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 26 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Melody M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Wilkinson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Neal W. NAME NICKNAME LAST **SUFFIX** Adams **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 283-7742 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 17 Tarrant District Judge District 17th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Wilkinson, Melody M	(The Honorable)	14 Filer ID (00040825	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the cholder's knowledge or tice of such expenditures.					
Additional Pages	COMMITTEE TYPE	YPE COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		 IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 300.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,607.89			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 111,613.93			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.					
		The Honor	able Melody M. Wilkin	son			
		Signature o	of Candidate or Officeholo	der			
AFFIX NO	ΓARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 26	3
	ER NAN		19 Filer ID	(Ethics Commission Filers)	
		, Melody M. (The Honorable) E SUBTOTALS	00040825	T	
		SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 300	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 15	5.20
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 5,592	2.69
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 277	7.79

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.					ages Schedule A(J). /1 Rpt: 4/26	1:
2	FILER NAME Wilkinson, Melody M. (The Honorable)				(Ethics Commiss	ion Filers)	
4	<u> </u>		7 Amount	t of Contribution (\$)	\$50.00		
		Southlake, TX 76092					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's of Robinson L	employer/law firm aw 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)	<u> </u>			
-	Date	Full name of contributor	out-of-state PAC (ID#:_	,	Amount	t of Contribution (\$)	
	01/11/2024	Ward, Rick	U out-oi-state PAC (ID#)	Amoun	or Contribution (\$)	\$250.00
	01/11/2024	ļ	24-4 7'- 0-d-				Φ230.00
		Contributor address; City;	State; Zip Code				
		Fort Worth, TX 76111					
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	Rick Ward L	aw Firm					
	If contributor i	s a child, law firm of parent(s) (if	any)	l			
_							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/26	Wilkinson, Melody M. (The Honorable)			00040825	
4	Date	5 Payee name				
	01/11/2024	Raise The Money				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$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	Fees	()	Check if travel outsi	de of Texas. Cor	nplete Schedule T.
l	EXPENDITURE			Check if Austin, TX,		
				Credit card proc	essing fees	for Ward contribution
L						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght		Office h	eld
L						
l	Date	Payee name				
L	02/16/2024	Raise The Money				
l	Amount (\$)	Payee address; City; State; Zip Co	de			
l	\$2.70	P.O. Box 26466				
		Little Rock, AR 72221				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Fees		Check if travel outsi Check if Austin, TX,		
						for Robinson contribution
				or oant oand proo		
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office h	eld
	expenditure to benefit C/O		•			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Pr	ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	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	v to complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 6/26	Wilkinson, Melody M. (The Honorable)		00040825
4	Date	5 Payee name		
	04/04/2024	Arlington Bar Association		
_			Vin Codo	
6	Amount (\$) \$200.00	7 Payee address; City; State; Z 101 East Park Row	ip Code	
		101 East Park ROW		
	X Reimbursement from political contributions			
	intended	Arlington, TX 76010		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedul	e) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense	L	Check if Austin, TX, officeholder living expense
			Sponsorship of A	nnual Fish Fry event
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	02/22/2024	Babe's Chicken Dinner House		
	Amount (\$)	Payee address; City; State; Z	ip Code	
	\$215.33	120 South Main Street		
	Reimbursement from			
	x political contributions intended	Burleson, TX 76028		
	PURPOSE	Category (See Categories listed at the top of this schedul	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Host monthly civi	- I district judge luncheon meeting
				, ,
	Complete ONLY if direct	L Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit		3	
	C/OH			
	Date	Payee name		
	01/02/2024	Blue Mound Cafe		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$37.85	3701 East Belknap Street	•	
	Reimbursement from	·		
	political contributions intended	Fort Worth, TX 76106		
	PURPOSE	Category (See Categories listed at the top of this schedul	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	LAI LIBITOIL		Lunch meeting to	discuss officeholder issues
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
<u> </u>				

