#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00040825 56 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Melody M. NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Wilkinson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 6721 Glen Meadow Dr. MAILING Receipt # Amount **ADDRESS** Change of Address Fort Worth, TX 76132 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Neal W. NAME NICKNAME LAST **SUFFIX** Adams STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 3950 State Highway 360 **ADDRESS** (Residence or Business) Grapevine, TX 76051-6743 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 283-7742 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 17 Tarrant District Judge District 17

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Wilkinson, Melody M	(The Honorable)	<b>14</b> Filer ID 00040825	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to support the ceholder's knowledge or notice of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTIO	S(OTHER THAN PLEDGES, LOANS, INS MADE ELECTRONICALLY)	\$ 0.00
		<b>ICAL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARAN <sup>-</sup>	TEES OF LOANS)	\$ 33,675.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 12,687.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			<b>\$</b> 78,431.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			m, under penalty of perjury, that the a t and includes all information required Election Code.	
			The Honorable Melody M. Wilk	inson
		<u></u>	Signature of Candidate or Officeho	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and s	eal of office.	
Signature of offic	er administering oath	Printed name of officer admir	istering oath Title of offic	er administering oath

## **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

				JVLK	3 of 56
_	ER NAN	ME , Melody M. (The Honorable)	<b>19</b> Filer ID 00040825	(Ethics	Commission Filers)
<b>20</b> SC	HEDULI	E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	33,675.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	7,476.81
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	5,211.07
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION		\$	
12.	. Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	77.76

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/23 Rpt: 4/56
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00040825
4	Date 06/06/2023	<ul><li>5 Full name of contributor Anderson, Geff</li><li>6 Contributor address; City; S</li><li>Fort Worth, TX 76104</li></ul>	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$500.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
Ŭ	Attorney	inicipal Occupation		Attorney	
10		employer/law firm Riddle		11 Law firm of contributor's sp	ouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if a	any)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/12/2023	Auld, Marianne  Contributor address; City; S  Fort Worth, TX 76102	<u> </u>		\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney	<b>.</b>		Managing Partner	
		employer/law firm		Law firm of contributor's sp	ouse (if any)
		s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/16/2023	Barrow, Wade  Contributor address; City; S  Fort Worth, TX 76104	tate; Zip Code		\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)
	Barrow Law				
	If contributor i	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 2/23 Rpt: 5/56
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00040825
4	Date 06/03/2023	Full name of contributor     Barrows, Leslie     Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$250.00
		Southlake , TX 76092				
8		Principal Occupation		9 Contributor's Job Title		
L	Attorney			Attorney		
10	Barrows Firr	employer/law firm n		11 Law firm of contributor's sp	ous	se (If any)
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	06/07/2023	Bourland, Richard L.  Contributor address; City; S	tate; Zip Code		•	\$250.00
		Fort Worth, TX 76110		T		
		Principal Occupation		Contributor's Job Title		
L	Attorney	employer/law firm		Attorney  Law firm of contributor's sp	2011	co (if any)
	Griffith, Jay	• •		Law IIIII of Continuator's Sp	Jou:	se (ii aiiy)
		s a child, law firm of parent(s) (if	anv)			
			,			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/24/2023	Bourland, Wall & Wenzel	, P.C.			\$500.00
		Contributor address; City; S  Fort Worth, TX 76102	tate; Zip Code			
H	Contributor's F	Principal Occupation		Contributor's Job Title		
		титогран о остаранот.				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	DNS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to	o complete this f	orm.	1	ges Schedule A(J)1: 23 Rpt: 6/56	
2	FILER NAME Wilkinson, M	felody M. (The Honorable)			3 Filer ID 000408	(Ethics Commission 25	n Filers)
4	Date 05/25/2023	Full name of contributor     BrantleyPelley PLLC     Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code		7 Amount	of Contribution (\$)	\$500.00
		Fort Worth , TX 76102					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)		
12	! If contributor i	s a child, law firm of parent(s) (if any)	)				
	Date 05/20/2023	Full name of contributor  Buckman, Donald K.  Contributor address; City; State	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	\$100.00
	Contributor's	Fort Worth, TX 76132 Principal Occupation		Contributor's Job Title			
	Retired	Timopai Codapation		Retired			
	Contributor's Retired	employer/law firm		Law firm of contributor's s	pouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)	)				
	Date 05/20/2023	Full name of contributor Chalk, John Allen Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code		Amount	of Contribution (\$)	\$100.00
		Fort Worth, TX 76107-3073					
	Contributor's Attorney	Principal Occupation		Contributor's Job Title Attorney			
		employer/law firm		Law firm of contributor's s	pouse (if any)		
	Whitaker Ch	alk Swindle & Schwartz PLLC					
	If contributor i	s a child, law firm of parent(s) (if any)	)				

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1: Sch: 4/23 Rpt: 7/56
2	FILER NAME Wilkinson, M	Melody M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825
4	Date 05/16/2023	<ul> <li>Full name of contributor  out-of-state PAC (IE Collins Jr., William W.</li> <li>Contributor address; City; State; Zip Code</li> <li>Fort Worth, TX 76109</li> </ul>	Collins Jr., William W.  6 Contributor address; City; State; Zip Code	
_	Contributorio		O Contributorio lob Titlo	<u> </u>
8		Principal Occupation	9 Contributor's Job Title	
10	Attorney	and a variant from	Attorney	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10		employer/law firm Collins. Jr. Attorney at Law	11 Law firm of contributor's s	pouse (If any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (IE	D#: )	Amount of Contribution (\$)
	05/21/2023	D Arche, Doug  Contributor address; City; State; Zip Code		\$100.00
		Houston, TX 77007-2123		
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Retired		Retired	
	Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (IE	D#: )	Amount of Contribution (\$)
	05/22/2023	David B. Robinson, Attorney at Law		\$100.00
		Contributor address; City; State; Zip Code  Grapevine, TX 76051		
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL CON	TRIBUTIC	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	mplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/23 Rpt: 8/56
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00040825
4	Date 05/16/2023	<ul> <li>5 Full name of contributor  out-         Dussault, Henri</li> <li>6 Contributor address; City; State; Zip</li> <li>Fort Worth, TX 76123</li> </ul>	of-state PAC (ID#:_ Code		7 Amount of Contribution (\$) \$100.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
•	Attorney			Attorney	
10		employer/law firm Ilis		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-	of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/19/2023	Fickes, Gary  Contributor address; City; State; Zip  Colleyville, TX 76034			\$250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	_ <b>I</b>
	County Com			Tarrant County Commis	ssioner, Precinct 3
		employer/law firm		Law firm of contributor's sp	
	Tarrant Cou	nty			
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-	of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/22/2023	Friedman, Suder & Cooke PC  Contributor address; City; State; Zip  Fort Worth, TX 76102	Code		\$1,000.00 
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Continuators	-ппстраг Оссирацоп		Contributor's 300 Title	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			

