#### 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** 01/15/2025 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 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special

**GO TO PAGE 2** 

11 OFFICE

OFFICE HELD (if any)

District Judge District 17 Tarrant

12 OFFICE SOUGHT (if known)

District Judge District 17th

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Wilkinson, Melody M	<b>14</b> Filer ID (00040825	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	TEE TYPE COMMITTEE NAME					
ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NC)	\$ 1,500.00			
EXPENDITURE TOTALS	'	IZED POLITICAL EXPENDITURES	113)	\$ 0.00			
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES		<b>A</b> 0.675.20			
				\$ 8,675.38			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 111,761.49			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS ARTING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to				
		The Hono	able Melody M. Wilkin	son			
		Signature	of Candidate or Officehol	der			
AFFIX NOT	ГАRY STAMP / SEAL AB	OVE					
Sworn to and subsc	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 offic	er administering oath	Printed name of officer administering oath	Title of officer	r administering oath			
<b>3</b>	3	<b>3</b> .		<b>0</b> -			

## **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

					3 of 26
	LER NAN		19 Filer ID	(Ethics	Commission Filers)
W	ilkinson	, Melody M. (The Honorable)	00040825		
	ME OF	s	UBTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,500.00
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	\$	1,524.75
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		\$	7,150.63
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	\$	163.85

ı	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
7	Γhe Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/26	
	FILER NAME	Melody M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825
4 [	Date L0/24/2024	<ul> <li>Full name of contributor</li></ul>	7 Amount of Contribution (\$) \$500.00	
		Arlington, TX 76015		
8 (	Contributor's	Principal Occupation	9 Contributor's Job Title	
A	Attorney		Attorney	
		employer/law firm	11 Law firm of contributor's sp	pouse (if any)
		w Firm, PC		
<b>12</b> li	f contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contribution (\$)
1	10/25/2024	Thomas J. Henry Law PLLC	·	\$1,000.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78269		
(	Contributor's	Principal Occupation	Contributor's Job Title	
(	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
li	f contributor i	s a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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

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

Labor OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 1/1 Rpt: 5/26	2 FILER NAME Wilkinson, Melody M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00040825
4	Date	5. Dougo namo
-		5 Payee name
	10/24/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees related to Queenan
		contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	09/20/2024	Republican Women of Arlington
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$500.00	P.O. Box 14317
		Arlington, TX 76094-1317
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		High Tea Sponsorship
		riigii rea Sponsorsiiip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/31/2024	Tarrant County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	201 N. Rupert Street
		Suite 117
		Fort Worth, TX 76107
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H		

