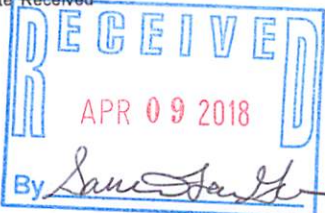


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

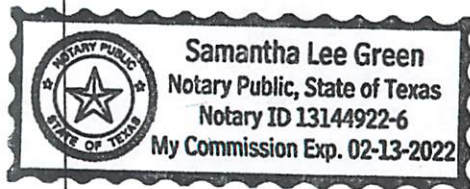
FORM COR-C/OH

| | | | | | | |
|--|--|----------------------|--------|---|-----------|------|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | | OFFICE USE ONLY | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | Date Received | | |
| | NICKNAME | LAST | SUFFIX |  | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount \$ | |
| 5 ORIGINAL PERIOD COVERED | Month | Day | Year | Month | Day | Year |
| | 01/30/18 | | | THROUGH | 04/04/18 | |
| 6 EXPLANATION OF CORRECTION | | | | | | |
| Mathematical errors, corrected name of one donor, Left off one expenditure of 94.95 for credit card expense, added credit card donations totaling 750.00 | | | | | | |
| 7 AFFIDAVIT | | | | | | |

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Melody Fowler
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Melody Fowler, this the 9th day of April.

20 18, to certify which, witness my hand and seal of office.

Samantha Lee Green
Signature of officer administering oath

Samantha Lee Green
Printed name of officer administering oath

Superintendent's Clerk
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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
Melody Fowler
NICKNAME LAST SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

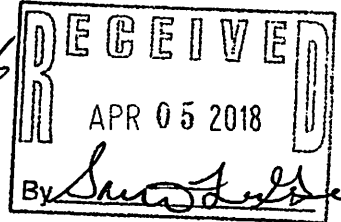
AREA CODE PHONE NUMBER EXTENSION
(817) 446-3005

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Tony Pempa
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5101 Forestlake Ct, Ard 76017

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 466-7345

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 \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
01 / 30 / 18

THROUGH

Month Day Year
04 / 04 / 18

11 ELECTION

ELECTION DATE

Month Day Year

5 / 5 / 18

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*AISSO Trustee
Place 2*

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Melody Fowler

15 Filer ID (Ethics Commission Filers)

16 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

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

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

\$ 14,000.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 7,626.18

CONTRIBUTION
BALANCE

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

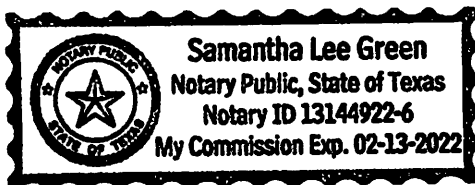
\$ 6,373.82

OUTSTANDING
LOAN TOTALS

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

\$ 5,000.00

18 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.

Melody Fowler
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Melody Fowler*, this the *9th* day of *April*, 20 *18*, to certify which, witness my hand and seal of office.

Samantha Lee Green *Samantha Lee Green* *Superintendent's Clerk*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Melody Fowler***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | |
|-----|---|-------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>14,000</i> |
| 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 | \$ <i>7626.18</i> |
| 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Melody Fowler

3 Filer ID (Ethics Commission Filers)

4 Date

1-22-18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Stacey Gishburne

6 Contributor address;

City; State; Zip Code

[Redacted Address]

Art. 76016

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

HR

9 Employer (See Instructions)

Indian Industries

Date

1-29-18

Full name of contributor

☐ out-of-state PAC (ID#:

Travis Cape

Contributor address;

City; State; Zip Code

[Redacted Address]

Art. 76005

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Builder

Date

1-30-18

Full name of contributor

☐ out-of-state PAC (ID#:

Charles Brady

Contributor address;

City; State; Zip Code

[Redacted Address]

Art. 76013

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Limbarger Goffan

Date

1-30-18

Full name of contributor

☐ out-of-state PAC (ID#:

Glenn Lewis

Contributor address;