MONE	FARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A(J)1
The Instru	uction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 6/23 Rpt: 9/56
2 FILER NAME Wilkinson,	E Melody M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825
4 Date	Date 05/18/2023  5 Full name of contributor out-of-state PAC (ID#: Friedman, Walker C.  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00
	Fort Worth, TX 76107		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	uder & Cooke PC		
<b>12</b> If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#· )	Amount of Contribution (\$)
05/30/2023	· · · · · · · · · · · · · · · · · · ·		\$25.00
00/00/2020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, 21p Gode		
	Fort Worth, TX 76132		
Contributor's	Principal Occupation	Contributor's Job Title	<u> </u>
Retired		Retired	
Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
Retired			
If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor  out-of-state PAC (	ID#:)	Amount of Contribution (\$)
05/24/2023	Hall, Tom		\$500.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76111		
Contributor's	Principal Occupation	Contributor's Job Title	1
Attorney		Attorney	
Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
Law Offices	s of Tom Hall		
If contributor	is a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1: Sch: 7/23 Rpt: 10/56
2	FILER NAME Wilkinson, M	Melody M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825
4	Date 05/22/2023	<ul> <li>Full name of contributor  out-of-state PAC (II Hanson, Mark R. (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> <li>Arlington, TX 76012-5362</li> </ul>	Hanson, Mark R. (Dr.)  6 Contributor address; City; State; Zip Code	
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	
	Retired		Retired	
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (II	D#: )	Amount of Contribution (\$)
	06/02/2023	Harris, Finley & Bogle, PC  Contributor address; City; State; Zip Code  Fort Worth, TX 76102		\$500.00
	Contributor's		Contributor's Job Title	
	Continuators	Principal Occupation	Continuator's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
	05/25/2023	Haslam, Robert  Contributor address; City; State; Zip Code  Fort Worth, TX 76107		\$250.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's sp	oouse (if any)
	Haslam Firm			
	If contributor is	s a child, law firm of parent(s) (if any)		

ľ	MONET	ARY POLITICAL CONTRIE	BUTIONS		SCHEDULE A(J)1
7	The Instru	ction Guide explains how to complet	e this form.		1 Total pages Schedule A(J)1: Sch: 8/23 Rpt: 11/56
	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00040825
<b>4</b> [	Date 06/02/2023  5 Full name of contributor out-of-state PAC (ID#:  Hegi, Alan  6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$250.00	
		Fort Worth, TX 76110			
8 (	Contributor's	Principal Occupation	9 Contribu	ıtor's Job Title	
P	Attorney		Attorne	y	
	Contributor's Kelly Hart	employer/law firm	<b>11</b> Law firm	n of contributor's spo	ouse (if any)
12	f contributor i	s a child, law firm of parent(s) (if any)	I		
	Nata	Full name of contributor	DAC (ID)	, I	Amount of Contribution (Φ)
	Date 05/22/2023	Full name of contributor out-of-state F	PAC (ID#:		Amount of Contribution (\$) \$100.00
·	1312212023	Howeth, Allan  Contributor address; City; State; Zip Code			\$100.00
		Fort Worth, TX 76102			
	Contributor's	Principal Occupation	Contribu	utor's Job Title	_
A	Attorney		Attorne	y	
	Contributor's	employer/law firm	Law firm	n of contributor's spo	 Duse (if any)
C	Cantey & Ha	anger, LLP			
I1	f contributor i	s a child, law firm of parent(s) (if any)	I		_
	Date	Full name of contributor out-of-state F	PAC (ID#:	)	Amount of Contribution (\$)
C	5/18/2023	Jackson, Gregory			\$250.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76110			
C	Contributor's	Principal Occupation	Contribu	ıtor's Job Title	
A	Attorney		Attorne	у	
C	Contributor's	employer/law firm	Law firm	of contributor's spo	ouse (if any)
(	Greg Jackso	on Law			
lí	f contributor i	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/23 Rpt: 12/56	_
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00040825	
4	Date 05/25/2023	5 Full name of contributor out-of-state PAC (ID#:)  John W. Hughes P.C.  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.0	0	
0	Contributor's	Benbrook, TX 76132		Contributor's Job Title		
8	Contributors	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	_
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
	Date 05/28/2023	Full name of contributor Kearney Law Firm Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code	)	Amount of Contribution (\$) \$250.0	0
	Contributor's	Fort Worth, TX 76107 Principal Occupation		Contributor's Job Title		
	Continuators	-ппсіраї Оссираціон		Continutions Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			_
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	=
	06/07/2023	Kelly Hart PAC  Contributor address; City; Sta  Fort Worth, TX 76102	ıte; Zip Code		 \$2,500.0	0
	Contributor's I	Principal Occupation		Contributor's Job Title	1	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			_

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A(J)	L
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 10/23 Rpt: 13/56	
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3 Filer ID (Ethics Commission Filers 00040825	5)
4	Date 06/12/2023	<ul> <li>5 Full name of contributor Kelly Jr., Dee J.</li> <li>6 Contributor address; City; State;</li> <li>Fort Worth, TX 76107</li> </ul>	out-of-state PAC (ID#:_ Zip Code	)	7 Amount of Contribution (\$) \$1,000	0.00
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	06/12/2023	Keltner, David  Contributor address; City; State;  Fort Worth, TX 76102			 \$1,00	0.00
	Contributor's F	IPrincipal Occupation		Contributor's Job Title		
	Attorney	Timospai Godapation		Attorney		
		employer/law firm		Law firm of contributor's sp	spouse (if any)	
	Kelly Hart				, , , , , , , , , , , , , , , , , , , ,	
		s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	05/31/2023	Law Office of G. Lynn Clantor Contributor address; City; State; Fort Worth, TX 76111			\$25 	0.00
	Contributor's I	Principal Occupation		Contributor's Job Title	1	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 11/23 Rpt: 14/56
2	FILER NAME Wilkinson, M	Melody M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825
4	Date 05/16/2023	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$100.00
8	Contributor's I	Dallas, TX 75247-3726 Principal Occupation	9 Contributor's Job Title	
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)	1	
Date  Full name of contributor out-of-state PAC (ID#:)  Law Office of William K. Berenson, P.C.  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$100.00
	Contributor's I	Fort Worth, TX 76107 Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#: Law Offices of Mark G. Creighton  Contributor address; City; State; Zip Code  Fort Worth, TX 76107		Amount of Contribution (\$) \$250.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	l
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 12/23 Rpt: 15/56
2	FILER NAME Wilkinson, M	FILER NAME  Wilkinson, Melody M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00040825
4			7	Amount of Contribution (\$) \$250.00		
		Fort Worth, TX 76102				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	05/31/2023	Lynn Pinker Hurst & Sch Contributor address; City; Dallas, TX 75201	-			\$250.00
	Contributorio	l		Constributoulo Joh Titlo		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/15/2023	Maddux, John  Contributor address; City;  Fort Worth, TX 76116-2:	·			\$100.00
-	Contributor's I	Principal Occupation		Contributor's Job Title		
		eal Estate Service Provider		Broker		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	John H. Mac	ldux, Inc.				
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL CON	TRIBUTIONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to co	mplete this form.	1 Total pages Schedule A(J)1: Sch: 13/23 Rpt: 16/56
2 FILER NAME Wilkinson, M	Melody M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040825	
		of-state PAC (ID#:)  Code	7 Amount of Contribution (\$) \$150.00
	Fort Worth, TX 76102	T	
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC 05/26/2023 Mateja, Bill  Contributor address; City; State; Zip Code		of-state PAC (ID#:)  Code	Amount of Contribution (\$)
	Dallas, TX 75214 Principal Occupation	Contributor's Job Title	
	employer/law firm	Attorney  Law firm of contributor's s	spouse (if any)
Sheppard M	ullin s a child, law firm of parent(s) (if any)		
Date 05/18/2023	Full name of contributor out- McCully, Dyann  Contributor address; City; State; Zip  North Richland Hills, TX 76180	of-state PAC (ID#:)  Code	Amount of Contribution (\$) \$500.00
Contributor's	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's The Blum Fi	employer/law firm rm, PC	Law firm of contributor's s	spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		

