CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	suide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS Melanie P. NICKNAME LAST SUFFIX Collins	Date Received M MM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 845 APT / SUITE #: CITY: STATE: ZIP CODE Santa Fe, Tx 77510	8:29 Pm
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 795-9607	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. William S. NICKNAME LAST SUFFIX Collins	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 11915 22nd St Santa Fe	STATE: ZIP CODE TX 77510
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (912) 409-2332	
9 REPORT TYPE	July 15 Sth day before election Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 1 / 1 / 23 THROUGH 6	Day Year / 30 / 23
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) Santa Fe City Council Position 3	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES I THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANCONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF COMMITTEE TYPE COMMITTEE NAME	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION 1. \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ **TOTALS** \$ TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 479.78 BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 6. \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: CLAIRE Y FEAZEL Notary Public, Georgia Camden County My Commission Expires (1) Affidavit February 10, 2026 NOTARY STAMP/SEAL Melanie Collins Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration _, and my date of birth is My name is _ My address is (city) (state) (zip code) (country) __ , on the ___ __ day of _ County, State of _ (month) Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

E		
	The Instruction Guide explains how to	o complete this form.
	Complete only if "Report Type" on page 1	is marked "Final Report" ••
Mt	NAME COLLINS	2 Filer ID (Ethics Commission Filers)
3 31014	AIORE	
desig	ot expect any further political contributions or political expenditures in nating a report as a final report terminates my campaign treasurer ap aign contributions or make any campaign expenditures without a can	pointment. I also understand that I may not accept any
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder.	
A.	CAMPAIGN FUNDS	
Ch	eck only one:	
	I do not have unexpended contributions or unexpended interest of	r income earned from political contributions.
4	I have unexpended contributions or unexpended interest or incommay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual repounexpended contributions or unexpended interest or income earn filing this final report. Further, I understand that I must dispose of interest or income earned on political contributions in accordance	ed interest or income earned on political contributions to rt of unexpended contributions and that I may not retain ed on political contributions longer than six years after unexpended political contributions and unexpended
B.	ASSETS	
Ch	erk only one:	
¥	I do not retain assets purchased with political contributions or inte	rest or other income from political contributions.
I do retain assets purchased with political contributions or interest or other income from political contributions. I understate that I may not convert assets purchased with political contributions or interest or other income from political contributions 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.	Melaul Colors Signature of Candidate
	ICEHOLDER	
6	emplete this section only if you are an officeholder ••	
Ø.	I am aware that I remain subject to filing requirements applicable to a file. I am also aware that I will be required to file reports of unexpen an officeholder, I retain political contributions, interest or other incorpolitical contributions or interest or other income from political contributions or interest or other income from political contributions.	ded contributions if, after filing the last required report as ne from political contributions, or assets purchased with
		Signature of Officeholder