SCHEDULE G

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

	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			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAM				3	Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 7/26	Wilkinson,	Melody M. (The Honorable)				00040825
4	Date	5 Payee name)			•	
	04/03/2024	Buffalo Bro	s Sundance				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$22.71	415 Throck	morton Street				
	Reimbursement from political contributions intended	Fort Worth	, TX 76102				
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 Schedule T.
	OF		rage Expense	,		=	eck if Austin, TX, officeholder living expense
	EXPENDITURE		O 15-5-5		Lunch meeting to	o dis	scuss officeholder issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Office	sholder name		Office sought		Office held
	Date	Payee name					
	02/22/2024	Chicken E					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$8.66	4791 SW L	.oop 820				
	Reimbursement from						
	X 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 Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			_	eck if Austin, TX, officeholder living expense
	LA LADITORL				Host monthly civi	il dis	strict judge luncheon meeting
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						
H	Date	Davida nama	.				
	01/20/2024	Payee name	the State Bar of Texas				
_				; Zip Co	odo		
	Amount (\$) \$75.00	Payee addre	ess; City; State rado Street, Suite 600	, Zip C(Jue		
		1414 COIOI	auo Sireei, Sulle 000				
	Reimbursement from political contributions intended	Austin, TX	78701				
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees			[L	_	eck if Austin, TX, officeholder living expense
					Membership rene	ewa	l
	Complete ONLY if alice at	Candidata/Off:	sholder name		Office accords		Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	ношег патте		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	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)
	Steak Sara Faymont		The Instruction Guide explains	how to co	emplete this form.		
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 8/26	Wilkinson,	Melody M. (The Honorable))			00040825
4	Date	5 Payee name	·				
	05/27/2024	Costco Wh					
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$32.46	5300 Over	on Ridge Blvd.				
	Reimbursement from political contributions intended	Fort Worth	TX 76132				
8	PURPOSE		See Categories listed at the top of this sch	nedule)	(b) Description	☐ Ch	neck if travel outside of Texas. Complete Schedule T.
	OF		s/Memorials Expense	.cauicj		=	neck if Austin, TX, officeholder living expense
	EXPENDITURE	J. J. Wald	SSINONAIO EXPONO		Flowers for 17th	_ Dist	trict Court Court Coordinator
						-	
9	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought		Office held
	Date	Payee name	<u></u>				
	05/14/2024	Daily Grill					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$47.64	′	heimer Road, #3125	, ,			
	•						
	Reimbursement from political contributions intended	Houston, T	X 77056				
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	neck if Austin, TX, officeholder living expense
	LAI LINDITURE				Judicial Regional	l Co	onference meal expense
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
L							
	Date	Payee name					
L	01/20/2024	Dallas Bar	Association				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$350.00	2101 Ross	Avenue				
	Reimbursement from						
	X political contributions intended	Dallas, TX	75201				
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expe	ense			_	neck if Austin, TX, officeholder living expense
					Dallas Bar Assoc	ciati	on Inaugural event
L							
	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

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		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)
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 9/26	Wilkinson,	Melody M. (The Honorable)				00040825
4	Date	5 Payee name	<u> </u>				
	04/09/2024		Association				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$16.50	2101 Ross	Avenue				
	Reimbursement from political contributions intended	Dallas, TX	75201				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	☐ Ch	eck if travel outside of Texas. Complete Schedule T.
	OF	Event Expe		-cauloj		=	eck if Austin, TX, officeholder living expense
	EXPENDITURE	Evont Expe			Dallas Bar Assoc event with 17th D		on - Business Litigation luncheon ict Court intern
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name	<u> </u>				
	03/09/2024	Enchiladas					
\vdash	Amount (\$)	Payee addre	ess; City; State:	Zip Co	ode		
	\$12.02	′	st Park Blvd.	, _,, 50			
	Reimbursement from	20 1 0100					
	X political contributions intended	Fort Worth	TX 76110				
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	eck if Austin, TX, officeholder living expense
					Fort Worth Repu Breakfast	blica	an Women - Second Saturday
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						
	Date	Payee name	· · · · · · · · · · · · · · · · · · ·				
	02/27/2024	1 1	Operating Company, LLC				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$99.00	2150 East	Warner Road				
	Reimbursement from political contributions intended	Tempe, AZ	85284-3401				
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	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
	LAFEINDITURE		•		Standard SSL re	new	<i>r</i> al
-	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH	Cararactor Office			Cinoc dought		Since riciu