MONET	ARY POLITICAL CONTI	RIBUTIONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to com	plete this form.	1 Total pages Schedule A(J)1: Sch: 14/23 Rpt: 17/56
2 FILER NAME Wilkinson, N	Melody M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825
4 Date 06/09/2023   5 Full name of contributor  out-of-state PAC (ID# McDonald Sanders P.C. 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$1,000.00
	Fort Worth, TX 76102		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor	s a child, law firm of parent(s) (if any)		
Date  O5/16/2023  Full name of contributor		aughn & Heiskell	Amount of Contribution (\$) \$250.00
Contributorio	Fort Worth, TX 76112-2306 Principal Occupation	Contributor's Job Title	
Contributors	-ппсіраї Оссирацоп	Continuator's 300 Title	
Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor	s a child, law firm of parent(s) (if any)		
Date 05/24/2023	Full name of contributor out-of- Moncrief, Tom  Contributor address; City; State; Zip Co	state PAC (ID#:)  ode	Amount of Contribution (\$) \$1,000.00
Contributor's	I Principal Occupation	Contributor's Job Title	
Oil and Gas		Chairman	
	employer/law firm International, Inc.	Law firm of contributor's sp	oouse (if any)
If contributor	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A	J)1
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 15/23 Rpt: 18/56	
2	FILER NAME Wilkinson, M	FILER NAME Wilkinson, Melody M. (The Honorable)			3 Filer ID (Ethics Commission F 00040825	ilers)
4	Date 05/16/2023				7 Amount of Contribution (\$)	\$500.00
8	Contributor's F	Fort Worth, TX 76102 Principal Occupation		9 Contributor's Job Title		
		•				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	05/17/2023 Myers, Robert  Contributor address; City; State; Zip Code  Fort Worth, TX 76116			\$1	.,000.00	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney	тторы оссиранот		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	Myers Law					
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	05/30/2023	Padfield & Stout, LLP  Contributor address; City; State;	, Zip Code		\$2	2,000.00
	Contributor's	Fort Worth, TX 76102		Contributor's Joh Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 16/23 Rpt: 19/56	
2	FILER NAME Wilkinson, M	Melody M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040825	
4 Date 06/12/2023 5 Full name of contributor out-of-state PAC (ID#:		:)	7 Amount of Contribution (\$) \$250.00	
		Fort Worth, TX 76116		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney			
10		employer/law firm	11 Law firm of contributor's s	pouse (if any)
L	Cantey Han			
12	If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor  out-of-state PAC (ID#	÷ )	Amount of Contribution (\$)
	06/12/2023	Patterson, William		\$1,000.00
		Contributor address; City; State; Zip Code		<u> </u>
		Continuator address, City, State, 21p Code		
		II TV 70440		
		Fort Worth, TX 76110		
		Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	pouse (if any)
	Patterson La	aw Group		
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	05/22/2023	Price, Betsy		\$100.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76109		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Retired		Retired	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	Retired			
	If contributor i	s a child, law firm of parent(s) (if any)	•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 17/23 Rpt: 20/56	
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00040825
4	Date 05/23/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$50.00
8	Contributor's I	Aledo, TX 76008 Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor  ut-of-state PAC (ID#	:)	Amount of Contribution (\$)
	05/15/2023	Robert L Henry Attorney at Law PC  Contributor address; City; State; Zip Code  Fort Worth, TX 76107	\$250.00	
	Contributor's I	Principal Occupation	Contributor's Job Title	
		. p		
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	05/15/2023	Rutherford, Jay  Contributor address; City; State; Zip Code  Fort Worth, TX 76102		\$250.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
Contributor's employer/law firm Law firm of contributor's sp				ouse (if any)
	Jackson Wa			
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CON	TRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	omplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 18/23 Rpt: 21/56
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00040825
4	Date 05/25/2023	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Fort Worth, TX 76102-5304 Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out	-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/17/2023 Shamoun & Norman LLP  Contributor address; City; State; Zip Code				\$500.00 
	Contributor's I	Farmers Branch, TX 75234 Principal Occupation		Contributor's Job Title	
	00111110010101	····opa: occupation			
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		L	
	Date	Full name of contributor out	-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/16/2023	Sharpe, J. Shelby  Contributor address; City; State; Zip  Fort Worth, TX 76107	) Code		 \$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title	1
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's sp	pouse (if any)
		f J. Shelby Sharpe, P.C.			
	If contributor i	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 19/23 Rpt: 22/56
2	FILER NAME Wilkinson, M	lelody M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00040825
4	Date 05/26/2023			7	Amount of Contribution (\$) \$250.00	
		Fort Worth, TX 76126				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Streck and E	employer/law firm Davis Law		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	L		
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	06/01/2023 Swindle, Mack Ed  Contributor address; City; State; Zip Code			-	\$200.00	
		Fort Worth, TX 76102				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Whitaker Ch	alk Swindle & Schwartz PLL	С			
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	05/16/2023	The Dent Law Firm PC			l	\$1,000.00
		Contributor address; City; \$	State; Zip Code		•	
		Fort Worth, TX 76102				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		5	SCHEDULE	A(J)1
	The Instru	ction Guide explains how	w to complete this f	form.	1		s Schedule A(J) 3 Rpt: 23/56	1:
2	FILER NAME Wilkinson, M	: Melody M. (The Honorable)			1	Filer ID (E	Ethics Commiss	ion Filers)
4	Date 05/17/2023		Full name of contributor out-of-state PAC (ID#:) The Law Offices of Randall D. Moore, PLLC  Contributor address; City; State; Zip Code		7	Amount of	Contribution (\$)	\$250.00
	Caratvibu ptorlo	Fort Worth, TX 76109		To Committee to Joh Title				
8	Contributor S i	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	 00use	e (if any)		
12	! If contributor i	is a child, law firm of parent(s) (if	any)					
	Date Full name of contributor out-of-state PAC (ID#:				Amount of	Contribution (\$)	\$250.00	
	Contributor's	Fort Worth, TX 76135 Principal Occupation		Contributor's Job Title				
L	Attorney			Attorney		- (:£ = m,t)		
	Vaughn Law			Law firm of contributor's sp	)0use	! (IT arry)		
     _	If contributor is	is a child, law firm of parent(s) (if	any)					
	Date 05/17/2023	Contributor address; City; S	out-of-state PAC (ID#:_			Amount of	Contribution (\$)	\$200.00
	Contributor's	Fort Worth, TX 76111 Principal Occupation		Contributor's Job Title	<u> </u>			
	Contributor's	employer/law firm		Law firm of contributor's sp	 ouse	e (if any)		
	If contributor i	is a child, law firm of parent(s) (if	any)					

