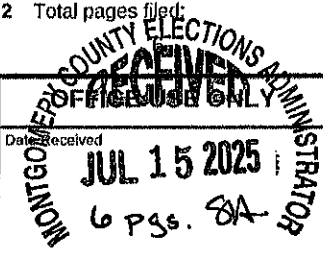


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Melanie |  | |
| | NICKNAME LAST SUFFIX Bush | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 19221 I 45 S Ste 250 Conroe, TX 77385 | Date Hand-delivered or Date Postmarked | |
| | | Receipt # Amount | |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Alan | | |
| | NICKNAME LAST SUFFIX Bush | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9 Creek Forest Lane Conroe, TX 77384 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION 281-825-9364 | | |
| 8 REPORT TYPE | <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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01/01/2025 06/30/2025 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Montgomery County Treasurer | 12 OFFICE SOUGHT (if known) | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 6

13 C / OH NAME Bush, Melanie

14 Filer ID

15 NOTICE
FROM
POLITICAL
COMMITTEE(S)

☐ Additional Pages

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

16 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

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

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 696.78

CONTRIBUTION
BALANCE

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

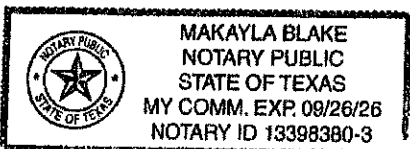
\$ 34.25

OUTSTANDING
LOAN TOTALS

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

\$ 8,256.78

17 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.

Melanie K. Bush

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melanie K. Bush, this the 15th day of JULY, 2025, to certify which, witness my hand and seal of office.

Makayla Blake
Signature of officer administering

Makayla Blake
Printed name of officer administering

Notary Public of Texas
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 6

| | |
|--------------------------------|-------------|
| 18 FILER NAME Bush, Melanie | 19 Filer ID |
|--------------------------------|-------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|--|--|-----------------|
| NAME OF SCHEDULE | | |
| 1. <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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 type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 696.78 |
| 10. <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES 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: Sch: 1/3 Rpt: 4/6 | | 2 FILER NAME Bush, Melanie | | 3 Filer ID | |
| 4 Date 05/15/2025 | | 5 Payee name Dreamhost | | | |
| 6 Amount (\$) \$19.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code PMB #257 417 Associated Road Brea, CA 92821 | | | |
| 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 Website Domain Names | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 05/15/2025 | | Payee name Dreamhost | | | |
| Amount (\$) \$39.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code PMB #257 417 Associated Road Brea, CA 92821 | | | |
| PURPOSE OF EXPENDITURE | | 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 Website Domain Names | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 05/22/2025 | | Payee name Dreamhost | | | |
| Amount (\$) \$467.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code PMB #257 417 Associated Road Brea, CA 92821 | | | |
| PURPOSE OF EXPENDITURE | | 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 Website Hosting | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES 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: Sch: 2/3 Rpt: 5/6 | | 2 FILER NAME Bush, Melanie | | 3 Filer ID | |
| 4 Date 05/29/2025 | | 5 Payee name East Montgomery County Republican Women PAC | | | |
| 6 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code PO Box 292 New Caney, TX 77357 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues to Republican Women's Club | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 03/06/2025 | | Payee name Lake Conroe Area Republican Women | | | |
| Amount (\$) \$26.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code PO Box 737 Montgomery, TX 77356 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues to Republican Women's Club | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| Date 05/19/2025 | | Payee name Liberty Belles Republican Women | | | |
| Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code 29815 S Legends Chase Cir Spring, TX 77386 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues to Republican Women's Club | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES 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: Sch: 3/3 Rpt: 6/6 | | 2 FILER NAME Bush, Melanie | | 3 Filer ID |
| 4 Date 03/06/2025 | | 5 Payee name Montgomery County Republican Women | | |
| 6 Amount (\$) \$42.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; City; State; Zip Code PO Box 1766 Conroe, TX 77305 | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues to Republican Women's Club |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name Office sought Office held | | |
| Date 04/03/2025 | | Payee name North Shore Republican Women | | |
| Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code PO Box 524 Willis, TX 77378 | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues to Republican Women's Club |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name Office sought Office held | | |
| Date 04/03/2025 | | Payee name The Woodlands Republican Women | | |
| Amount (\$) \$31.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; City; State; Zip Code PO Box 7294 The Woodlands, TX 77387 | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Due to Republican Women's Club |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name Office sought Office held | | |