

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
Mrs. Melissa M
NICKNAME LAST SUFFIX
Mel Wilson

OFFICE USE ONLY

Date Received

**RECVD VIA EMAIL
01/17/2026**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11200 Broadway Ste. 2743
Pearland, TX 77584

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(409) 234-0499

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms. Ashley M
NICKNAME LAST SUFFIX
Wilson

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
11200 Broadway Ste. 2743 Pearland, TX 77584
Personal address N/A due to being a victim of violent crime

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(409) 2340499

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
7 / 16 / 25 THROUGH 1 / 15 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 3 / 26 General Special

12 OFFICE

OFFICE HELD (if any)
n/a

13 OFFICE SOUGHT (if known)
Fort Bend County Judge

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Melissa M. Wilson		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)	\$ 420.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 420.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 12442.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 12442.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 420.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12442.90

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.

DocuSigned by:

 227CC15AA9A1463...
 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 M. Wilson, and my date of birth is September 14, 1983.
 My address is 11200 Broadway Ste. 2743, Pearland, TX, 77584, United States.
(street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of Texas, on the 17th day of January, 2026.
(month) (year)

DocuSigned by:

 Signature of Candidate/Officeholder (Declarant)
 227CC15AA9A1463...

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Melissa M. Wilson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 420.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3770.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 12442.90
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12442.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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:	
2 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/16/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson <hr/> 7 Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	8 Amount of Contribution \$ 2,500.00	9 In-kind contribution description website design <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		11 Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
12 Contributor's principal occupation (FOR JUDICIAL) n/a		13 Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
14 Contributor's employer/law firm (FOR JUDICIAL) n/a		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson <hr/> Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	Amount of Contribution \$ 150.00	In-kind contribution description Campaign Logo <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
Contributor's principal occupation (FOR JUDICIAL) n/a		Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
Contributor's employer/law firm (FOR JUDICIAL) n/a		Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			

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:	
2 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/17/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson 7 Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	8 Amount of Contribution \$ 550.00	9 In-kind contribution description push card design
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		11 Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
12 Contributor's principal occupation (FOR JUDICIAL) n/a		13 Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
14 Contributor's employer/law firm (FOR JUDICIAL) n/a		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	Amount of Contribution \$ 350.00	In-kind contribution description Creation of Facebook like page and instagram
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
Contributor's principal occupation (FOR JUDICIAL) n/a		Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
Contributor's employer/law firm (FOR JUDICIAL) n/a		Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			

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:	
2 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/03/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson <hr/> 7 Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	8 Amount of Contribution \$ 35.00	9 In-kind contribution description social media content graphic for campaign launch <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		11 Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
12 Contributor's principal occupation (FOR JUDICIAL) n/a		13 Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
14 Contributor's employer/law firm (FOR JUDICIAL) n/a		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson <hr/> Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	Amount of Contribution \$ 75.00	In-kind contribution description yard sign design for 18x24 full color <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
Contributor's principal occupation (FOR JUDICIAL) n/a		Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
Contributor's employer/law firm (FOR JUDICIAL) n/a		Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			

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:	
2 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/02/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson 7 Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	8 Amount of Contribution \$ 75.00	9 In-kind contribution description Street sign 4x8 design <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		11 Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
12 Contributor's principal occupation (FOR JUDICIAL) n/a		13 Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
14 Contributor's employer/law firm (FOR JUDICIAL) n/a		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson Contributor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	Amount of Contribution \$ 35.00	In-kind contribution description social media graphic for mlk <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner of MMW Companies Corp.		Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
Contributor's principal occupation (FOR JUDICIAL) n/a		Contributor's job title (FOR JUDICIAL)(See Instructions) n/a	
Contributor's employer/law firm (FOR JUDICIAL) n/a		Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E:
2 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 12,442.90
5 Date of loan 07/16/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa M. Wilson	9 Loan Amount (\$) 12,442.90
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 11200 Broadway Ste. 2343 Pearland, TX 77584	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Business Owner Manager of MMW		13 Employer (See Instructions) MMW Companies Corp.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor Melissa M. Wilson (personal)	19 Amount Guaranteed (\$) 12,442.90
	18 Guarantor address; City; State; Zip Code 11200 Broadway Ste. 2743 Pearland, TX 77584	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 Date 07/17/2025		5 Payee name Go Daddy			
6 Amount (\$) 163.63		7 Payee address; City; State; Zip Code 14455 N Hayden Rd Ste 219, Scottsdale, Arizona 85260 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Domain Website hosting and email package		
	(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	
Date 07/17/2025		Payee name PITNEY BOWES			
Amount (\$) 64.38		Payee address; City; State; Zip Code 3001 Summer StreT Stamford, CT 06926 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense/Other (mail meter)		Description MAIL METER USPS FOR PRECINCT CHAIR POSTAGE		
	<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	
Date 07/17/2025		Payee name Canva USA Inc.			
Amount (\$) 120.00		Payee address; City; State; Zip Code 3212 E. Cesar Chavez st. building 1 suite 1300 Austin, TX 78702 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Business Cards		
	<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	

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 FILER NAME Melissa M. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 07/17/2025	5 Payee name BUILD A SIGN.COM (RETRACTABLE BANNER)	
6 Amount (\$) 108.53	7 Payee address; City; State; Zip Code 11525A Stonehollow Dr Ste 100 Austin, TX, 78758 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description retractable event banner
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/17/2025	Candidate / Officeholder name Amazon	
Amount (\$) 64.97	Office sought 801 Ocean Front Walk, Venice, CA 90291 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description Branded Table Cloth for events
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name Office sought Office held		
Date 08/14/2025	Payee name DR. PHANI KONDAPI	
Amount (\$) 500.00	City; State; Zip Code unable to retrieve address (434-426-1939) <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description INDIA INDEPENDENCE VENDOR BOOTH
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name Office sought Office held		