	MONET	TARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ection Guide explains ho	w to complete this f	form.	1		ges Schedule A(J) L/23 Rpt: 24/56	)1:
2	FILER NAME Wilkinson, M	: Melody M. (The Honorable)			1	Filer ID 000408	(Ethics Commiss	sion Filers)
4	Date 05/26/2023			7	Amount	of Contribution (\$)	\$250.00	
		Fort Worth, TX 76102						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pous	e (if any)		
12	If contributor i	is a child, law firm of parent(s) (if	any)	1				
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount	of Contribution (\$)	\$250.00	
		Fort Worth , TX 76103						
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title Attorney				
	Contributor's	employer/law firm away Midkiff & Luningham		Law firm of contributor's sp	pous	e (if any)		
	If contributor i	is a child, law firm of parent(s) (if	any)	•				
	Date 06/12/2023	Full name of contributor Wilkinson, Emily Contributor address; City; \$	out-of-state PAC (ID#:_			Amount	of Contribution (\$)	\$250.00
		Fort Worth, TX 76132-37	733	T				
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title Attorney				
	Contributor's 6 Winston & S	employer/law firm Strawn, LLP		Law firm of contributor's sp	pous	e (if any)		
		is a child, law firm of parent(s) (if	any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 22/23 Rpt: 25/56		
2	FILER NAME Wilkinson, M	FILER NAME Wilkinson, Melody M. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00040825
4	4 Date 06/13/2023  5 Full name of contributor out-of-state PAC (ID#: Witherite Law Group, PLLC  6 Contributor address; City; State; Zip Code		)	7 Amount of Contribution (\$) \$5,000.00	
		Dallas, TX 75231		1	
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (	if any)		
Date Full name of contributor out-of-state PAC ( 05/19/2023 Woodcook, Craig  Contributor address; City; State; Zip Code		out-of-state PAC (ID#:		Amount of Contribution (\$) \$250.00	
	Contributor's	Fort Worth, TX 76102 Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's of Ben E. Keith	employer/law firm n Company		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (	if any)		
	Date 06/05/2023	Full name of contributor Wooten, Coby Contributor address; City;	out-of-state PAC (ID#:		Amount of Contribution (\$) \$500.00
		Fort Worth, TX 76102			
	Contributor's Attorney	Principal Occupation		Contributor's Job Title Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
		oten, Attorney at Law, P.C. s a child, law firm of parent(s) (	if any)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: Sch: 23/23 Rpt: 26/56
2	FILER NAME Wilkinson, Melody M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040825
4	Date 05/17/2023  5 Full name of contributor out-of-state PAC (ID#: Zadeh, Jamshyd M.  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$250.00
	Fort Worth, TX 76109	
8	Contributor's Principal Occupation 9 Contribu	utor's Job Title
	Attorney Attorne	ey
10		n of contributor's spouse (if any)
	Law Office of Jim Zadeh, P.C.  2 If contributor is a child, law firm of parent(s) (if any)	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica 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)
	Sch: 1/7 Rpt: 27/56	Wilkinson, Melody M. (The Honorable) 00040825
4	Date	5 Payee name
	04/03/2023	Fort Worth Republican Women
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P.O. Box 101613  Fort Worth, TX 76185-1613
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Petition signing event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2023	Raise The Money
	Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit card processing fees related to Barrow contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2023	Raise The Money
	Amount (\$) \$5.15	Payee address; City; State; Zip Code P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit card processing fees related to Dussault contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 28/56	Wilkinson, Melody M. (The Honorable) 00040825
4	Date	5 Payee name
	05/17/2023	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.25	P.O. Box 26466
		Little Rock, AR 72221
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fees related to Myers
		contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/18/2023	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	P.O. Box 26466
	φ12.50	F.O. BOX 20400
		Little Rock, AR 72221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees related to Jackson
		contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$	Data	Davis same
	Date	Payee name
	05/19/2023	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees related to Woodcook
		contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### 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)

	Credit Card r dyment	The Instruction Guide explains how to complete this form	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 29/56	Wilkinson, Melody M. (The Honorable)	00040825
4	Date	5 Payee name	
	05/21/2023	Raise The Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.15	P.O. Box 26466	
		Little Rock, AR 72221	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Fees	if travel outside of Texas. Complete Schedule T.
	!	,	if Austin, TX, officeholder living expense ard processing fees related to D Arche
		contribut	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Ssssia
_	Date	Payee name	
	05/23/2023	Raise The Money	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.50	P.O. Box 26466	
	Ψ12.30	F.O. BOX 20400	
		Little Deels AD 72221	
		Little Rock, AR 72221	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ON if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 1 663	if Austin, TX, officeholder living expense
		,	ard processing fees related to Vaughn
		contribut	tion
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	ч	
	Date	Payee name	
	05/26/2023	Raise The Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.50	P.O. Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	if Austin, TX, officeholder living expense
		Credit ca	ard processing fees related to Mateja
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Commit	ttee L	ood/Beverage Expense ift/Awards/Memorials Expegal Services The Instruction Guid			pens ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers)
	Sch: 4/7 Rpt: 30/56	Wi	ilkinson, M	elody M. (The Ho	onorable)					00040825	
4	Date	<b>5</b> Pa	yee name					•			
	05/31/2023	l	aise The M	oney							
6	Amount (\$)	<b>7</b> Pa	yee address	s; City;	State;	Zip Co	de				
	\$12.50	P.(	O. Box 264	166							
		Lit	ttle Rock, A	R 72221							
8	PURPOSE	( <b>a)</b> Ca	ategory (See	Categories listed at the t	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Fe	ees					<b>=</b>		de of Texas. Comp	
								ш		officeholder living	related to Lynn Pinker
								Hurst & Schw			
9	Complete ONLY if direct	l Can	ndidate/Office	eholder name		ffice sou	aht			Office he	eld
Ĺ	expenditure to benefit C/O			Shower Hame			9111			Office He	
	Date	Pa	yee name								
	06/03/2023	Ra	aise The M	oney							
	Amount (\$)	Pa	yee address	s; City;	State;	Zip Co	de				
	\$12.50	P.	O. Box 264	166							
		Lit	ttle Rock, A	R 72221							
	PURPOSE	<b>(a)</b> Ca	ategory (See	Categories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Fe	ees					ш		de of Texas. Comp	
								_		officeholder living	expense related to Barrows
								contribution		Journal Lees I	Totaled to bullows
_	Complete ONLY if direct	Can	ndidate/Office	eholder name		ffice sou	aht			Office he	eld
	expenditure to benefit C/O		ididato/Offici	Shower Hairie	J	cc soul	9111			Onice He	
<b> </b>	Data										
	Date	l	yee name	onov							
	06/05/2023		aise The M								
	Amount (\$)	l	yee address		State;	Zip Co	de				
	\$24.75	P.(	O. Box 264	166							
L		Lit	tle Rock, A	AR 72221							
	PURPOSE OF	<b>(a)</b> Ca	ategory (See	Categories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Fe	ees					ш		de of Texas. Comp	
								_		officeholder living	expense related to Wooten
								contribution	556	Journal Ices I	TOTAL CONTROLLER
$\vdash$	Complete ONLY if direct	Can	ndidate/Office	eholder name		ffice sou	aht			Office he	eld
	expenditure to benefit C/O				O	300(	9.11			Cilioc He	···•