City; State; Zip Code

[Redacted Address]

Ft. Worth 76112

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Limbarger Goffan

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME: <i>Melody Fowler</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-26-18</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lisa Jamison</i> 6 Contributor address; City; State; Zip Code <i>[Redacted] Ar, TX 76016</i> | 7 Amount of contribution (\$) <i>\$ 200.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Attorney</i> | | 9 Employer (See Instructions) <i>Pope Hardwick</i> |
| Date <i>3-19-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leland Browne</i> Contributor address; City; State; Zip Code <i>[Redacted] Arlington, TX 76011</i> | Amount of contribution (\$) <i>100⁰⁰</i> |
| Principal occupation / Job title (See Instructions) <i>Real Estate</i> | | Employer (See Instructions) <i>Self</i> |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Melody Fowler</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1-30-18</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Larry Fowler, Jr.</i> 6 Contributor address; City; State; Zip Code <i>[Redacted] Weatherford, TX 76088</i> | 7 Amount of contribution (\$) <i>\$500.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Sheriff</i> | | 9 Employer (See Instructions) <i>Parker County, Texas</i> |
| Date <i>1-30-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tim & Mary Jean Moloney</i> Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76006</i> | Amount of contribution (\$) <i>\$50.00</i> |
| Principal occupation / Job title (See Instructions) <i>Aflac Insurance</i> | | Employer (See Instructions) <i>Aflac</i> |
| Date <i>2-8-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Laurie James</i> Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76016</i> | Amount of contribution (\$) <i>\$50.00</i> |
| Principal occupation / Job title (See Instructions) <i>Nurse</i> | | Employer (See Instructions) <i>Mansfield J.C.O.</i> |
| Date <i>1-30-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Clay and Brandee Keller</i> Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76013</i> | Amount of contribution (\$) <i>\$250.00</i> |
| Principal occupation / Job title (See Instructions) <i>Human Resources Consultant / Real Estate</i> | | Employer (See Instructions) <i>Rush Human Resources / Keller Williams</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Melody Fowler</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1-30-18</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan & Trudy Duke</i> 6 Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76094</i> | 7 Amount of contribution (\$) <i>\$ 200.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Insurance</i> | | 9 Employer (See Instructions) <i>Coble Cravens</i> |
| Date <i>1-30-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan & Vicki Haffer</i> Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76013</i> | Amount of contribution (\$) <i>\$ 250.00</i> |
| Principal occupation / Job title (See Instructions) <i>ANY</i> | | Employer (See Instructions) <i>Curnutt & Haffer</i> |
| Date <i>1-30-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patrick & Jan Tyler</i> Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76017</i> | Amount of contribution (\$) <i>\$ 150.00</i> |
| Principal occupation / Job title (See Instructions) <i>Sales</i> | | Employer (See Instructions) <i>Cimarron Window & Door</i> |
| Date <i>1-30-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Chad & Joy Bates</i> Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76012</i> | Amount of contribution (\$) <i>\$ 250.00</i> |
| Principal occupation / Job title (See Instructions) <i>Finance</i> | | Employer (See Instructions) <i>Legacy Financial</i> |
| <p><i>850</i></p> | | |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Melody Fowler</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1-25-18</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Steve Martindale</i> 6 Contributor address; City; State; Zip Code <i>[Redacted], Arlington TX 76010</i> | 7 Amount of contribution (\$) <i>\$300.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Amusement Amusement Park Manager</i> | | 9 Employer (See Instructions) <i>Six Flags</i> |
| Date <i>2-1-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joni Wilson</i> Contributor address; City; State; Zip Code <i>[Redacted], Arl. TX 76001</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Principal occupation / Job title (See Instructions) <i>Banking</i> | | Employer (See Instructions) <i>Affiliated Bank</i> |
| Date <i>3-1-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Helen and Richard Moise</i> Contributor address; City; State; Zip Code <i>[Redacted], Arl. TX 76012</i> | Amount of contribution (\$) <i>\$200.00</i> |
| Principal occupation / Job title (See Instructions) <i>Real Estate</i> | | Employer (See Instructions) <i>Self</i> |
| Date <i>2-27-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael and Teresa Jarrett</i> Contributor address; City; State; Zip Code <i>[Redacted], Arl. TX 76016</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Principal occupation / Job title (See Instructions) <i>Banking</i> | | Employer (See Instructions) <i>Worthington Nat'l Bank</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Melody Fowler</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2-22-18</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bruce Ashworth</i> 6 Contributor address; City; State; Zip Code <i>[Redacted] Ark, 76013</i> | 7 Amount of contribution (\$) <i>\$200.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Attorney</i> | | 9 Employer (See Instructions) <i>Self</i> |
| Date <i>2-22-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Don Tristy Duke</i> Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76094</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Principal occupation / Job title (See Instructions) <i>Insurance</i> | | Employer (See Instructions) <i>Cable Carriers</i> |
| Date <i>2-22-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tommy Julie Pompa</i> Contributor address; City; State; Zip Code <i>[Redacted] Ark, 76017</i> | Amount of contribution (\$) <i>\$200.00</i> |
| Principal occupation / Job title (See Instructions) <i>Manufacturing</i> | | Employer (See Instructions) <i>General Assembly</i> |
| Date <i>2-22-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Randal Rose</i> Contributor address; City; State; Zip Code <i>[Redacted] Ark, 76017</i> | Amount of contribution (\$) <i>\$500.00</i> |
| Principal occupation / Job title (See Instructions) <i>Banking/Financial</i> | | Employer (See Instructions) <i>J.P. Morgan</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Melody Fowler