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 FILER NAME Melissa M. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2025	5 Payee name Uprinting	
6 Amount (\$) 97.13	7 Payee address; City; State; Zip Code 8000 Haskell Avenue Van Nuys, CA 91406 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description push cards
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/21/2025	Payee name Fed Ex Printing	
Amount (\$) 87.13	Payee address; City; State; Zip Code 10904 Memorial Hermann Dr, Suite 103, Pearland, TX 77584 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description literature
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/21/2025	Payee name Romar Visuals Videography	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code no physical location <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Video
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

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 FILER NAME Melissa M. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2025	5 Payee name Custom Inc Apparal	
6 Amount (\$) 162.50	7 Payee address; City; State; Zip Code 1640 BORO PLACE STE. 301 TYSONS, VA 22102 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Uniform Expense
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/04/2025	Payee name Katy Republican Womens Club	
Amount (\$) 30.00	Payee address; City; State; Zip Code 21728 Highland Knolls Drive Katy TX 77450 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Federated Club monthly meeting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/11/2025	Payee name Katy Republican Womens Club	
Amount (\$) 40.00	Payee address; City; State; Zip Code 21728 Highland Knolls Drive Katy TX 77450 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Federated Club monthly meeting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

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 FILER NAME Melissa M. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2025	5 Payee name Custom Inc Apparal	
6 Amount (\$) 162.50	7 Payee address; City; State; Zip Code 1640 BORO PLACE STE. 301 TYSONS, VA 22102 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Uniform Expense
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/04/2025	Payee name Katy Republican Womens Club	
Amount (\$) 30.00	Payee address; City; State; Zip Code 21728 Highland Knolls Drive Katy TX 77450 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Federated Club monthly meeting
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/25/2025	Payee name INDO AMERICAN NEWS	
Amount (\$) 300.00	Payee address; City; State; Zip Code 1699 OVERLAND PASS SUGARLAND TX 77478 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Masala Radio Segment
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:		2 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 Date 09/27/2025		5 Payee name Canva			
6 Amount (\$) 22.31		7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez st. building 1 suite 1300 Austin, TX 78702 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description flyers/literature		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/17/2025		Candidate / Officeholder name Indo American News			
Amount (\$) 150.00		Payee address; City; State; Zip Code n/a <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description graphic for newspaper		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Candidate / Officeholder name Office sought Office held					
Date 10/20/2025					
Payee name MESSINA HOF HARVEST GREEN					
Amount (\$) 3,383.10		Payee address; City; State; Zip Code 8921 Harlem Road Richmond, TX 77406 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Campaign Kick off		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Candidate / Officeholder name Office sought Office held					

Duplicate and not included in totals

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Melissa M. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 11/04/2025	5 Payee name ADP	
6 Amount (\$) 685.00	7 Payee address; City; State; Zip Code 1 Adp Blvd, Roseland, NJ United States <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description Staff Pay
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/14/2025	Payee name ADP	
Amount (\$) 235.00	Payee address; City; State; Zip Code 1 Adp Blvd, Roseland, NJ United States <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description staff pay
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Amazon	
Amount (\$) 430.12	Payee address; City; State; Zip Code 440 Terry Ave N in Seattle, Washington 98109 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description event supplies
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Melissa M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 Date 10/21/2025		5 Payee name Fort Bend Republican Party			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code 14019 Southwest Fwy, Sugar Land, TX 77478 . <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description donation for christmas party		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/13/2025		Payee name Fort Bend County Republican Party			
Amount (\$) 1,250.00		Payee address; City; State; Zip Code 14019 Southwest Fwy, Sugar Land, TX 77478 . <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other expense		Description filing fee		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/20/2025		Payee name MESSINA HOF HARVEST GREEN			
Amount (\$) 3,383.10		Payee address; City; State; Zip Code 8921 Harlem Road Richmond, TX 77406 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Campaign Kick off		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Melissa M. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 11/05/2025	5 Payee name Fort Bend Republican Women	
6 Amount (\$) 650.00	7 Payee address; City; State; Zip Code unknown <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description Christmas Party
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/01/2025	Payee name The Uniform Store Pearland	
Amount (\$) 167.21	Payee address; City; State; Zip Code 11200 Broadway St Pearland, TX 77584 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description Uniforms
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Amazon	
Amount (\$) 39.39	Payee address; City; State; Zip Code 440 Terry Ave N in Seattle, Washington 98109 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description name tags
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

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 M. Wilson

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.

DocuSigned by:


227CC15AA9A1463

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.

DocuSigned by:


227CC15AA9A1463

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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

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

Filer name Melissa M. Wilson	Filer ID #
--	------------

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- 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.
- 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.
- 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 \$34,890 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.
- I am filing this affidavit with the Fort Bend County Elections Administration report due on 01/15/2026. 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 M. Wilson, and my date of birth is September 14, 1983.

My address is 11200 Broadway Ste. 2743, Pearland, Texas, 77584, United States
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 17th day of 01, 20 26.
(month) (year)

DocuSigned by:

Signature of Filer (Declarant)

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