

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

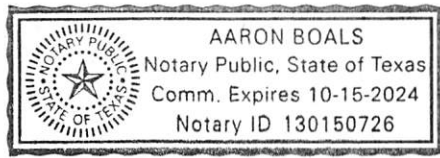
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,328.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,817.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,906.93

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:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Melody Fowler this the 4 day of April, 2024, to certify which, witness my hand and seal of office.

Aaron Boals Signature of officer administering oath
Aaron Boals Printed name of officer administering oath
Paralegal 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

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	\$ 22,550.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,328.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2024	5 Full name of contributor William Snider out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Arl Tx 76011	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Moritz Family
Date 03/14/2024	Full name of contributor James Carroll out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Dallas Tx 75206	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Real Estate Advisor		Employer (See Instructions) Carroll Family Restaurants
Date 02/07/2024	Full name of contributor David Sargent out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Ar; Tx 76006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Sargent Investments
Date 02/20/2024	Full name of contributor Linda Dipert out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Ar. Tx 76013	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Retired
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: 13
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dan Dipert 6 Contributor address; City; State; Zip Code [Redacted] Arl Tx 76013	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Retired
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#: _____) John Moritz Contributor address; City; State; Zip Code [Redacted] Arl Tx 76004	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Moritz Family Interest
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Stephen Cavender Contributor address; City; State; Zip Code [Redacted] Arl Tx 76011	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Moritz Family Interest
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Clete McAlister Contributor address; City; State; Zip Code [Redacted] Arl Tx 76016	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/3
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Carla Sue Werley	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76012		
8 Principal occupation / Job title (See Instructions) retail space organizer		9 Employer (See Instructions) self
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Howard Porteus	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76005		
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Nehemiah Group
Date 03/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Blake Kretz	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED], Arlintgon, Tx. 76016		
Principal occupation / Job title (See Instructions) hospital adminstrator		Employer (See Instructions) Texas Memorial Health
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Glenn Lewis	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED], Fort Worth, Tx. 76112		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Lineberger, Goggin
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**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: 0/3
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Sarah McMurrugh	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76013	
8 Principal occupation / Job title (See Instructions) Learning Coach		9 Employer (See Instructions) Mansfield ISD
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Kathleen Venable	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76017	
Principal occupation / Job title (See Instructions) event manager		Employer (See Instructions) 1010 Collins
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Don Duke	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington, TX., 76094	
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Coble Cravens
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Robert Kembel	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington, tx. 76005	
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Nehemiah Company
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**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: 1/3
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Carey Walker	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76012	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Tarrant County
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Clay Kelley	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76013	
Principal occupation / Job title (See Instructions) Personnel placement		Employer (See Instructions) self
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Michael Gerro	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76012	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Frost
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Grace McDermott	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76011	
Principal occupation / Job title (See Instructions) Chamber Director		Employer (See Instructions) Pan-Asian Chamber
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: 13
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP 6 Contributor address; City; State; Zip Code P.O. Box 17428, Austin, Tx. 78760	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 03/14/2024	Full name of contributor out-of-state PAC (ID#: _____) Joe Bruner Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76006	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) self
Date 03/14/2024	Full name of contributor out-of-state PAC (ID#: _____) Christopher Carroll Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76017	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Pres. Restaurant Companies		Employer (See Instructions) Carroll Family Restaurants
Date 03/12/2018	Full name of contributor out-of-state PAC (ID#: _____) Beverly Reilly Contributor address; City; State; Zip Code [REDACTED], Aledo, Tx. 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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: 13
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mojoy Haddad 6 Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76006	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) CHS Architects
Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: _____) Maibach Investments LP Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76001	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) same
Date 03/08/2024	Full name of contributor out-of-state PAC (ID#: _____) TREPAC/Texas Assoc of Realtors PAC Contributor address; City; State; Zip Code P.O. Box 2246, Austin, Tx. 78768	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions) Trepac/Texas Assoc of Realtors Pac
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.		