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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)
	Sch: 5/7 Rpt: 31/56	Wilkinson, Melody M. (The Honorable) 00040825
4	Date	5 Payee name
	06/06/2023	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.75	P.O. Box 26466
		Little Rock, AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fees related to Anderson
		contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	06/12/2023	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees related to Wilkinson
		Credit card processing fees related to Wilkinson contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/12/2023	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.25	P.O. Box 26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fees related to Patterson contribution
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica 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)
	Sch: 6/7 Rpt: 32/56	Wilkinson, Melody M. (The Honorable) 00040825
4	Date	5 Payee name
	06/20/2023	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.50	P.O. Box 26466
		Little Rock, AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fees related to Watson
		contribution
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/14/2023	The Eppstein Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	2830 South Hulen Street, Suite 361
		Fort Worth, TX 76109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/14/2023	The Eppstein Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2830 South Hulen Street, Suite 361
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website design and programming
		Website design and programming
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
P FILER NAME	3 Filer ID (Ethics Commission Filers)
Wilkinson, Melody M. (The Honorable)	00040825
5 Payee name	
The Eppstein Group	
7 Payee address; City; State; Zip Code	
,,	
Fort Worth, TX 76109	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Fees Check if travel ou	utside of Texas. Complete Schedule T.
	ΓX, officeholder living expense
Fundraising m	ailing expenses
Candidate/Officeholder name Office sought	Office held
	Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete this form.  FILER NAME Wilkinson, Melody M. (The Honorable)  Payee name The Eppstein Group  Payee address; City; State; Zip Code 2830 South Hulen Street, Suite 361  Fort Worth, TX 76109  A) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel of Check if Austin, Fundraising m

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/21 Rpt: 34/56 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 02/27/2023 5th Circuit Bar Membership Payee address; Amount (\$) City; State; Zip Code \$50.00 600 S. Maestri Place Reimbursement from political contributions Х intended New Orleans, LA 70130 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Membership renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/26/2023 Arlington Republican Club Amount (\$) Payee address; City; State; Zip Code \$130.00 P.O. Box 14095 Reimbursement from political contributions Χ Arlington, TX 76094-1095 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Annual Gold Star membership fee Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2023 Blue Mesa Grill Payee address; City; State; Zip Code Amount (\$)

\$39.02

Reimbursement from

political contributions intended

Complete ONLY if direct

expenditure to benefit

**PURPOSE** 

OF

**EXPENDITURE** 

Χ

C/OH

612 Carroll Street

Candidate/Officeholder name

Fort Worth, TX 76107

Food/Beverage Expense

Category (See Categories listed at the top of this schedule)

Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

Lunch meeting to discuss officeholder issues

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Т	ravel in District ravel Out of District )THER (enter a category not listed above)
1	Total pages Schedule G: Sch: 2/21 Rpt: 35/56	2 FILER NAM Wilkinson,	E Melody M. (The Honorable	)		1	iler ID (Ethics Commission Filers) 0040825
4	Date	5 Payee nam	e			1	
	04/06/2023		ack's Grill & Bar				
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Co	ode		
	\$22.12	2600 Wes	t 7th Street				
	X Reimbursement from political contributions intended	Fort Worth	ı, TX 76107				
8	PURPOSE	(a) Category (	See Categories listed at the top of this so	hedule)	(b) Description	Chec	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense				ck if Austin, TX, officeholder living expense
					Lunch meeting w	vith C	ourt staff
_							200
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enolder name		Office sought		Office held
	Date	Payee nam	е				
	01/06/2023	Campo Ve	erde				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$19.50	2918 W. P	ioneer Pkwy				
	Reimbursement from political contributions intended	Dalworthin	gton Gardens , TX 76013				
	PURPOSE OF	Category (	See Categories listed at the top of this so	hedule)	Description		ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		L	_	ck if Austin, TX, officeholder living expense
					Lunch meeting w	vitn C	OURT STAIT
	Complete ONLY if direct expenditure to benefit C/OH	   Candidate/Office	eholder name		Office sought		Office held
	Date	Payee nam	e				
	02/21/2023	Chicken E	xpress				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$9.07	4791 SW I	_oop 820				
	X Reimbursement from political contributions intended	Fort Worth	, TX 76132				
	PURPOSE	Category (	See Categories listed at the top of this so	hedule)	Description	_	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense		[	_	ck if Austin, TX, officeholder living expense
					civil district judge		se for hosting monthly luncheon for
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
L	Creak Sara r aymont		The Instruction Guide explains	how to co	omplete this form.	_		
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filer	s)
	Sch: 3/21 Rpt: 36/56	Wilkinson,	Melody M. (The Honorable)	)			00040825	
4	Date	5 Payee name	;					
	04/26/2023	Costco Wh						
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	; Zip Co	ode			
	\$21.64	5300 Over	on Ridge Blvd.					
	Reimbursement from political contributions intended	Fort Worth	, TX 76132					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedu	ule T.
	OF		s/Memorials Expense	.cauicj		_	neck if Austin, TX, officeholder living expense	
	EXPENDITURE	3.137 Walds	SSINONAIO EXPONO		Administrative Pr	rofes	ssional's Day gift for staff	
							, ,	
9	Complete ONLY if direct expenditure to benefit C/OH	l Candidate/Office	holder name		Office sought		Office held	
	Date	Payee name	<u></u>					
	05/07/2023	Costco Wh						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
Amount (\$) Payee address; City; State; Zip Code \$62.75 5300 Overton Ridge Blvd.								
			.o nago z.va.					
	X Reimbursement from political contributions intended	Fort Worth	TX 76132					
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedu	ule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		[	Ch	neck if Austin, TX, officeholder living expense	
	<del>-</del>				Postage stamps			
L								
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
$\vdash$								
	Date	Payee name						
L	02/06/2023	Cowtown F	Republican Women					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$300.00	P.O. Box 4	70152					
	Reimbursement from							
	X political contributions intended	Fort Worth	TX 76147					
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedu	ule T.
	OF EXPENDITURE	Fees				_	neck if Austin, TX, officeholder living expense	
	<del>-</del>				Membership at S	Spon	nsorship level	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/21 Rpt: 37/56 Wilkinson, Melody M. (The Honorable) 00040825 4 Date Payee name 02/21/2023 **Dollar Tree** Payee address; Amount (\$) City; State; Zip Code \$5.41 367 Carroll Street Reimbursement from political contributions Х intended Fort Worth, TX 76107-1959 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting expense for hosting monthly luncheon for civil district judges Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/25/2023 Fort Worth Republican Women Amount (\$) Payee address; City; State; Zip Code \$28.00 P.O. Box 101613 Reimbursement from political contributions Χ Fort Worth, TX 76185-1613 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly luncheon event Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/22/2023 Fort Worth Republican Women Payee address; City; State; Zip Code Amount (\$) \$31.00 P.O. Box 101613 Reimbursement from Χ political contributions intended Fort Worth, TX 76185-1613 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly luncheon event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/21 Rpt: 38/56 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 06/28/2023 Fort Worth Republican Women Amount (\$) Payee address; City; State; Zip Code \$30.00 P.O. Box 101613 Reimbursement from political contributions Х intended Fort Worth, TX 76185-1613 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly luncheon event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/22/2023 Fort Worth Republican Women Amount (\$) Payee address; City; State; Zip Code \$30.00 P.O. Box 101613 Reimbursement from political contributions Χ Fort Worth, TX 76185-1613 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly luncheon event Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2023 Go Daddy Operating Company, LLC Payee address; City; State; Zip Code Amount (\$) \$166.04 2150 East Warner Road Reimbursement from Χ political contributions intended Tempe, AZ 85284-3401 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Website hosting fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/21 Rpt: 39/56 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 05/14/2023 Go Daddy Operating Company, LLC Amount (\$) Payee address; City: State; Zip Code \$239.98 2150 East Warner Road Reimbursement from political contributions Х intended Tempe, AZ 85284-3401 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Managed SSL certificate for website/domain Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/21/2023 Jazz Gumbo Amount (\$) Payee address; City; State; Zip Code \$45.36 442 Canal Street Reimbursement from political contributions Χ New Orleans, LA 70130 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting expense for hosting monthly luncheon for civil district judges Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2023 Mac's on Main Payee address; City; State; Zip Code Amount (\$)