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in 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 NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 10/26	Wilkinson,	Melody M. (The Honorable))			00040825
4	Date	5 Payee name	<u> </u>			<u> </u>	
	06/26/2024	1	swell Flowers				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode		
	\$86.55	1226 Penn	sylvania Avenue				
	Reimbursement from political contributions intended	Fort Worth	, TX 76104				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this scl	hedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Award	s/Memorials Expense			Ch	eck if Austin, TX, officeholder living expense
	EXI ENDITORE				Flowers for 17th to hospital	Dist	trict Court Coordinator and delivery
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held
	C/OH						
	Date	Payee name	9				
	05/31/2024	J. Russell	Photo				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$487.13	c/o Tarrant	County Bar Association				
	Reimbursement from	1315 Calho	oun Street				
	X political contributions intended	Fort Worth	, TX 76102-6504				
	PURPOSE	Category (s	See Categories listed at the top of this scl	hedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austin, TX, officeholder living expense
	EXPENDITORE				Tarrant County B	Bar A	Association Judicial Portraits
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Office held
	expenditure to benefit C/OH						
H	Dete	1 _					
	Date 05/20/24	Payee name					
	05/28/2024		cia's Mexican Restaurant				
	Amount (\$)	Payee addre	•	e; Zip Co	ode		
	\$120.00	2201 North	Commerce Street				
	Reimbursement from political contributions intended	Fort Worth	, TX 76164				
	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
					Lunch meeting w	vith 1	17th District Court staff
	Complete ONLY if direct	L Candidate/Office	eholder name		Office sought		Office held
	expenditure to benefit C/OH						250518

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	y - Gift/Awards/Memorials Expense Print	ng Expense ing Expense ries/Wages/Contract Labor o complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 6/19 Rpt: 11/26	FILER NAME Wilkinson, Melody M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825
4	Date	5 Payee name		I
	04/22/2024	La Playa Maya - North Main		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$37.26	1540 North Main Street		
	Reimbursement from political contributions intended	Fort Worth, TX 76106		
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 to issues	o discuss Local Administrative Judge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	05/08/2024	La Playa Maya - North Main		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$31.40	1540 North Main Street		
	Reimbursement from political contributions intended	Fort Worth, TX 76106		
	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 w	vith 17th District Court staff
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	03/01/2024	Los Asaderos		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$31.96	1535 North Main Street		
	Reimbursement from political contributions intended	Fort Worth, TX 76164		
	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	L	Check if Austin, TX, officeholder living expense
			Lunch meeting w	vith 17th District Court staff
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing a l Committee Legal Services Salaries. The Instruction Guide explains how to c	Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/19 Rpt: 12/26	Wilkinson, Melody M. (The Honorable)	00040825
4	Date	5 Payee name	<u> </u>
	01/25/2024	Metroplex Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip C	rode
	\$10.00	c/o Shelley Rayburn	
	Reimbursement from	4333 Finch Drive	
	X political contributions intended	Fort Worth, TX 76244	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
•	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	T dod/Bavaraga Expanda	Monthly luncheon event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	01/25/2024	Metroplex Republican Women	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$30.00	c/o Shelley Rayburn	
Reimbursement from		4333 Finch Drive	
	X political contributions intended	Fort Worth, TX 76244	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Membership renewal
	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH	Candidate/Onicendide Hame	Office sought Office field
	Date	Payee name	
	04/11/2024	Northeast Tarrant County Bar Association	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$25.00	1111 S. Main Street, Suite 127	
	Reimbursement from		
	X political contributions intended	Grapevine, TX 76051	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Monthly luncheon event with 17th District Court intern
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Officeholder name	Office sought Office held

