border-bottom: 1px solid black;">2603 N. ARKANSAS Ave #4</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:15%; border-bottom: 1px solid black;">LAREDO, TX</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">78043</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ADDRESS / PO BOX; APT / SUITE #;	2603 N. ARKANSAS Ave #4	CITY;	LAREDO, TX	STATE;	ZIP CODE		78043					<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> REC'D CITY SEC OFF OCT 26 '20 PM2:47 </div>														
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	78043																											
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:45%; border-bottom: 1px solid black;">(956) 727-4548</td> <td style="width:15%; font-size: 8px;">PHONE NUMBER</td> <td style="width:15%; font-size: 8px;">EXTENSION</td> </tr> </table>	AREA CODE	(956) 727-4548	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked																						
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; border-bottom: 1px solid black;">Henry</td> <td style="width:15%; font-size: 8px;">FIRST</td> <td style="width:15%; border-bottom: 1px solid black;"></td> <td style="width:10%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="border-bottom: 1px solid black;">B.</td> <td style="font-size: 8px;">LAST</td> <td style="border-bottom: 1px solid black;">Hereford</td> <td style="font-size: 8px;">SUFFIX</td> </tr> </table>	MS / MRS / MR	Henry	FIRST		MI	NICKNAME	B.	LAST	Hereford	SUFFIX	Receipt #	Amount \$															
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NICKNAME	B.	LAST	Hereford	SUFFIX																								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;</td> <td style="width:20%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:15%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2603 N. ARKANSAS #4</td> <td style="border-bottom: 1px solid black;">LAREDO, TX</td> <td style="border-bottom: 1px solid black;">TX</td> <td style="border-bottom: 1px solid black;">78043</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE;	ZIP CODE	2603 N. ARKANSAS #4	LAREDO, TX	TX	78043	Date Processed																		
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input 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 checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																	
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:20%; font-size: 8px;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">/</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">10</td> <td style="text-align: center;">/</td> <td style="text-align: center;">26</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">20</td> <td></td> <td></td> <td></td> <td style="text-align: center;">20</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	10	/	6		10	/	26			20				20				
Month	Day	Year	THROUGH	Month	Day	Year																						
10	/	6		10	/	26																						
		20				20																						
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> <td style="width:10%;"><input type="checkbox"/> Primary</td> <td style="width:10%;"><input type="checkbox"/> Runoff</td> <td style="width:10%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">-</td> <td style="text-align: center;">03</td> <td style="text-align: center;"><input checked="" type="checkbox"/> General</td> <td style="text-align: center;"><input type="checkbox"/> Special</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">-20</td> <td></td> <td></td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	11	-	03	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				-20						
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11	-	03	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																								
		-20																										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																										
		City Council District #4																										

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Esmeralda "Mellie" Hereford 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

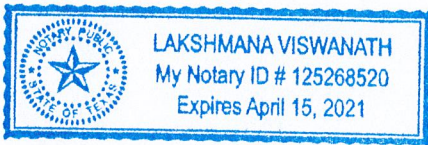
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 960.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,386.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 72.68
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.



Esmeralda "Mellie" Hereford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ESMERALDA "MELLIE" HEREFORD, this the 26 day of October, 2020, to certify which, witness my hand and seal of office.

[Signature] L. VISWANATH NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Esmeralda "Mellie" Herford</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>960.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>50.00</i>
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	\$ <i>3,386.17</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 2
2 FILER NAME Esmeralda "Mellie" Hereford		3 Filer ID (Ethics Commission Filers)
4 Date 10-6-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL A & MARCIANO Jovel	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 502 MANOR RD. LAREDO TX 78041		
8 Principal occupation / Job title (See Instructions) Doctor & Housewife		9 Employer (See Instructions)
Date 10-6-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esmeralda MATA Schoonveld	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 12803 WEST AVE, APT 19203 SAN ANTONIO, TX 78216		
Principal occupation / Job title (See Instructions) Ems Notary Public & Tax Prep.		Employer (See Instructions) OWNER
Date 10-15-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLIMAR APTS.	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 713 Widener Lane LAREDO, TX 78041		
Principal occupation / Job title (See Instructions) General Business		Employer (See Instructions)
Date 10-19-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Rocho Taylor	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 1817 Fremont LAREDO, TX 78043		
Principal occupation / Job title (See Instructions) Small Business		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2</i>
2 FILER NAME <i>Esmeralda Mellie Hereford</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-23-20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Henry Hereford</i>	7 Amount of contribution (\$) <i>60.00</i>
6 Contributor address; City; State; Zip Code <i>2603 N. ARKANSAS #4 LAREDO TX 78043</i>		
8 Principal occupation / Job title (See Instructions) <i>Self Employed</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Esmeralda "Mellie" Hereford		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10-23-20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Hereford	8 Amount of Contribution \$ 50.00	9 In-kind contribution description LMT A2
7 Contributor address; City; State; Zip Code 2603N. ARKANSAS LAREO TX 78043		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> 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
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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.

1 Total pages Schedule F1: 1	2 FILER NAME Esmeralda "Mellie" Herford	3 Filer ID (Ethics Commission Filers)
4 Date 10-6-20	5 Payee name Pro Valve Media	
6 Amount (\$) 2,143.15	7 Payee address; 1202 W. Del Mar St 104 LAREDO, TX 78041	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description MAIL OUT LETTERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10-8-20	Payee name QUARTER MILE MEDIA	
Amount (\$) 543.02	Payee address; 6420 Polaris Dr. Ste #4 LAREDO, TX 78041	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description SIGNS, BUMPER STICKER WINDOW DECAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10-23-20	Payee name LAREDO MORNING TIMES	
Amount (\$) 700.00	Payee address; 111 ESPERANZA	City; State; Zip Code LAREDO TX 78041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description NEWSPAPER ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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