

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 <input checked="" type="radio"/> FIRST <u>Melody</u> MI <u>J.</u> NICKNAME LAST SUFFIX <u>Fowler</u> | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>4900 Morris Heights, ARL, TX 76016</u> | Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue;">RECEIVED JUL 16 2018 By _____</div> | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(817) 446-3085</u> | Date <u>Hand-delivered</u> by Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="radio"/> FIRST <u>Tony</u> MI NICKNAME LAST SUFFIX <u>Pompa</u> | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5101 Forest Lake ARL, TX 76017</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(817) 466-7345</u> | | |
| 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 checked="" 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 Month Day Year <u>4 / 20 / 18</u> THROUGH <u>7 / 15 / 18</u> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <u>05 / 05 / 18</u> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>ATSD Board of Trustees Place 2</u> | |

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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.

| | |
|---|--|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME 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) | \$ 5,100 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 20,261.05 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 38.46 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 15,015.39 |

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 11th day of July, 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

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 | \$ 5,100 ⁰⁰ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ -0- |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ -0- |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 9,915.39 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 20,261.05 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ -0- |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ -0- |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ -0- |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ -0- |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ -0- |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ -0- |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -0- |

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

5-2-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Richard or Sylvia Breche

6 Contributor address; City; State; Zip Code

[Redacted] Arlington, Tx. 76017

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

University Professor

9 Employer (See Instructions)

UTA

Date

5/3/18

Full name of contributor out-of-state PAC (ID#: _____)

Linebarger Gossan Blair & Sampson, LLP

Contributor address; City; State; Zip Code

PO-Box 12628, Austin, Tx. 78760

Amount of contribution (\$)

5,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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 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.

LOANS

SCHEDULE E

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 7 |
| 2 FILER NAME Melody Fowler | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 6-20-18 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry & Melody Fowler | 9 Loan Amount (\$) 9,915.39 |
| 6 Is lender a financial institution? Y | 8 Lender address; City; State; Zip Code 4900 Morris Heights Arlington, TX. 76016 | 10 Interest rate -0- |
| | | 11 Maturity date 5-5-19 |
| 12 Principal occupation / Job title (See Instructions) Attorney / College Instructor | | 13 Employer (See Instructions) Port Harwick, T.C.C. |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|--|-----------------------------|
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| Principal occupation / Job title (See Instructions) | | Maturity date |
| Description of Collateral <input type="checkbox"/> none | | Employer (See Instructions) |
| Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> | | Amount Guaranteed (\$) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>Lot 2</i> | 2 FILER NAME <i>Melody Fowler</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/26/18</i> | 5 Payee name <i>Murphy Nasrco</i> | |
| 6 Amount (\$) <i>19,127.44</i> | 7 Payee address; City; State; Zip Code <i>815 Brazos, Austin, Tx. 78701</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>5/18/18</i> | Payee name <i>Office Depot</i> | |
| Amount (\$) <i>20.00</i> | Payee address; City; State; Zip Code <i>F-20 Arlington, Tx. 76016</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Campaign Supplies</i> | 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 <i>5-2-18</i> | Payee name <i>Sherrie Ripple</i> | |
| Amount (\$) <i>525⁰⁰</i> | Payee address; City; State; Zip Code 703 <i>703 N.W. Green Oaks, Arlington, Tx. 76006</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Social Media Assistance</i> | 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: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