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		,
1	Total pages Schedule G: Sch: 8/19 Rpt: 13/26	FILER NAME Wilkinson, Melody M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040825
4	Date 01/20/2024	5 Payee name P.S. The Letter	
6	Amount (\$) \$231.82	7 Payee address; City; State; Zip Code 2100 Hulen Street	
	X Reimbursement from political contributions intended	Fort Worth, TX 76107	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Onary and supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name O	ffice sought Office held
	Date 01/02/2024	Payee name Public Storage	
	Amount (\$) \$257.00	Payee address; City; State; Zip Code 5600 Bryant Irvin Road	
	Reimbursement from political contributions intended	Fort Worth, TX 76132	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense paign storage
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name O	ffice sought Office held
	Date 02/01/2024	Payee name Public Storage	
	Amount (\$) \$197.00	Payee address; City; State; Zip Code 5600 Bryant Irvin Road	
	Reimbursement from political contributions intended	Fort Worth, TX 76132	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense paign storage
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name O	ffice 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor	T T	ravel in Distri ravel Out of D	
	orean out a tyment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	Ē			3 F	iler ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 14/26	Wilkinson,	Melody M. (The Honorable)	1		0	0040825	
4	Date	5 Payee name						
	03/01/2024	Public Stor	age					
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$197.00	5600 Bryar	nt Irvin Road					
	Reimbursement from							
	X political contributions intended	Fort Worth,	TX 76132					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Chec	ck if travel out	side of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Chec	ck if Austin, T	X, officeholder living expense
	EXI ENDITORE				Campaign storag	ge		
9		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Payee name						
	04/01/2024	Payee name						
	Amount (\$)	Payee addre		; Zip Co	nde			
	\$197.00	1 1	nt Irvin Road	, Zip Ct	ouc			
	Reimbursement from	Cooo Bryan	it ii viii rtoad					
	X political contributions intended	Fort Worth,	TX 76132					
	PURPOSE			a dula)	Description	7 Cher	ck if travel out	side of Texas. Complete Schedule T.
	OF		ee Categories listed at the top of this sch head/Rental Expense	iedule)	Description	=		X, officeholder living expense
	EXPENDITURE	Office Over	neau/Nental Expense		Campaign storag	ie		
						,		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
		1						
	Date	Payee name						
	05/01/2024	Public Stor						
	Amount (\$)	Payee addre	•	; Zip Co	ode			
	\$197.00	5600 Bryar	t Irvin Road					
	Reimbursement from political contributions intended	Fort Worth,	TX 76132					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Chec	ck if travel out	side of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Chec	ck if Austin, T	X, officeholder living expense
	-				Campaign storag	ge		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
l								

