

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

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

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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 Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

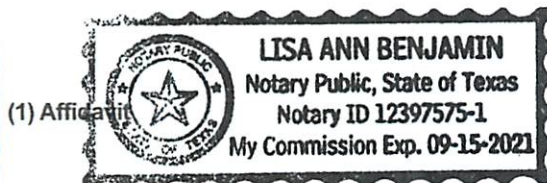
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Melody Fowler</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,275
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,289.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,553.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,406.93

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melody Fowler
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Melody Fowler* this the *5th* day of *April*, 20 *21*, to certify which, witness my hand and seal of office.
Lisa Ann Benjamin *Lisa Ann Benjamin* *Admin. Asst. to Sect.*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

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	\$ 13,775. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,010. ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,289. ⁰⁰
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-7-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jorden Wood</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted] Alledo, Tx 76008</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>3-16-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Maibach Investments</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>1703 North Peyco Ave, Tx 76001</i>	
Principal occupation / Job title (See Instructions) <i>Real Estate Investments</i>		Employer (See Instructions)
Date <i>3-10-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Turnmott & Hafer, L.L.P.</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>301 Walnut St. Ard, Tx 76010</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-8-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Steven Poole</i>	Amount of contribution (\$) <i>\$2,000.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Ft. Worth, Tx 76107</i>	
Principal occupation / Job title (See Instructions) <i>Executor Director</i>		Employer (See Instructions) <i>UEA</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>3-25-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donna Reinsch</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76005</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-23-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim and Nicole Baker</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fred and Linda Davis</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76094</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Don and Tristy Duke</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76094</i>		
Principal occupation / Job title (See Instructions) <i>Insurance</i>		Employer (See Instructions) <i>Cable-Crawlers</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-25-21</i>	5 Full name of contributor <i>John D. Moritz</i> <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76004</i>		
8 Principal occupation / Job title (See Instructions) <i>Automobile Dealer</i>		9 Employer (See Instructions) <i>Self/Moritz Enterprise</i>
Date <i>3-25-21</i>	Full name of contributor <i>David Moritz</i> <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76011</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-23-21</i>	Full name of contributor <i>TRE PAC</i> <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>PO Box 2246 Austin, TX 78768</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-12-21</i>	Full name of contributor <i>Ed and Grace McDermott</i> <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Ark, TX 76011</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<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

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2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-24-21</i>	5 Full name of contributor <i>Jason Reich</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <i>[Redacted] ARL, TX 76012</i>	<i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <i>Jeff and Erin Pekaripcsak</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>[Redacted] ARL, TX 76013</i>	<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <i>Frank and Juliet Jelinek</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>[Redacted] ARL, TX 76006</i>	<i>\$125.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-22-21</i>	Full name of contributor <i>Barbara Williams</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>[Redacted] Ft. Worth, TX 76107</i>	<i>\$250.00</i>
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Linebarger</i>

