

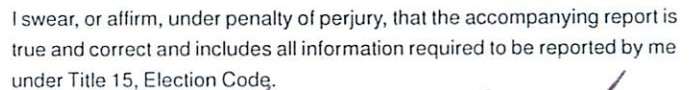
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <i>Melody Fowler</i> NICKNAME LAST SUFFIX <i>4900 Morris Heights Apt 706</i>		<b>OFFICE USE ONLY</b> Date Received  By <i>[Signature]</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4900 Morris Heights Apt 706</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 446-3005</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Tony Rompa</i> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5101 Forestlake Ct, Apt 76017</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 466-7345</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>01 / 30 / 18</i> <i>04 / 04 / 18</i>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>5 / 5 / 18</i> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<i>AISSO Trustee Place 2</i>	

GO TO PAGE 2

FORM C/OH  
COVER SHEET PG 2

18 AFFIDAVIT

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melody Fowler, this the 5<sup>th</sup> day of April, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Samantha Lee Green  
Printed name of officer administering oath

Superintendent's Clerk  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Melody Fowler</i>		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>12,600</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>7,987.27</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 <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-30-18</i>	5 Full name of contributor <i>Larry Fowler, Jr.</i> <input type="checkbox"/> out-of-state PAC (ID#: 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 <i>Tim &amp; Mary Jean Moloney</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[Redacted] Arls, 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 <i>Laurie James</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[Redacted] Arls, 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.S.D.</i>
Date <i>1-30-18</i>	Full name of contributor <i>Clay and Brandee Kelley</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[Redacted] Arls, 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"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 [Redacted] <i>Ariz, 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't Trusty Duke</i> Contributor address; City; State; Zip Code [Redacted] <i>Ariz, TX 76094</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions) <i>Insurance</i>		Employer (See Instructions) <i>Cable Carvens</i>
Date <i>2-22-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tony &amp; Julie Pompa</i> Contributor address; City; State; Zip Code [Redacted] <i>Ariz, 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 [Redacted] <i>Ariz, 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"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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>Doug Trusty Duke</i> 6 Contributor address: City: State: Zip Code <i>Arb, 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>Cable Cravens</i>
Date <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Doug Vicki Haffer</i> Contributor address: City: State: Zip Code <i>Arb, TX 76013</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions) <i>ANY</i>		Employer (See Instructions) <i>Curnutt &amp; Haffer</i>
Date <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patrick &amp; Jan Tyler</i> Contributor address: City: State: Zip Code <i>Arb, 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 &amp; Door</i>
Date <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Chad &amp; Joy Bates</i> Contributor address: City: State: Zip Code <i>Arb, 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 align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 76011</i>	7 Amount of contribution (\$) <i>\$300.00</i>
8 Principal occupation / Job title (See Instructions) <del>Amusement</del> <i>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"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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>Cliff McCaskie</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Arl, TX 76012</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>MMA &amp; ASSOC</i>
Date <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mike O'Donnell</i> Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76013</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>Printing Company / Accent Graphics</i>
Date ✓ <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ed &amp; Grace McDermott</i> Contributor address; City; State; Zip Code [Redacted] <i>Arl, TX 76011</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Cosmetics and Perfumes</i>		Employer (See Instructions) <i>Tiary International</i>
Date ✓ <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kelly &amp; Mary Tom Curnutt</i> Contributor address; City; State; Zip Code [Redacted] <i>Arl, TX 76013</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney / Judge</i>		Employer (See Instructions) <i>Curnutt &amp; Huter / Tarrant County</i>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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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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>TREPA C / Texas Assoc. of Realtors</i> 6 Contributor address; City; State; Zip Code <i>PO Box 2246 Austin, TX 78760</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] Ar, Dallas 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] Ar, 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>Emonpelle Petroff</i> Contributor address; City; State; Zip Code <i>[Redacted] Ar, 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, JE</i>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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		3 Filer ID (Ethics Commission Filers)
4 Date 1-30-18	5 Full name of contributor Howard Porteus <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Arl, TX 76005	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions) Real Estate Developer		9 Employer (See Instructions) Nehemiah Group
Date 1-30-18	Full name of contributor Robert & Teri Kemmel <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Arl, TX 76005	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Nehemiah Group
Date 1-30-18	Full name of contributor Teresa-Terry Gaines <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Arl, TX 76012	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) First Rate, Inc.
Date 1-30-18	Full name of contributor Steve McCollum <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Arl, TX 76003	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Arcade Amusements		Employer (See Instructions) Ace Amusements
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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>Sargent 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"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 Fowles</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-18-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William Snyder</i> 6 Contributor address; City; State; Zip Code <i>[Redacted] Arl. 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 <input type="checkbox"/> out-of-state PAC (ID#: <i>Oak Hollow Group, Ltd.</i> Contributor address; City; State; Zip Code <i>2500 NE Green Oaks Blvd - Arl. 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 <input type="checkbox"/> out-of-state PAC (ID#: <i>Tom Cravens</i> Contributor address; City; State; Zip Code <i>[Redacted] 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 <input type="checkbox"/> out-of-state PAC (ID#: <i>Paul Johnson</i> Contributor address; City; State; Zip Code <i>[Redacted] Arl. 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"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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		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#: Contributor address; City: State; Zip Code Arl, TX 76004	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) Automobile Dealer		9 Employer (See Instructions) Moritz Partners, LPA
Date ✓ 1-18-18	Full name of contributor Steve Cavender <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State; Zip Code Arl, TX 76011	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) <del>Moritz Family Partners</del> 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 Arl, TX 76011	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) Real Estate Investments		Employer (See Instructions) Moritz Interests
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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		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 Pokrjcsak 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 Dipert Contributor address; City; State; Zip Code [Redacted] Ariz. 76013	\$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Truck / Indust.		Self
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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>3-26-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lisa Jamilaon</i> 6 Contributor address; City; State; Zip Code <i>[Redacted] Ark, 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 Hardwicke</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)
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)

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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		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 Art. 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 Art. 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 Art. 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 Art. 76017	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) First Bank
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 <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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2.26.18</i>		Payee name <i>Bruce Maxwell</i>			
Amount (\$) <i>125<sup>00</sup></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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2.27</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>30<sup>00</sup></i>		Payee address; City; State; Zip Code <i>409 S.W 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	
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.

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	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	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 <sup>15</sup> / <sub>100</sub>	7 Payee address; City; State; Zip Code 3933 E. California Forest Hill, TX
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8 <b>PURPOSE OF EXPENDITURE</b>	(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 <u>ONLY</u> 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 <sup>96</sup> / <sub>100</sub>	Payee address; City; State; Zip Code 4900 Morris Heights Dr. ARL TX 76016
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<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> 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 <sup>50</sup> / <sub>100</sub>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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 <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

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4.4.18	<b>5</b> Payee name Murphy, Nasica	
<b>6</b> Amount (\$) 585 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting	<b>(b)</b> Description  <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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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