

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:							
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>MRS</b>	FIRST <b>MELISSA</b>	MI <b>G</b>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: red; font-weight: bold;">OCT 11 2022</div> <div style="font-size: 2em; color: blue; font-weight: bold;">LEGAL</div> </div> Date Hand-delivered or Date Postmarked  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME		LAST <b>DUNGAN</b>	SUFFIX							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>330 RAYFORD ROAD, #102, SPRING, TX 77386</b>									
	AREA CODE <b>(832 )</b>	PHONE NUMBER <b>494 8914</b>	EXTENSION							
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR	FIRST	MI							
	NICKNAME		LAST							
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>330 RAYFORD ROAD, #102, SPRING TX 77386</b>									
	AREA CODE <b>(832 )</b>	PHONE NUMBER <b>494-8914</b>	EXTENSION							
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>330 RAYFORD ROAD, #102, SPRING TX 77386</b>									
	AREA CODE <b>(832 )</b>	PHONE NUMBER <b>494-8914</b>	EXTENSION							
<b>9 REPORT TYPE</b>	<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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
<b>10 PERIOD COVERED</b>	Month	Day	Year							
	<b>7</b>	<b>16</b>	<b>22</b>							
THROUGH		Month	Day							
THROUGH		<b>10</b>	<b>10</b>							
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE							
	Month	Day	Year							
<b>11 / 8 / 22</b>		<input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input type="checkbox"/> Special							
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>CONROE ISD SCHOOL BOARD TRUSTEE</b>							
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	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								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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OCT 11 2022

FORM C/OH  
COVER SHEET PG 2

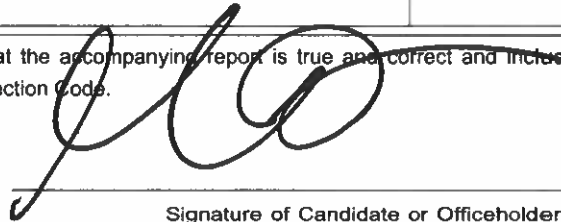
LEGAL

15 C/OH NAME  
MELISSA DUNGAN

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)	\$ 5,110.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,280.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,829.36
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 DUNGAN, and my date of birth is 02-13-2982.

My address is 15406 FM-3083, CONROE, TX, 77302, USA.

(street) (city) (state) (zip code) (country)

Executed in MONTGOMERY County, State of TEXAS, on the 11 day of OCTOBER, 2022.

(month) (year)



Signature of Candidate/Officeholder (Declarant)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME <b>MELISSA DUNGAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/03/2022</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM HORTON</b>	<b>7</b> Amount of contribution (\$)  <b>50.00</b>
	<b>6</b> Contributor address; City; State; Zip Code <b>31054 Timber Bend Lane, SPRING, TX 77386</b>	
<b>8</b> Principal occupation / Job title (See Instructions) <b>RETIRED</b>		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>08/09/2022</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>KRISTI NICKEL</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
	<b>Contributor address; City; State; Zip Code</b> <b>3903 Fishermans Court, SPRING, TX 77386</b>	
<b>Principal occupation / Job title (See Instructions)</b> <b>REALTOR</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>08/10/2022</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>APRIL KERZE</b>	<b>Amount of contribution (\$)</b>  <b>25.00</b>
	<b>Contributor address; City; State; Zip Code</b> <b>19 Herald Oak Court, SPRING, TX 77381</b>	
<b>Principal occupation / Job title (See Instructions)</b> <b>SELF</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>08/16/2022</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>APRIL KERZE</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>
	<b>Contributor address; City; State; Zip Code</b> <b>19 Herald Oak Court, SPRING, TX 77381</b>	
<b>Principal occupation / Job title (See Instructions)</b> <b>SELF</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

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2 FILER NAME <b>MELISSA DUNGAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/03/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>WILLIAM HORTON</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>31054 Timber Bend Lane, SPRING, TX 77386</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>08/09/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>KRISTI NICKEL</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3903 Fishermans Court, SPRING, TX 77386</b>		
Principal occupation / Job title (See Instructions) <b>REALTOR</b>		Employer (See Instructions)
Date <b>08/10/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>APRIL KERZE</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>19 Herald Oak Court, SPRING, TX 77381</b>		
Principal occupation / Job title (See Instructions) <b>SELF</b>		Employer (See Instructions)
Date <b>08/16/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>APRIL KERZE</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>19 Herald Oak Court, SPRING, TX 77381</b>		
Principal occupation / Job title (See Instructions) <b>SELF</b>		Employer (See Instructions)