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 Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		T	ravel in District ravel Out of Distr	ict ategory not listed above)		
	Credit Card i dyment		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAMI	<u> </u>			3 F	iler ID (Eth	nics Commission Filers)		
	Sch: 10/19 Rpt: 15/26	Wilkinson,	Melody M. (The Honorable)	1		0	0040825			
4	Date	5 Payee name								
	06/03/2024	Public Stor								
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode					
	\$197.00	1	nt Irvin Road	, 1						
	Reimbursement from									
	political contributions intended	Fort Worth,	TX 76132							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Ched	ck if travel outside	e of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Over	head/Rental Expense			Ched	ck if Austin, TX, o	fficeholder living expense		
	LXI LINDITORL				Campaign storag	ge				
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Off	fice held		
	С/ОН									
	Date	Payee name								
	03/26/2024	Reata Rest	aurant							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$21.60	310 Housto	on Street							
	Reimbursement from									
	X political contributions intended	Fort Worth,	TX 76102							
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Chec	ck if travel outside	e of Texas. Complete Schedule T.		
	OF	1	rage Expense	,	· [Che	ck if Austin, TX, o	fficeholder living expense		
	EXPENDITURE		rago <u>-</u> nponeo		Lunch meeting to	– o disc	uss Local A	Administrative Judge		
					issues			_		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Off	fice held		
	expenditure to benefit				· ·					
	C/OH									
	Date	Payee name								
	03/12/2024	Sammie's E	BBQ							
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode					
	\$45.94	3801 East	Belknap Street							
	Reimbursement from									
	X political contributions intended	Fort Worth,	TX 76111							
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	_		e of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense			Che	ck if Austin, TX, o	fficeholder living expense		
	LXI LINDITORL				Lunch meeting to	o disc	cuss officeho	older issues		
		Candidate/Office	holder name		Office sought		Off	fice held		
	expenditure to benefit C/OH									
L	ООП									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)
	orean oard rayment	The Instruction Guide explains how to co	omplete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 16/26	Wilkinson, Melody M. (The Honorable)	00040825
4	Date	5 Payee name	
	02/01/2024	State Bar of Texas	
6	Amount (\$)	7 Payee address; City; State; Zip C	ode
	\$25.46	1414 Colorado Street	
	Reimbursement from political contributions intended	Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Minimum Continuing Education fee to apply	Check if Austin, TX, officeholder living expense
	EXPENDITURE	for credit for out-of-state CLE	Civil Justice Symposium sponsored by George Mason University Antonin Scalia Law School
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
	Date	Payee name	
	05/01/2024	State Bar of Texas	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$270.00	1414 Colorado Street	
	Reimbursement from		
	X political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Membership and section dues renewal
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	01/25/2024	Tarrant County Bar Association	
H		-	odo
	Amount (\$) \$115.00	Payee address; City; State; Zip Ci 1315 Calhoun Street	ou c
		1313 Callibuit Stiect	
	X Reimbursement from political contributions intended	Fort Worth, TX 76102-6504	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Annual Joint Meeting of Metroplex American Inns of Court
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Salaries	Expense /Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 17/26	Wilkinsor	ı, Melody M. (The Honoral	ole)		00040825
4	Date	5 Payee nar	me			
	02/06/2024	Tarrant C	county Bar Association			
6	Amount (\$)	7 Payee add	lress; City; S	tate; Zip C	ode	
	\$45.00	1315 Cal	houn Street			
	Reimbursement from political contributions intended	Fort Wort	h, TX 76102-6504			
8	PURPOSE	(a) Category	(See Categories listed at the top of thi	s schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bev	erage Expense			Check if Austin, TX, officeholder living expense
					Tarrant County E honoring 50 Yea	Bar Association Membership Luncheon r Attorneys
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held
	Date	Payee nar	ne			
	02/13/2024	Tarrant C	County Bar Association			
	Amount (\$)	Payee add	lress; City; S	tate; Zip C	ode	
	\$55.00	1315 Cal	houn Street			
	Reimbursement from					
	X political contributions intended	Fort Wort	h, TX 76102-6504			
	PURPOSE	Category	(See Categories listed at the top of thi	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bev	verage Expense			Check if Austin, TX, officeholder living expense
					Mahon Inn of Co	urt meeting
	expenditure to benefit	L Candidate/Offi	ceholder name		Office sought	Office held
	C/OH					
	Date	Payee nar	ne			
	02/06/2024	Tarrant C	county Bar Association			
	Amount (\$)	Payee add	•	tate; Zip C	code	
	\$30.00	1315 Cal	houn Street			
	Reimbursement from political contributions intended	Fort Wort	h, TX 76102-6504			
	PURPOSE	Category	(See Categories listed at the top of thi	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bev	verage Expense			Check if Austin, TX, officeholder living expense
					Business Litigation Association lunch	on Section of Tarrant County Bar heon event
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offi	ceholder name		Office sought	Office held