#### 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: 1/19 Rpt: 6/26 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 12/03/2024 Arlington Republican Club Amount (\$) Payee address; City; State; Zip Code \$40.00 P.O. Box 14095 Reimbursement from political contributions Х intended Arlington, TX 76094-1095 **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** Christmas dinner event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/17/2024 **CLE Abroad** Amount (\$) Payee address; City; State; Zip Code \$298.66 c/o Dallas Bar Association 2101 Ross Avenue Reimbursement from political contributions Χ Dallas, TX 75201 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 **Event Expense EXPENDITURE** Dallas Bar Association CLE event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/18/2024 **CLE Abroad** Payee address; City; State; Zip Code Amount (\$) \$1,611.74 c/o Dallas Bar Association 2101 Ross Avenue Reimbursement from Χ political contributions intended Dallas, TX 75201 **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 **Event Expense EXPENDITURE** Dallas Bar Association CLE 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 Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
	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: 2/19 Rpt: 7/26	Wilkinson, Melody M. (The Honorable) 00040825
4	Date	5 Payee name
	09/21/2024	Costco Wholesale
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.92	5300 Overton Ridge Blvd.
	Reimbursement from	
	X political contributions intended	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	Event Expense Check if Austin, TX, officeholder living expense
	EXI ENDITORE	Table favors for guests at Fort Worth Republican
		Women's High Tea event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2024	Enchiladas Ole
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.33	2418 Forest Park Blvd.
	X Reimbursement from political contributions intended	Fort Worth, TX 76110
	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  Fort Worth Republican Women Second Saturday event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2024	Evangelista, Simon
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1901 Susan Drive
	Reimbursement from political contributions intended	Arlington, TX 76010
	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
		Donation to recipient of Clark McDonald Apprenticeship Award
	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 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: 3/19 Rpt: 8/26 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 12/12/2024 Fort Worth Paralegal Association Amount (\$) Payee address; City; State; Zip Code \$50.00 P.O. Box 1597 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** Holiday Luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2024 Fort Worth Republican Women Amount (\$) Payee address; City; State; Zip Code \$56.00 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 **Event Expense EXPENDITURE** Annual Christmas Luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 HoneyBaked Ham Payee address; City; State; Zip Code Amount (\$) \$350.00 4710 Southwest Loop 820 Reimbursement from Χ political contributions intended Fort Worth, TX 76109 **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 Gift/Awards/Memorials Expense **EXPENDITURE** Christmas gifts for 17th District Court staff and affiliated personnel 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 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	/- Gift/Awards/Memorials Expense Printing I 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: 4/19 Rpt: 9/26	Wilkinson, Melody M. (The Honorable)	00040825	
4	Date	5 Payee name		_
	11/18/2024	Joe T. Garcia's Mexican Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip C	rode	_
	\$125.00	2201 North Commerce Street		
	Reimbursement from political contributions intended	Fort Worth, TX 76164		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule	Т.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense	
			17th District Court staff luncheon	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
	Date	Payee name		_
	07/05/2024	Los Asaderos		
	Amount (\$)	Payee address; City; State; Zip C	rode	_
	\$60.00	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	Т.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense	
			Lunch meeting with 17th District Court staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
	Date	Payee name		
	11/14/2024	Los Asaderos		
	Amount (\$)	Payee address; City; State; Zip C	ode	_
	\$36.15	1535 North Main Street		
	Reimbursement from political contributions			
	intended	Fort Worth, TX 76164		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule	Τ.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense	
			Lunch meeting with 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not	t listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Con	nmission Filers)
	Sch: 5/19 Rpt: 10/26		Wilkinson, I	Melody M. (The	Honorable)				00040825	
4	Date	5	Payee name							
	12/18/2024		Los Molcaje	etas						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$19.47		4320 Weste	ern Center Boul	evard					
	X Reimbursement from political contributions intended		Fort Worth,	TX 76137						
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sche	edule)	(b) Description	=	neck if travel outside of Texas.	
	OF EXPENDITURE		Food/Bever	age Expense			L		neck if Austin, TX, officeholder	
							Lunch meeting v	vith 1	17th District Court st	taff
Ļ	0 1. 0	L	P. L. 10000							
9	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Office	nolder name			Office sought		Office held	
	Date		Payee name							
	09/30/2024		Metroplex F	Republican Won	nen					
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$125.00		3020 Evere	st						
	Reimbursement from political contributions intended		Bedford, TX	( 76021						
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	_	neck if travel outside of Texas.	
	OF EXPENDITURE		Event Expe	nse			[ 		neck if Austin, TX, officeholder	
							Hole sponsorshi Person Scrambl		r Metroplex Republic	can Women Four
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Office	nolder name			Office sought		Office held	
	Date		Payee name							
	09/30/2024		•	Republican Won	nen					
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$30.00		3020 Evere	st Drive						
	Reimbursement from political contributions intended		Bedford, TX	76201						
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	=	neck if travel outside of Texas.	
	OF EXPENDITURE		Fees				[	_	neck if Austin, TX, officeholder	living expense
							Membership ren	iewa	ul	
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Office	nolder name			Office sought		Office held	