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: 13
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Carl Cravens	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76013	
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Susser Bank
Date 03/23/2024	Full name of contributor out-of-state PAC (ID#: _____) Walid Joulani	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76017	
Principal occupation / Job title (See Instructions) EVP		Employer (See Instructions) Ikon Technologies
Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: _____) Terry Gaines	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76012	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) self
Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: _____) Stephen Zimmer	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76006	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self
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: 1/3
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Full name of contributor Brandon Hill out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76016	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Kelly, Hart
Date 03/18/2024	Full name of contributor Larry Mike out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76013	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 03/18/2024	Full name of contributor Paige Payne out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx., 76018	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) consultant5167		Employer (See Instructions) gdbh
Date 03/18/2024	Full name of contributor Paul Johnson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76016	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) harris, Cook
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: 013
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Charles Green	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76015		
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Green Group
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Jeff McCurdy	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Arlington Tx., 76017		
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) Foster, Sear
Date 03/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Aaron Reich	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76012		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) TRINU Healthcare
Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: _____) David Cook	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED] Mansfield, Tx. 76063		
Principal occupation / Job title (See Instructions) atty		Employer (See Instructions) harris, cook
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**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: 013
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Patterson	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76017	
8 Principal occupation / Job title (See Instructions) atty		9 Employer (See Instructions) peirson patterson
Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Julie Nicholson	Amount of contribution (\$) 75.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76016	
Principal occupation / Job title (See Instructions) project coordinator		Employer (See Instructions) Graham Civil
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Jeff Williams	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76016	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2024	Full name of contributor out-of-state PAC (ID#: _____) Charles Long	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx. 76001	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Reliable Paving
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

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: 013

2 FILER NAME
Melody Fowler

3 Filer ID (Ethics Commission Filers)

4 Date
02/21/2024

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] Ft. Worth, Tx., 76107

2,000.00

8 Principal occupation / Job title (See Instructions)
Exec. Dir.

9 Employer (See Instructions)
U.E.A.

Date
03/18/2024

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED], Arlington, Tx. 76012

200.00

Principal occupation / Job title (See Instructions)
medical sales

Employer (See Instructions)
Hinge Health

Date
03/18/2024

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED], Arlington, Tx. 76010

100.00

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
self

Date
03/18/2024

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED], Arlington, Tx. 76012

100.00

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Legacy Financial

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Melody Fowler		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Charles Brady 6 Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76001	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) atty		9 Employer (See Instructions) Linebarger, Goggin
Date 03/31/2024	Full name of contributor out-of-state PAC (ID#: _____) John Hibbs Contributor address; City; State; Zip Code [REDACTED], Arlington, Tx. 76016	Amount of contribution (\$) 150.00
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Melody Fowler	3 Filer ID (Ethics Commission Filers)
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4 Date 04/03/2024	5 Payee name Murphy, Nautica
-----------------------------	--

6 Amount (\$) 3,276.73	7 Payee address; City; State; Zip Code 919 Congress Ave. Austin, Tx. 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description campaign advice, sign design
	(c) Check if travel outside of Texas. Complete Schedule T.	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
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Date 03/27/2024	Payee name Digital Corporate Companies
--------------------	---

Amount (\$) 106.09	Payee address; City; State; Zip Code 801 Station Dr., St. 109, Arlington, Tx. 76105
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description thank you cards
	Check if travel outside of Texas. Complete Schedule T.	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 Texas Decision Intelligence
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Amount (\$) 1,750.00	Payee address; City; State; Zip Code 1305 Barnes Dr., Arlington, Tx. 76013
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description sign installation
	Check if travel outside of Texas. Complete Schedule T.	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Melody Fowler	3 Filer ID (Ethics Commission Filers)
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4 Date 02/06/2024	5 Payee name Seguin High School Booster club
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 7001 Silo Rd., Arlington, Tx. 76002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Student Athlete Scholarship
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name Martin Choir Booster Club
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Amount (\$) 100.00	Payee address; City; State; Zip Code 4501 W. Pleasant Ridge, Arlington, Tx. 76016
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Martin Choir Donation
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/27/2024	Payee name Patriot Printing Fulfillment
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Amount (\$) 1,297.93	Payee address; City; State; Zip Code 106 A. E. Petsche Ct STE 120, Arlington, TX 76012
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Printing Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Melody Fowler	3 Filer ID (Ethics Commission Filers)
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4 Date 02/29/2024	5 Payee name Amazon
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6 Amount (\$) 185.00	7 Payee address; amazon.com	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description sign stakes
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/27/2024	Payee name Anedot
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Amount (\$) 213.14	Payee address; 1920 McKinney Ave 7th floor, Dallas, TX 75201	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) credit card payment	Description processing fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/26/2024	Payee name Education Foundation
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Amount (\$) 150.00	Payee address; 1141 west pioneer pkwy, Arlington, Tx. 76103	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description DreamMakers Banquet
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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