Forms provided by Texas Ethics Commission

\$135.59

Reimbursement from

political contributions intended

Complete ONLY if direct

expenditure to benefit

**PURPOSE** 

OF

**EXPENDITURE** 

Χ

C/OH

909 S. Main, #110

Candidate/Officeholder name

Grapevine, TX 76051

Food/Beverage Expense

Category (See Categories listed at the top of this schedule)

Description

Office sought

17th District Court staff luncheon

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/21 Rpt: 40/56 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 05/22/2023 McFarling, Bruce (Judge) Payee address; Amount (\$) City: State; Zip Code \$50.00 362nd District Court 1450 East McKinney, #3431 Reimbursement from political contributions Х intended Denton, TX 76209 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Donation for networking event at Regional Judicial Conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/23/2023 Metroplex Republican Women Amount (\$) Payee address; City; State; Zip Code \$10.00 c/o Shelley Rayburn 4333 Finch Drive Reimbursement from political contributions Χ Fort Worth, TX 76244 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly luncheon event Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2023 Northeast Tarrant County Republican Club Payee address; City; State; Zip Code Amount (\$) \$20.00 c/o John Brieger 4904 Wildwood Court Reimbursement from Χ political contributions intended Colleyville, TX 76034 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Annual membership dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/21 Rpt: 41/56 Wilkinson, Melody M. (The Honorable) 00040825 4 Date Payee name 05/10/2023 Pappasito's Cantina Amount (\$) Payee address; City; State; Zip Code \$195.09 2704 West Freeway Reimbursement from political contributions Х intended Fort Worth, TX 76102 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Administrative Professional's Day luncheon with 17th District Court staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/21/2023 Razzoo's Cajun Cafe Amount (\$) Payee address; City; State; Zip Code \$164.93 318 Main Street Reimbursement from political contributions Χ Fort Worth, TX 76102 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting expense for hosting monthly luncheon for civil district judges Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2023 Republican Women of Arlington Payee address; City; State; Zip Code Amount (\$) \$20.00 P.O. Box 14317 Reimbursement from Χ political contributions intended Arlington, TX 76094-1317 **PURPOSE**

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

Description

Office sought

Monthly luncheon event

Category (See Categories listed at the top of this schedule)

Food/Beverage Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Auvertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-	Sch: 9/21 Rpt: 42/56	-	Wilkinson, Melody M. (The Honorable)			00040825
4	Date	5	Payee name			
ľ	01/19/2023	ľ	Republican Women of Arlington			
6	Amount (\$)	7	<u> </u>	Zip Co	nde	
ľ	\$50.00	ľ	P.O. Box 14317	_,p		
	Reimbursement from		1.0.2001			
	political contributions intended		Arlington, TX 76094-1317			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees			Check if Austin, TX, officeholder living expense
					Eagle membersh	nip annual dues
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/02/2023		Simply Self Storage			
Г	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$197.00		Simply - Fort Worth - Mira Vista			
	Reimbursement from		5600 Bryant Irvin Road			
	x political contributions intended	Fort Worth, TX 76132				
H	PURPOSE	H	Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		[	Check if Austin, TX, officeholder living expense
	LAI LINDITORE				Campaign storag	ge
	Complete ONLY if direct expenditure to benefit C/OH	Caı	ndidate/Officeholder name		Office sought	Office held
Ħ	Date		Payee name			
	02/01/2023		Simply Self Storage			
Г	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$197.00		Simply - Fort Worth - Mira Vista			
	Reimbursement from		5600 Bryant Irvin Road			
	x political contributions intended		Fort Worth, TX 76132			
一	PURPOSE	$\vdash$	Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXPENDITORE				Campaign storag	ge
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

# SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 43/56		Wilkinson, Melody M. (The Honorable)				00040825
4	Date	5	Payee name				
	03/01/2023		Simply Self Storage				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$197.00		Simply - Fort Worth - Mira Vista				
	Reimbursement from		5600 Bryant Irvin Road				
	X political contributions intended		Fort Worth, TX 76132				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	₫ .	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		. L	_	heck if Austin, TX, officeholder living expense
					Campaign storag	e	
Ļ		L					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	04/01/2023		Simply Self Storage				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$197.00		Simply - Fort Worth - Mira Vista				
	Reimbursement from		5600 Bryant Irvin Road				
X political contributions intended			Fort Worth, TX 76132				
				heck if travel outside of Texas. Complete Schedule T.			
	OF		Office Overhead/Rental Expense	,		c	heck if Austin, TX, officeholder living expense
	EXPENDITURE		Campaign storage				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ıdidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	05/01/2023		Simply Self Storage				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$197.00		Simply - Fort Worth - Mira Vista				
	Reimbursement from		5600 Bryant Irvin Road				
	x political contributions intended		Fort Worth, TX 76132				
Г	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			С	heck if Austin, TX, officeholder living expense
	ZAI ZABITORZ				Campaign storag	e	
L		L					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
H	-						

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E.	pense Tra	nsportation Equipment & Related Expense avel in District avel Out of District 'HER (enter a category not listed above)		
	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.			
1	Total pages Schedule G: Sch: 11/21 Rpt: 44/56	2 FILER NAME Wilkinson, Melody M. (The Honorable)		er ID (Ethics Commission Filers) 040825		
4	Date 06/01/2023	5 Payee name Simply Self Storage				
-			do			
6	Amount (\$) \$197.00	7 Payee address; City; State; Zip Co Simply - Fort Worth - Mira Vista	ue			
	X Reimbursement from political contributions intended	5600 Bryant Irvin Road Fort Worth, TX 76132				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check	if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Overhead/Rental Expense	Check	if Austin, TX, officeholder living expense		
			Campaign storage			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date	Payee name				
	06/09/2023	State Bar of Texas				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$80.00	1414 Colorado Street				
	Reimbursement from political contributions intended	Austin, TX 78701				
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	· <u>–</u>	if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense		
			Section liaison to SBO	s gift from service as Judicial T Board of Directors		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date	Payee name				
	04/27/2023	State Bar of Texas				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$270.00	1414 Colorado Street				
	Reimbursement from political contributions intended	Austin, TX 78701				
	PURPOSE	Category (See Categories listed at the top of this schedule)	· · · · · · · · ·	if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Fees		if Austin, TX, officeholder living expense		
	-		Annual membership/se	ection dues and fees		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 45/56	Wilkinson,	Melody M. (The Honorable)	)			00040825
4	Date	5 Payee name	e				
	06/22/2023	State Bar o	of Texas				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$75.00	1414 Coloi	rado Street				
	Reimbursement from political contributions intended	Austin, TX	78701				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this scl	hedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
					Books purchased	d at	State Bar of Texas Annual Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	9				
	01/24/2023	Tarrant Co	unty Bar Association				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$90.00	1315 Calho	oun Street				
	Reimbursement from political contributions intended	Fort Worth	, TX 76102-6504				
	PURPOSE OF	Category (	See Categories listed at the top of this scl	hedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense		lL		eck if Austin, TX, officeholder living expense
					Court	eting	g of Metroplex American Inns of
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	9				
	03/01/2023	Tarrant Co	unty Bar Association				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$45.00	1315 Calh	oun Street				
	Reimbursement from political contributions intended	Fort Worth	, TX 76102-6504				
	PURPOSE	Category (	See Categories listed at the top of this scl	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			_	eck if Austin, TX, officeholder living expense
					Women in the La	aw Iu	ıncheon
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held

# SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
_	Sch: 13/21 Rpt: 46/56	-	Wilkinson, Melody M. (The Honorable)			00040825
4	Date	5	Payee name			
	04/14/2023		Tarrant County Bar Association			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$55.00		1315 Calhoun Street			
	Reimbursement from political contributions intended		Fort Worth, TX 76102-6504			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
ľ	OF	۱۳۶		uuie)	(b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Food/Beverage Expense		Tarrant County P	
					Tarrain County D	ar Association Bench Bar conference
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	05/02/2023		Tarrant County Bar Association			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$55.00		1315 Calhoun Street			
	Reimbursement from					
	X political contributions intended		Fort Worth, TX 76102-6504			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	ZA ZHOHOKZ				Law Day awards	luncheon
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/17/2023		Tarrant County Republican Assembly			
	Amount (\$)	Г	Payee address; City; State;	Zip Co	ode	
	\$20.00		c/o Dan Tully			
	Reimbursement from		10153 Locksley Drive			
	X political contributions		•			
	intended	L	Benbrook, TX 76126-4010			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees		L	Check if Austin, TX, officeholder living expense
					Annual members	hip
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
Т						
L						

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 14/21 Rpt: 47/56	Wilkinson, Melody M. (The Honorable)	00040825						
4	Date	5 Payee name	•						
	06/10/2023	Tarrant County Republican Party							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$50.00	7524 Mosier View Court							
	Reimbursement from	Suite 230	Suite 230						
	X political contributions intended	Fort Worth, TX 76118							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense						
	EXPENDITORE	Breakfast event							
9		andidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OH								
F	Data	Para a series							
	Date 01/09/2023	Payee name Tarrant Star Republican Women's Club							
┡		<u> </u>							
	Amount (\$) \$100.00	Payee address; City; State; Zip Code							
		2242 E. Loop 820							
	X Reimbursement from political contributions intended	Fort Worth, TX 76112							
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense						
		Founding Star n	nembership						
L	2								
	Complete ONLY if direct expenditure to benefit	candidate/Officeholder name Office sought	Office held						
	C/OH								
F	Date	Payee name							
	01/09/2023	Tarrant Star Republican Women's Club							
┢	Amount (\$)	Payee address; City; State; Zip Code							
	\$25.00	2242 E. Loop 820							
	Reimbursement from								
	x political contributions intended	Fort Worth, TX 76112							
Г	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense						
		Monthly lunched	on event						
L									
	Complete ONLY if direct expenditure to benefit	andidate/Officeholder name Office sought	Office held						
	C/OH								
Г									
l									

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAME	<u> </u>			3	Filer ID (Ethics Commission Filers)		
	Sch: 15/21 Rpt: 48/56	l	Melody M. (The Honorable	)			00040825		
4	Date	5 Payee name		,					
•	03/13/2023	1	r Republican Women's Clu	ıb					
6	Amount (\$)	7 Payee addre							
Ü	\$25.00	2242 E. Lo		, Zip CC	ue				
		2242 L. LO	υ <b>ρ</b> 020						
	X Reimbursement from political contributions intended	Fort Worth,	TX 76112						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sc	hedule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Bever	rage Expense			CI	neck if Austin, TX, officeholder living expense		
	EXI ENDITORE				Monthly luncheo	n e	vent		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		
	Date	Payee name							
	04/10/2023	Tarrant Sta	r Republican Women's Clu	ıb					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	de				
	\$25.00	2242 E. Lo	op 820	•					
	Reimbursement from								
	x political contributions intended	Fort Worth,	TX 76112						
	PURPOSE OF	Category (s	ee Categories listed at the top of this sc	hedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Beverage Expense			L	_	heck if Austin, TX, officeholder living expense		
					Monthly luncheo	n e	vent		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		
	Date	Payee name							
	01/23/2023	The Fort W	orth Club						
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	de				
	\$51.96	306 West 7	th Street						
	Reimbursement from								
	x political contributions intended	Fort Worth,	TX 76102						
	PURPOSE OF	Category (s	ee Categories listed at the top of this sc	hedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Bever	rage Expense		L	_	heck if Austin, TX, officeholder living expense		
					Lunch meeting to	o di	scuss officeholder issues		
	Complete ONLY if direct	Candidata/Office	holder name		Office sought		Office hold		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	noider Hame		Office sought		Office held		

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/21 Rpt: 49/56 Wilkinson, Melody M. (The Honorable) 00040825 4 Date Payee name 02/21/2023 The Fort Worth Club Payee address; Amount (\$) State; Zip Code \$68.85 306 West 7th Street Reimbursement from political contributions Х intended Fort Worth, TX 76102 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Eldon Mahon Inn of Court meeting expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2023 The Fort Worth Club Amount (\$) Payee address; City; State; Zip Code \$44.17 306 West 7th Street Reimbursement from political contributions Χ Fort Worth, TX 76102 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting to discuss officeholder issues Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2023 The Fort Worth Club Payee address; State; Zip Code Amount (\$) City; \$36.37 306 West 7th Street Reimbursement from Χ political contributions intended Fort Worth, TX 76102 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE **G**

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement e Overhead/Rental Expense ing Expense ing Expense ries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2 FILER NAME	•	3 Filer ID (Ethics Commission Filers)			
_	Sch: 17/21 Rpt: 50/56	Wilkinson, Melody M. (The Honorable)		00040825			
4	Date	5 Payee name					
	03/16/2023	The Fort Worth Club					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
	\$36.37	306 West 7th Street					
	Reimbursement from political contributions intended	Fort Worth, TX 76102					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense			
	Lunch meeting			discuss officeholder issues			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	03/17/2023	The Fort Worth Club					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$33.77	306 West 7th Street					
	Reimbursement from political contributions intended	Fort Worth, TX 76102					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense			
	LXI ENDITORE		Lunch meeting to	eting to discuss officeholder issues			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	03/24/2023	The Fort Worth Club					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$36.37	306 West 7th Street					
	Reimbursement from						
	X political contributions intended	Fort Worth, TX 76102					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverage Expense	L	Check if Austin, TX, officeholder living expense			
			Lunch meeting to	discuss officeholder issues			
	Complete ONLY if direct	Landidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OH			<del></del>			