3 Filer ID (Ethics Commission Filers)

4 Date

1-30-18

5 Full name of contributor

Cliff Mycoskie

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

[Redacted] *Art. 76012*

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

MMA Assoc.

Date

1-30-18

Full name of contributor

Mike O'Donnell

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[Redacted] *Art. 76013*

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Printing Company

Date

1-30-18

Full name of contributor

Ed. Grace McDermott

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[Redacted] *Art. 76011*

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Cosmetics and perfumes

Employer (See Instructions)

Tisra Inter.

Date

1-30-18

Full name of contributor

Kelly Curmott

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[Redacted] *Art. 76013*

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

A Horney

Employer (See Instructions)

Curmott & Hafer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Melody Fowler</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TREPAAC/Texas Assoc. of Realtors</i> 6 Contributor address; City; State; Zip Code <i>PO Box 2246 Austin, TX 78768</i> | 7 Amount of contribution (\$) <i>\$2,000.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Real Estate</i> | | 9 Employer (See Instructions) |
| Date <i>2-28-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Felicia Davis</i> Contributor address; City; State; Zip Code <i>[Redacted] Euless, TX 76040</i> | Amount of contribution (\$) <i>\$75.00</i> |
| Principal occupation / Job title (See Instructions) <i>Contractor</i> | | Employer (See Instructions) <i>Self</i> |
| Date <i>3-28-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cindy Bradley</i> Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76017</i> | Amount of contribution (\$) <i>\$50.00</i> |
| Principal occupation / Job title (See Instructions) <i>Marketing</i> | | Employer (See Instructions) <i>Self</i> |
| Date <i>3-28-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Omonpel Petroff</i> Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76015</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Principal occupation / Job title (See Instructions) <i>Instructor</i> | | Employer (See Instructions) <i>Tarrant County College, SE</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