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date <i>3-24-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Glen and Arveda Lewis</i>	7 Amount of contribution (\$) <i>\$ 250</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted] Ft. W, TX 76112</i>	
8 Principal occupation / Job title (See Instructions) <i>attorney</i>		9 Employer (See Instructions) <i>Linebarger</i>
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Terry and Theresa Gaines</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76012</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-22-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elizabeth Calvo</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Waxahachie, TX 75167</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carl and Lisa Crawlers</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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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2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-22-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Clay and Brandee Kelley</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76013</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Rich and Reelca Stoglin</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76003</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Stacey and Jon Gishburne</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76016</i>		
Principal occupation / Job title (See Instructions) <i>Human Relations</i>		Employer (See Instructions) <i>Indian Industries</i>
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Patrick and Jan Tyler</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76017</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-24-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elate McAlister</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76016</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-26-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bruce Ashworth</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76013</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John Leslie</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76013</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>John Leslie</i>
Date <i>3-22-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linebarger Gossan LLP</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code <i>PO Box 17428 Austin, TX 78760</i>		
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Linebarger Gossan</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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2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-14-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Helen Moise</i>	7 Amount of contribution (\$) <i>\$250.00</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76012</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>—</i>
Date <i>3-10-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Karen Peters</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76017</i>	
Principal occupation / Job title (See Instructions) <i>School Counselor</i>		Employer (See Instructions) <i>AISD</i>
Date <i>3-10-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles Green</i>	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76015</i>	
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>Charles Green Inc.</i>
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dan Dipert</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-24-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Esteban Blanco</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76016</i>	
8 Principal occupation / Job title (See Instructions) <i>IT</i>		9 Employer (See Instructions) <i>Blanco IT Consulting</i>
Date <i>4-1-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dixon Holman</i>	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76016</i>	
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Front Realty</i>
Date <i>3-31-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mike and Becky Gero</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76012</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-31-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ryan Dodson</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76011</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-31-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Paul Johnson</i>	7 Amount of contribution (\$) <i>\$150.00</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76016</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-31-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Snyder</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76011</i>	
Principal occupation / Job title (See Instructions) <i>Manager</i>		Employer (See Instructions) <i>Moritz Interests</i>
Date <i>3-31-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joy Wells</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76012</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michelle Tabenz</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Ard, TX 76016</i>	
Principal occupation / Job title (See Instructions) <i>Homemaker</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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-19-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Chance Post</i>	7 Amount of contribution (\$) <i>\$25.00</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted] Argyle, TX 76226</i>	
8 Principal occupation / Job title (See Instructions) <i>Markers</i>		9 Employer (See Instructions) <i>Total Care ER</i>
Date <i>3-19-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sue Walker</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76012</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3-19-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bryan Perry</i>	Amount of contribution (\$) <i>\$25.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76012</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-19-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles Brady</i>	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address; City; State; Zip Code <i>[Redacted] Arl, TX 76001</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Linbarger Gossan</i>

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

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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>3-21-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linda Dipert</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Arb, TX 76013</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3-30-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles and Joni Wilson</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Arb, TX 76001</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-24-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Timi Hazle</i> 6 Contributor address; City; State; Zip Code <i>Arb, TX 76013</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-24-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bruce K. McGlaun</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)		Employer (See Instructions)
Date <i>3-25-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Justin and Anna Chapa</i> Contributor address; City; State; Zip Code <i>Arb, TX 76017</i>	Amount of contribution (\$) <i>\$100.00</i>
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3-24-21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan Fernandez</i>	8 Amount of Contribution \$ <i>\$500</i>	9 In-kind contribution description <i>advertising services</i>
7 Contributor address; City; State; Zip Code <i>2823 Quail Ln. Ard, TX 76016</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Real Estate Consultant</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="font-size: 2em;">1</div>
2 FILER NAME <div style="font-size: 1.5em;">Melody Fowler</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <div style="font-size: 1.5em;">5,010⁰⁰</div>
5 Date of loan <div style="font-size: 1.2em;">1/25/21</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Melody Fowler</div>	9 Loan Amount (\$) <div style="font-size: 1.2em;">5,010⁰⁰</div>
6 Is lender a financial institution? <div style="font-size: 1.2em;">Y <input checked="" type="radio"/> N</div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">4900 Morris Heights Arlington TX 76016</div>	10 Interest rate <div style="font-size: 1.2em;">6⁰⁰</div>
		11 Maturity date <div style="font-size: 1.2em;">5/1/2022</div>
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Teacher</div>		13 Employer (See Instructions) <div style="font-size: 1.2em;">TCL</div>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <div style="font-size: 1.2em;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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 <i>Melody Fowler</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3-24-21</i>		5 Payee name <i>Dan Fernandez</i>			
6 Amount (\$) <i>\$2,500.00</i>		7 Payee address; <i>2823 Quail Ln. Ark, TX</i>		City; <i>76016</i>	State; <i></i>
PURPOSE OF EXPENDITURE	8 (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Sign installation</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <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
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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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>3-22-2021</i>		5 Payee name <i>FW Promo</i>			
6 Amount (\$) <i>\$178.61</i>		7 Payee address; City; State; Zip Code <i>5941 Posey Ln. Haltom City, TX 76117</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>4-1-21</i>		Payee name <i>Anedot</i>			
Amount (\$) <i>\$110.99</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>		Description <i>credit card fee</i>		
	<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>3-18-21</i>		Payee name <i>Murphy Nascia</i>			
Amount (\$) <i>\$500.00</i>		Payee address; City; State; Zip Code <i>815-A Brazos St. Austin, TX 78701</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Consultant</i>		Description <i>Consulting expense</i>		
	<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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