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		<b>Q</b>	Vages/Contract Labor		OTHER (enter a category not listed above)			
			The Instruction Guide explains how to co	omplete this form.					
1		2	FILER NAME		3	Filer ID (Ethics Commission F	lers)		
	Sch: 18/21 Rpt: 51/56		Wilkinson, Melody M. (The Honorable)			00040825			
4	Date	5	Payee name						
	03/28/2023		The Fort Worth Club						
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode					
	\$122.11		306 West 7th Street						
	Reimbursement from								
	X political contributions intended		Fort Worth, TX 76102						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	<b>1</b> c	heck if travel outside of Texas. Complete Sci	nedule T.		
•	OF	(")	Food/Beverage Expense		4	heck if Austin, TX, officeholder living expense			
	EXPENDITURE			Lunch meeting to	di	scuss officeholder issues			
				_					
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit C/OH								
	C/OH								
	Date		Payee name						
	05/08/2023		The Fort Worth Club						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$337.36		306 West 7th Street						
	Reimbursement from								
	X political contributions intended		Fort Worth, TX 76102						
	PURPOSE	H	Category (See Categories listed at the top of this schedule)	Description	C	heck if travel outside of Texas. Complete Sci	nedule T.		
	OF		Event Expense		С	heck if Austin, TX, officeholder living expense	:		
	EXPENDITURE		·	Host event for fer	na	le judges			
		Car	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit C/OH								
		_							
	Date		Payee name						
	06/06/2023		The Fort Worth Club						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$46.76		306 West 7th Street						
	Reimbursement from political contributions								
	X political contributions intended		Fort Worth, TX 76102						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	С	heck if travel outside of Texas. Complete Sci	nedule T.		
	OF EXPENDITURE		Food/Beverage Expense		С	heck if Austin, TX, officeholder living expense	:		
				Lunch meeting to	di	scuss officeholder issues			
		Car	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit C/OH								

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		T T	ravel in Dist ravel Out of		
	Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.				
1	Total pages Schedule G: Sch: 19/21 Rpt: 52/56	2 FILER NAMI Wilkinson,	E Melody M. (The Honorabl	e)		1	iler ID 004082	(Ethics Commission F	ilers)
4	Date	<b>5</b> Payee name		•		<u> </u>			
	02/06/2023	The Fort W							
6	Amount (\$) \$51.96	7 Payee addre		te; Zip Co	ode				
	Reimbursement from political contributions intended	Fort Worth,							
_					las =	<b>-</b>			
8	PURPOSE OF	1	see Categories listed at the top of this	schedule)	(b) Description	=		utside of Texas. Complete So TX, officeholder living expens	
	EXPENDITURE	Food/Beve	Food/Beverage Expense  Lunch meeting to discuss officeholder issues						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held	
	Date	Payee name							
	06/12/2023	The Fort W	orth Club						
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	ode				
	\$92.46	306 West 7	th Street						
	Reimbursement from political contributions intended	Fort Worth,	TX 76102						
	PURPOSE	Category (S	see Categories listed at the top of this	schedule)	Description	=		utside of Texas. Complete So	
	OF EXPENDITURE	Food/Beve	rage Expense		L			TX, officeholder living expens	se
					Meeting expense	e to d	ISCUSS 0	fficeholder issues	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held	
	Date	Payee name							
	05/01/2023	The Fort W	orth Club						
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	ode				
	\$51.96	306 West 7	th Street						
	Reimbursement from political contributions intended	Fort Worth,	TX 76102						
	PURPOSE	Category (S	see Categories listed at the top of this	schedule)	Description	_		utside of Texas. Complete So	
	OF EXPENDITURE	Food/Beve	rage Expense			_		TX, officeholder living expens	e
					Lunch meeting to	o disc	uss offic	ceholder issues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held	

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAMI	Ξ			3 F	iler ID	(Ethics Commission Filers)		
	Sch: 20/21 Rpt: 53/56	Wilkinson,	Melody M. (The Honorable)	)		0	00040825	5		
4	Date	<b>5</b> Payee name								
	05/15/2023	The Fort W								
6	Amount (\$)	7 Payee addre	ss; City; State	e; Zip Co	ode					
	\$36.37	306 West 7	th Street							
	Reimbursement from									
	X political contributions intended	Fort Worth,	TX 76102							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sc	hedule)	(b) Description	Che	ck if travel ou	tside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense			Che	ck if Austin, T	TX, officeholder living expense		
	EXI ENDITORE				Lunch meeting to	o disc	cuss offic	eholder issues		
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held		
	C/OH									
	Date	Payee name								
	05/26/2023	The Fort W								
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode					
	\$54.56	306 West 7								
	Reimbursement from									
	X political contributions intended	Fort Worth,	TV 76102							
		_			l	<b>-</b>				
	PURPOSE OF	1	ee Categories listed at the top of this sci	hedule)	Description	=		Itside of Texas. Complete Schedule T.  TX, officeholder living expense		
	EXPENDITURE	Food/Beverage Expense			L unch mosting u	Lunch meeting with temporary staff member				
					Lunch meeting w	vitii te	emporary	Stall member		
	Complete ONLY if direct		haldar rasas		Office country			Office hold		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought			Office held		
	C/OH									
	Date	Payee name								
	06/30/2023	The Fort W								
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode					
	\$54.56	306 West 7	•							
	Reimbursement from									
	y political contributions intended	Fort Worth,	TX 76102							
	PURPOSE	Category (S	ee Categories listed at the top of this sc	hedule)	Description	Che	ck if travel ou	tside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense			Che	ck if Austin, T	TX, officeholder living expense		
	LAFENDITORE				Lunch meeting to	o disc	cuss offic	eholder issues		
		Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
_										

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 21/21 Rpt: 54/56 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 06/27/2023 The Fort Worth Club 6 Amount (\$) Payee address; State; Zip Code \$46.76 306 West 7th Street Reimbursement from political contributions Х intended Fort Worth, TX 76102 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/17/2023 Top Golf Amount (\$) Payee address; City; State; Zip Code \$35.85 2201 East 4th Street Reimbursement from political contributions Χ Fort Worth, TX 76102 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The Instruction Guide explains how to complete this form.										pages Schedule K:		
								╙			<sup>2</sup> Rpt: 55/56		
2											D (Ethics Commission Filers) 0825		
Ļ													
4	Date	Name of person from whom amount is received									8 Amount (\$)		
	01/31/2023	31/2023 Worthington National Bank							\$6.86				
		6 Address of person from whom amount is received; City; State; Zip Code											
		Fort Worth, TX 76102											
		7 Purpose for which amount is received						ontri	bution returned to filer				
		Interest											
_	Date	Name of person from whom amount is received								T	Amount (\$)		
	02/28/2023	Worthington National Bank									runount (¢)	\$9.86	
	02/20/2020									Ψ5.00			
		Address of person from whom amount is received; City; State; Zip Code											
		Fort Morth TV 70102											
		Fort Worth, TX 76102											
		Purpose for which amount is received							ontri	bution returned to filer			
		Interest	t										
	Date	Name of person from whom amount is received								Amount (\$)			
	03/31/2023	Worthington National Bank								\$	\$11.08		
	Address of person from whom amount is received; City; State; Zip Code												
		,											
		Fort Wo	orth, TX 76102										
		Purpose for which amount is received						ontri	bution returned to filer				
		Interest											
-	Date Name of person from whom amount is received						T	Amount (\$)					
	04/28/2023	·							Amount (\$)	\$9.98			
	04/20/2023									Ψ9.90			
		Address of person from whom amount is received; City; State; Zip Code											
		Fort Worth, TX 76102											
		<u> </u>					ontri	bution returned to filer					
		Interest	<u> </u>										
	Date	Name of person from whom amount is received								Amount (\$)			
	05/31/2023	Worthington National Bank								\$17.09			
		Address of person from whom amount is received; City; State; Zip Code											
		Fort Wo	orth, TX 76102										
		Purpose for which amount is received Check if political co					ontri	bution returned to filer					
		Interest											

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 56/56 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wilkinson, Melody M. (The Honorable) 00040825 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2023 \$22.89 Worthington National Bank 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76102 Purpose for which amount is received Check if political contribution returned to filer Interest