

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

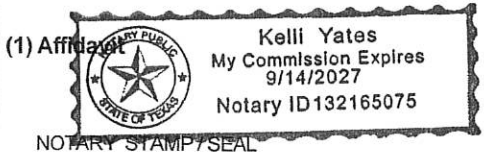
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 625 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4115 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 158 <sup>24</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 2593 <sup>97</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1416 <sup>62</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Melanie Oldham

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Melanie Oldham this the 24<sup>th</sup> day of April, 2026, to certify which, witness my hand and seal of office.

Kelli Yates Signature of officer administering oath  
Kelli Yates Printed name of officer administering oath  
Court Clerk Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MELANIE OLDHAM, and my date of birth is \_\_\_\_\_

My address is 531 Brazos St. Freeport, Tx, 77541

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

Executed in Brazoria County, State of Tx, on the 24 day of April, 2026

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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	<input checked="" type="checkbox"/> MRS / MRS / MR      FIRST      MI MELANIE NICKNAME      LAST      SUFFIX OLDFAM	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED]      Inegant TX 77541	04/24/2026	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION [REDACTED]	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MS / MRS / MR      FIRST      MI GARY NICKNAME      LAST      SUFFIX W.TT	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED]      Surfside Beach      TX      77541	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION [REDACTED]	Date Imaged	
9 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 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)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 3 / 3 / 2024      THROUGH      4 / 24 / 2024		
11 ELECTION CITY COUNCIL	ELECTION DATE Month      Day      Year 5 / 2 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal</u>	
12 OFFICE COUNCIL MEMBER	OFFICE HELD (if any) -	13 OFFICE SOUGHT (if known) Council member	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.		
	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME VOTE CLEAN PAC (ES4) COMMITTEE ADDRESS [REDACTED] Austin TX 78701 COMMITTEE CAMPAIGN TREASURER NAME Rodrigo Beal COMMITTEE CAMPAIGN TREASURER ADDRESS [REDACTED] Austin 78701	

**GO TO PAGE 2**

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4115
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2593 <sup>97</sup>
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

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 A1: **2**

2 FILER NAME

*Melanie Oldham*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/3/26*

5 Full name of contributor

*Grey Witt*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100*

6 Contributor address;

City;

State;

Zip Code

*[Redacted] Surfside TX 77541*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*4/6/26*

Full name of contributor

*Frank Leavey*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$100*

Contributor address;

City;

State;

Zip Code

*[Redacted] Houston TX 77541*

Principal occupation / Job title (See Instructions)

*Retired ATTORNEY*

Employer (See Instructions)

*Self*

Date

*4/7/26*

Full name of contributor

*Alon Kolodny*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$125*

Contributor address;

City;

State;

Zip Code

*[Redacted] Houston TX 77005*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*4/9/26*

Full name of contributor

*VOTE CLEAN PAC (654)*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$3490*

Contributor address;

City;

State;

Zip Code

*[Redacted] Austin TX 78701*

Principal occupation / Job title (See Instructions)

*PAC*

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.

# 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 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	2 FILER NAME Melanie Oldham	3 Filer ID (Ethics Commission Filers)
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4 Date 4/7/24	5 Payee name Marketing Psychology
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6 Amount (\$) 696.93	7 Payee address: [Redacted]	City: Surfside Beach	State: TX	Zip Code 77541
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Flyers and doorhangers
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Melanie Oldham
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Amount (\$) \$354.52	Payee address: [Redacted]	City: Irvington	State: TX	Zip Code 77541
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Repay personal payment for yard signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date	Payee name Steve Kedarovich
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Amount (\$) \$224.00	Payee address: [Redacted]	City: Surfside Beach	State: TX	Zip Code 77541
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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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 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.

<b>1</b> Total pages Schedule F1: <i>2</i>	<b>2</b> FILER NAME <i>Melanie Oldham</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>Port Cafe</i>	
<b>6</b> Amount (\$) <i>\$246.20</i>	<b>7</b> Payee address; 	City: <i>Frederick</i> State: <i>TX</i> Zip Code: <i>77541</i>
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>lunch for volunteers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>4/13</i>	Payee name <i>Mailings Unlimited</i>	
Amount (\$) <i>\$456.59</i>	Payee address; 	City: <i>Portland</i> State: <i>ME</i> Zip Code: <i>04103</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Postcards</i>
	<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 <i>4/23</i>	Payee name <i>Mailings Unlimited</i>	
Amount (\$) <i>\$457.03</i>	Payee address; 	City: <i>Portland</i> State: <i>ME</i> Zip Code: <i>04103</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Postcards</i>
	<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

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