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2 FILER NAME <b>MELISSA DUNGAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/17/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>GINGER RUSSELL</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>9902 Woodlane Blvd. MAGNOLIA, TX 77354</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>08/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LINDSEY MASCI</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>31589 Ember Trail Lane SPRING, TX 77386</b>		
Principal occupation / Job title (See Instructions) <b>MOM</b>		Employer (See Instructions)
Date <b>08/29/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAURA HAMMER</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>3939 North Rondelet Drive SPRING, TX 77386</b>		
Principal occupation / Job title (See Instructions) <b>MOM</b>		Employer (See Instructions)
Date <b>09/05/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MARILYN SMITH</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1570 Southeast Deer Creek Drive CEDAREEDGE, CO 81413</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)

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OCT 11 2022

**MONETARY POLITICAL CONTRIBUTIONS LEGAL**

**SCHEDULE A1**

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<b>2</b> FILER NAME <b>MELISSA DUNGAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/06/2022</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>MARK FUSCA</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>2811 Legends Knoll Drive SPRING, TX 77386</b>	<b>7</b> Amount of contribution (\$)  <b>25.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>PROJECT MANAGER</b>		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>09/07/2022</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>GREGORY PARKER</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2226 Oak Rise Drive CONROE, TX 77304</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>INVESTMENT MANAGER</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/17/2022</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>ALLISON WINTER</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>31 Day Lily Place SPRING, TX 77381</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>RETIRED</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/21/2022</b>	<b>Full name of contributor out-of-state PAC (ID#: _____)</b> <b>PETE SCHRAM</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2157 Wildrye Lane NEW BRAUNFELS, TX 79132</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>GEOLOGIST</b>		<b>Employer (See Instructions)</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**LEGAL**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>MELISSA DUNGAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/22/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JERRY WALKER</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>167 , Capriccio Ln MONTGOMERY, TX 77316</b>		
8 Principal occupation / Job title (See Instructions) <b>REALTOR</b>		9 Employer (See Instructions)
Date <b>09/26/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAURA HAMMER</b>	Amount of contribution (\$) <b>750.00</b>
Contributor address; City; State; Zip Code <b>3939 North Rondelet Drive SPRING, TX 77386</b>		
Principal occupation / Job title (See Instructions) <b>MOTHER</b>		Employer (See Instructions)
Date <b>09/26/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAURA PROSKE</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>30 Meadow Rose Place SPRING, TX 77382</b>		
Principal occupation / Job title (See Instructions) <b>HOUSEMAKER</b>		Employer (See Instructions)
Date <b>10/02/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ADRIAN HEATH</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>43 West Stony Bridge Court SPRING, TX 77381</b>		
Principal occupation / Job title (See Instructions) <b>SLAVE OF THE STATE</b>		Employer (See Instructions)

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

LEGAL

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.

<b>1</b> Total pages Schedule F1: 1		<b>2</b> FILER NAME MELISSA DUNGAN		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/13/2022		<b>5</b> Payee name UZ MARKETING			
<b>6</b> Amount (\$) 975.35		<b>7</b> Payee address; 5900 Bingle Rd.		City; Houston,	State; TX
				Zip Code 77092	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		<b>(b)</b> Description YARD SIGNS		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name MELISSA DUNGAN		Office sought CONROE ISD BOARD TRUSTEE	Office held
Date 09/22/2022		Payee name UZ MARKETING			
Amount (\$) 230.29		Payee address; 5900 Bingle Rd.		City; Houston,	State; TX
				Zip Code 77092	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description SLATE SIGNS		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name MELISSA DUNGAN		Office sought CONROE ISD BOARD TRUSTEE	Office held
Date 08/30/2022		Payee name CAZ CONSULTING , LLC			
Amount (\$) 75.00		Payee address; 5436 HOLLY SPRINGS DR,		City; Houston,	State; TX,
				Zip Code 77056	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description CAMPAIGN		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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