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)
_	T. 1 0 1 1 1 0	• • •	la eu la ceut a la ceut
1	Total pages Schedule G: Sch: 13/19 Rpt: 18/26	2 FILER NAME Wilkinson, Melody M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040825
4	Date	5 Payee name	
	03/05/2024	Tarrant County Bar Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.00	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 schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Tarrant County E	Bar Association Women in Law luncheon
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/09/2024	Tarrant County Bar Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.00	1315 Calhoun Street	
	X Reimbursement from political contributions intended	Fort Worth, TX 76102-6504	
	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
		Mahon Inn of Co	urt meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/01/2024	Tarrant County Bar Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$260.00	1315 Calhoun Street	
	Reimbursement from political contributions intended	Fort Worth, TX 76102-6504	
	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
		Tarrant County E	Bar Association Law Day event
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	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	Croun Cara r ayment		The Instruction Guide explains	how to co	omplete this form.	_	
1	Total pages Schedule G:	2 FILER NAMI	E			3	Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 19/26	Wilkinson,	Melody M. (The Honorable))			00040825
4	Date	5 Payee name				-	
	03/23/2024	1	unty Republican Party				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$50.00	7524 Mosie	er View Court				
	Reimbursement from	Suite 230					
	X political contributions intended	Fort Worth,	TX 76118				
8	PURPOSE	(a) Category (S	see Categories listed at the top of this sch	nedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense		L		neck if Austin, TX, officeholder living expense
	-				Advertisement fo	or Se	enate District 9 program
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	06/29/2024	The Fort W					
_				· Zin C	ada		
Amount (\$) Payee address; City; State; Zip Code							
	\$54.56	306 West 7	ui Sileei				
	Reimbursement from political contributions intended	Fort Worth,	TX 76102				
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	neck if Austin, TX, officeholder living expense
	THE LADITORE				Lunch meeting to	scuss officeholder issues	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
L							
	Date	Payee name					
	01/31/2024	The Fort W	orth Club				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$253.74	306 West 7	th Street				
	Reimbursement from						
	x political contributions intended	Fort Worth,	TX 76102				
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			_	neck if Austin, TX, officeholder living expense
					Host luncheon ev	vent	t
L							
	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

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling - Gift/Awards/Memorials Expense Printin	Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	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		OTTLEN (etitet a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 20/26	Wilkinson, Melody M. (The Honorable)		00040825
4	Date	5 Payee name		
	02/09/2024	The Fort Worth Club		
6	Amount (\$) \$38.97	7 Payee address; City; State; Zip 306 West 7th Street	Code	
	Reimbursement from	300 West rui sueet		
	X political contributions intended	Fort Worth, TX 76102		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Food/Beverage Expense	Lunch meeting to	o discuss officeholder issues
			Laner meeting to	, discuss officeriolder issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	02/26/2024	The Fort Worth Club		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$58.57	306 West 7th Street		
	X Reimbursement from 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	Lunch with forme	Check if Austin, TX, officeholder living expense r intern for 17th District Court
			Lanon wan forme	intermior Trail Bisanct Court
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	02/27/2024	The Fort Worth Club		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$54.56	306 West 7th Street		
	Reimbursement from 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	Lunch meeting w	Check if Austin, TX, officeholder living expense vith Tarrant County mentee
			Lunch meeting w	nur ramani County mentee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder 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		Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/V	xpense 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: 16/19 Rpt: 21/26		Wilkinson, Melody M. (The Honorable)			00040825
4	Date	5	Payee name			
	02/29/2024		The Fort Worth Club			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$38.97		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 sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	EXPENDITORE				Lunch with 17th I	District Court intern
9	Complete ONLY if direct	L Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH	Oui	ididate/Onlecholder Haine		Office Sought	Clinde Held
	Date		Payee name			
	03/14/2024		The Fort Worth Club			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$46.76		306 West 7th Street			
	Reimbursement from					
	y political contributions intended		Fort Worth, TX 76102			
	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				Lunch meeting to	discuss officeholder issues
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
		_				
	Date		Payee name			
	03/22/2024		The Fort Worth Club			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$54.56		306 West 7th Street			
	Reimbursement from					
	y political contributions intended		Fort Worth, TX 76102			
	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
					Lunch meeting to issues	o discuss Local Administrative Judge
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought	Office held
	C/OH					
H						

