

# 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: <i>Mrs.</i> FIRST: <i>Melody</i> MI: <i>J.</i> NICKNAME: _____      LAST: <i>Fowler</i> SUFFIX: _____	<b>OFFICE USE ONLY</b> <div style="text-align: center; border: 1px solid black; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">JUN 21 2022</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.1em;">BY: <i>Benjamin</i></div> <hr/> Date Hand-delivered or Date Postmarked: _____ <hr/> Receipt # _____      Amount \$ _____ <hr/> Date Processed _____ <hr/> Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>4900 Morris Heights Dr.</i> APT / SUITE #: _____      CITY: <i>Arb., TX</i> STATE: _____      ZIP CODE: <i>76016</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____      PHONE NUMBER: <i>(817) 371-8038</i> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mrs.</i> FIRST: <i>Tony</i> MI: _____ NICKNAME: _____      LAST: <i>Pampa</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <i>5101 Forest Lake Ct.</i> APT / SUITE #: _____      CITY: <i>Arb., TX</i> STATE: _____      ZIP CODE: <i>76017</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____      PHONE NUMBER: <i>(817) 466-7345</i> EXTENSION: _____		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year      THROUGH      Month / Day / Year _____ / _____ / _____      _____      _____ / _____ / _____		
11 ELECTION	ELECTION DATE: Month / Day / Year <i>05 / 01 / 2021</i>	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) <i>ATSD Trustee, Pl. 2</i>	13 OFFICE SOUGHT (if known) <i>ATSD Trustee, Pl. 2</i>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

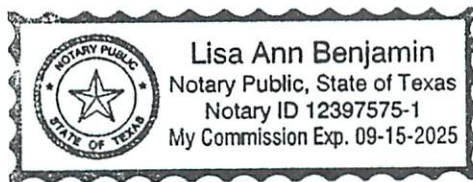
**FORM C/OH  
COVER SHEET PG 2**

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,239.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,406.93

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:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Melody Fowler* this the *21<sup>st</sup>* day of *June*

20 *22*, to certify which, witness my hand and seal of office.

*Lisa Ann Benjamin* *Lisa Ann Benjamin* *Admin Asst to Supt.*  
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)