2225

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-30-18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Howard Porten</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Arly, TX 76005</i> | 7 Amount of contribution (\$) <i>\$ 250.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Real Estate Developer</i> | | 9 Employer (See Instructions) <i>Nehemiah Group</i> |
| Date 1-30-18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Teri Kemmel</i> Contributor address; City; State; Zip Code [Redacted] <i>Arly, TX 76005</i> | Amount of contribution (\$) <i>\$ 250.00</i> |
| Principal occupation / Job title (See Instructions) <i>Real Estate Developer</i> | | Employer (See Instructions) <i>Nehemiah Group</i> |
| Date 1-30-18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Teresa-Terry Gaines</i> Contributor address; City; State; Zip Code [Redacted] <i>Arly, TX 76012</i> | Amount of contribution (\$) <i>\$ 100.00</i> |
| Principal occupation / Job title (See Instructions) <i>Accountant</i> | | Employer (See Instructions) <i>First Rate, Inc.</i> |
| Date 1-30-18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Steve McCollum</i> Contributor address; City; State; Zip Code [Redacted] <i>Arly, TX 76003</i> | Amount of contribution (\$) <i>\$ 100.00</i> |
| Principal occupation / Job title (See Instructions) <i>Arcade Amusements</i> | | Employer (See Instructions) <i>Ace Amusements</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Melody Fowler</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2-22-18</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fargent Investments</i> 6 Contributor address: City: State: Zip Code <i>2714 Sherman St, Ar. 76013</i> | 7 Amount of contribution (\$) <i>\$500.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Industrial Services</i> | | 9 Employer (See Instructions) |
| Date <i>2-22-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan Dipert</i> Contributor address: City: State: Zip Code <i>[Redacted] Ar. 76013</i> | Amount of contribution (\$) <i>\$250.00</i> |
| Principal occupation / Job title (See Instructions) <i>Retired Travel Industry</i> | | Employer (See Instructions) <i>Self</i> |
| Date <i>2-22-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Linda Dipert</i> Contributor address: City: State: Zip Code <i>[Redacted] Ar. 76013</i> | Amount of contribution (\$) <i>\$250.00</i> |
| Principal occupation / Job title (See Instructions) <i>Travel Industry</i> | | Employer (See Instructions) <i>Self</i> |
| Date <i>2-22-18</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tom Cravens</i> Contributor address: City: State: Zip Code <i>[Redacted] Ar. 76013</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Self</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Melody Fowles</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1-18-18</i> | 5 Full name of contributor <i>William Snyder</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <i>Ariz. TX 76011</i> | 7 Amount of contribution (\$) <i>\$250.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Attorney</i> | | 9 Employer (See Instructions) <i>Muritz Family Interests</i> |
| Date <i>1-26-18</i> | Full name of contributor <i>Oak Hollow Group, Ltd.</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>2500 NE Green Oaks Blvd - Ariz. TX 76006</i> | Amount of contribution (\$) <i>\$500.00</i> |
| Principal occupation / Job title (See Instructions) <i>Real Estate</i> | | Employer (See Instructions) <i>Oak Hollow Group, Ltd</i> |
| Date <i>1-31-18</i> | Full name of contributor <i>Tom Cravens</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>Arlington, Tx. 76013</i> | Amount of contribution (\$) <i>\$500.00</i> |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Self</i> |
| Date <i>1-30-18</i> | Full name of contributor <i>Paul Johnson</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>Ariz. TX 76016</i> | Amount of contribution (\$) <i>\$125</i> |
| Principal occupation / Job title (See Instructions) <i>Attorney</i> | | Employer (See Instructions) <i>Pope, Hardwick</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-18-18 | 5 Full name of contributor John Moritz <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City: State; Zip Code Arly, TX 76004 | 7 Amount of contribution (\$) \$ 500.00 |
| 8 Principal occupation / Job title (See Instructions) Automobile Dealer | | 9 Employer (See Instructions) Moritz Partners, Ltd |
| Date 1-18-18 | Full name of contributor Steve Cavender <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State; Zip Code Arly, TX 76011 | Amount of contribution (\$) \$ 250.00 |
| Principal occupation / Job title (See Instructions) Real Estate Developer | | Employer (See Instructions) Moritz Family Partners Self |
| Date 1-18-18 | Full name of contributor Gary Martin <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State; Zip Code Arlington, TX 76015 | Amount of contribution (\$) \$ 500.00 |
| Principal occupation / Job title (See Instructions) Manufacturing | | Employer (See Instructions) Martin Sprackel and Gear |
| Date 1-24-18 | Full name of contributor Moritz Interests <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State; Zip Code 2111 N. Collins Suite 323 Arly, TX 76011 | Amount of contribution (\$) \$ 500.00 |
| Principal occupation / Job title (See Instructions) Real Estate Investments | | Employer (See Instructions) Moritz Interests |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | 7 Amount of contribution (\$) |