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		pense Travel Out of District (ages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 17/19 Rpt: 22/26	2 FILER NAME Wilkinson, Melody M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040825
4	Date	5 Payee name	L
	04/02/2024	The Fort Worth Club	
6	Amount (\$)	7 Payee address; City; State; Zip Co	de
	\$59.75	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
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	ZA ZIJI JIL		Lunch meeting to discuss Local Administrative Judge issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	04/10/2024	The Fort Worth Club	
	Amount (\$)	Payee address; City; State; Zip Co	de
	\$51.96	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
			Lunch meeting to discuss Local Administrative Judge issues
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	04/29/2024	The Fort Worth Club	
	Amount (\$)	Payee address; City; State; Zip Co	de
	\$62.47	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
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Lunch meeting to discuss officeholder issues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder 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	/ - al Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/A	Expense Wages/Contract Labor	Solicitation/Punitraising 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: 18/19 Rpt: 23/26		Wilkinson, Melody M. (The Honorable)			00040825
4	Date	5	Payee name			L
	05/07/2024		The Fort Worth Club			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$110.52		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 sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	LXI LINDITORL				Meeting to discus	ss Local Administrative Judge issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	05/20/2024		The Fort Worth Club			
	Amount (\$)	Г	Payee address; City; State;	Zip Co	ode	
	\$59.75		306 West 7th Street			
	Reimbursement from					
	political contributions intended		Fort Worth, TX 76102			
	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
	2/11/2/10/12				Lunch meeting w	vith 17th District Court intern
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date	Г	Payee name			
	06/06/2024		The Fort Worth Club			
		┞		7: 0:	1 -	
	Amount (\$)			Zip Co	uue	
	\$59.75		306 West 7th Street			
	Reimbursement from political contributions intended		Fort Worth, TX 76102			
Т	PURPOSE	T	Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE		, , , , , , , , , , , , , , , , , , ,		Lunch with forme	er 17th District Court intern
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit	المات				5
L	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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 19/19 Rpt: 24/26 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 06/27/2024 The Fort Worth Club 6 Amount (\$) Payee address; State; Zip Code \$119.51 306 West 7th Street Reimbursement from political contributions intended Х Fort Worth, TX 76102 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Lunch meeting with 17th District Court interns 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

L							
	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K:	
					Sch: 1	./2 Rpt: 25/26	
2	FILER NAME				(Ethics Commission F	ilers)	
L	Wilkinson, M	Melody M. (The Honorable)		00040	825		
4	Date	5 Name of person from whom amount is received		8 Amount (\$)			
l	01/31/2024	Worthington National Bank					\$50.25
l		6 Address of person from whom amount is received; City; State; Zip Code					
l							
l							
l		Fort Worth, TX 76102					
l		<u> </u>	heck if poli	itic	al conti	ribution returned to filer	
L		Interest					
Г	Date	Name of person from whom amount is received				Amount (\$)	
l	02/29/2024	Worthington National Bank					\$44.24
		Address of person from whom amount is received; City; State; Zip Code	•••••				
l							
l							
l		Fort Worth, TX 76102					
l		Purpose for which amount is received C	heck if poli	itic	al conti	ribution returned to filer	
		Inerest					
Г	Date	Name of person from whom amount is received				Amount (\$)	
l	03/29/2024	Worthington National Bank					\$44.27
l		Address of person from whom amount is received; City; State; Zip Code					
l							
l							
l		Fort Worth, TX 76102					
l		<u> </u>	heck if poli	itic	al conti	ribution returned to filer	
L		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
l	04/30/2024	Worthington National Bank					\$48.87
l		Address of person from whom amount is received; City; State; Zip Code					
l							
l							
l		Fort Worth, TX 76102					
l		<u> </u>	heck if poli	itic	al conti	ribution returned to filer	
L		Interest					
Г	Date	Name of person from whom amount is received				Amount (\$)	
l	05/31/2024	Worthington National Bank					\$47.37
l		Address of person from whom amount is received; City; State; Zip Code					
l							
		Fort Worth, TX 76102					
		<u> </u>	heck if poli	itic	al conti	ribution returned to filer	
L		Interest					
_							
ı							

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: 26/26 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 (\$) 06/28/2024 \$42.79 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