| 2-22-18 | Carl & Lisa Cravens 6 Contributor address; City; State; Zip Code [Redacted] Ariz. 76013 | \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Banking | | Affiliated Bank |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) |
| 2-22-18 | Kathryn Wilmon Contributor address; City; State; Zip Code [Redacted] Ariz. 76013 | \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Retired | | Self |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) |
| 2-22-18 | Jeff & Erin Pokrjesak Contributor address; City; State; Zip Code [Redacted] Ariz. 76013 | \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Packaging | | Streamline Packaging |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) |
| 2-22-18 | Linda Sipert Contributor address; City; State; Zip Code [Redacted] Ariz. 76013 | \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Truck / Industry | | Self |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-22-18 | 5 Full name of contributor Chas. Louis Green <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Arl. 76015 | 7 Amount of contribution (\$) \$ 200.00 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) Arlington - Self |
| Date 2-22-18 | Full name of contributor Keith & Heather Ogle <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Arl. 76016 | Amount of contribution (\$) \$ 100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Pope - Hardwick |
| Date 2-22-18 | Full name of contributor Becky Nussbaum <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Arl. 76012 | Amount of contribution (\$) \$ 250.00 |
| Principal occupation / Job title (See Instructions) Advertising | | Employer (See Instructions) River Legacy |
| Date 2-22-18 | Full name of contributor Michael Gerro <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Arl. 76017 | Amount of contribution (\$) \$ 100.00 |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) First Bank |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: | | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4-4-18 | | 5 Payee name Murphy Masica | | | |
| 6 Amount (\$) 585.00 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Consulting | | (b) Description <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 Office held | |
| Date 4-4-18 | | Payee name ANF DOT | | | |
| Amount (\$) 94.95 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Credit Card Fees | | Description <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 | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description <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 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: | 2 FILER NAME <i>Melody Fowler</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2.9.18</i> | 5 Payee name <i>Murphy Nassica</i> | |
| 6 Amount (\$) <i>\$1500</i> | 7 Payee address; City; State; Zip Code <i>815 A. Brazos St Austin, TX 78701</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Consulting Exp</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>2.26.18</i> | Payee name <i>Bruce Maxwell</i> | | |
| Amount (\$) <i>125.00</i> | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Photography</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>2.27</i> | Payee name <i>Office Depot</i> | | |
| Amount (\$) <i>30.00</i> | Payee address; City; State; Zip Code <i>409 SW Plaza Ste 107 ARL, TX 76010</i> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Stamps</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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| Complete <u>ONLY</u> 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

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.

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|---|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3.6.18 | | 5 Payee name Wells Fargo | | | |
| 6 Amount (\$) 45.12 | | 7 Payee address; City; State; Zip Code 5905 W. Poly Webb Rd Arlington TX 76016 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Banking | | (b) Description <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 | |
| Date 3.12.18 | | Payee name Amy Turman | | | |
| Amount (\$) 100.00 | | Payee address; City; State; Zip Code Olen Rd ARL TX 7607 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description <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 | |
| Date 3.14.18 | | Payee name Murphy Nasica | | | |
| Amount (\$) 500.00 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Consulting | | Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date 3.26.18 | 5 Payee name Williams Signs |
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| 6 Amount (\$) 4213.65 | 7 Payee address; City; State; Zip Code 3933 E. California Forest Hill, TX |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing-Signs | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date 3.26.18 | Payee name Larry Fowler |
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| Amount (\$) 193.96 | Payee address; City; State; Zip Code 4900 Morris Heights Dr. ARL TX 76016 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other - Sign Hardware | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|-----------------|-----------------------------|
| Date 3.27.18 | Payee name Murphy Nasica |
|-----------------|-----------------------------|

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| Amount (\$) 238.50 | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising-PushCards | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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