#### SCHEDULE G

#### **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

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		mmittee Legal Services Salaries/Wa  The Instruction Guide explains how to con	ages/Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Sch: 6/19 Rpt: 11/26		Wilkinson, Melody M. (The Honorable)			00040825	
4	Date	5	Payee name				
	12/07/2024		Metroplex Republican Women				
6	Amount (\$)	7	Payee address; City; State; Zip Coo	de			
	\$100.00		3020 Everest Drive				
	Reimbursement from						
	X political contributions intended		Bedford, TX 76021				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description		check if travel outside of Texas. Complete Schedule	Т.
	OF EXPENDITURE		Contributions/Donations Made By		Cł	Check if Austin, TX, officeholder living expense	
			Candidate/Officeholder/Political Committee	Donation for Patri	ot	level	
9		Car	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
		_					
	Date		Payee name				
	12/07/2024		Metroplex Republican Women				
	Amount (\$)		Payee address; City; State; Zip Coo	de			
	\$45.00		3020 Everest				
	Reimbursement from						
	X political contributions intended		Bedford, TX 76021				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description		check if travel outside of Texas. Complete Schedule	Т.
	OF EXPENDITURE		Food/Beverage Expense		Cł	Check if Austin, TX, officeholder living expense	
	-			Annual Christmas	lu	uncheon	
		Car	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
		_					_
	Date		Payee name				
	07/30/2024		Mi Cocina				
	Amount (\$)		Payee address; City; State; Zip Coo	de			
	\$44.75		509 Main Street				
	Reimbursement from						
	X political contributions intended		Fort Worth, TX 76102				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	1	theck if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE		Food/Beverage Expense		Cł	check if Austin, TX, officeholder living expense	
				Lunch meeting to	dis	iscuss officeholder issues	
		Car	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
$\vdash$							_

## 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		mmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense			Tra	vel in District vel Out of District HER (enter a categ	ory not listed above)
1	Total pages Schodule C:	2	FILER NAMI				1,0000 0000	3 File	er ID (Ethics	Commission Filers
1	Total pages Schedule G: Sch: 7/19 Rpt: 12/26	<b> </b>		= Melody M. (The	Honorable)				040825	s Commission Filers)
4	Date	5	Payee name	!						
	07/02/2024		Piccolo Mo							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode			
	\$39.52		829 East L		•	•				
	Reimbursement from political contributions intended		Arlington, 1							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b) Description	=		Texas. Complete Schedule T
	OF EXPENDITURE		Food/Beve	rage Expense			l L			holder living expense
							Lunch meeting to	o discu	ss officehold	er issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Office	held
	Date		Payee name	!						
	09/21/2024		Pottery Bar	n Outlet						
	Amount (\$)	$\vdash$	Payee addre	ess; City;	State;	Zip Co	ode			
	\$192.25		3939 IH 35		,					
	Reimbursement from		Suite 920							
	X political contributions intended		San Marco	s, TX 78666						
	PURPOSE		Category (S	see Categories listed at	the top of this sch	edule)	Description	Check	if travel outside of	Texas. Complete Schedule T
l	OF EXPENDITURE		Event Expe	ense				Check	if Austin, TX, office	holder living expense
							Table decoration High Tea event	s for F	ort Worth Re	epublican Women's
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Office	held
	Date		Payee name	:						
	11/20/2024		Prince Leb	anese Grill						
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode			
	\$185.00		502 West F	Randol Mill Road	t					
	Reimbursement from political contributions intended		Arlington, 1	X 76011						
Г	PURPOSE		Category (S	ee Categories listed at	the top of this sch	edule)	Description	_		Texas. Complete Schedule T
	OF EXPENDITURE		Event Expe	ense			[	_		holder living expense
	<u></u>						Friendsgiving lur appreciation eve		expense for	all courts' staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder 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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expense Wages/Contract Labor	Т	ravel in District ravel Out of District ITHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 8/19 Rpt: 13/26	2 FILER NAM Wilkinson,	E Melody M. (The Honorable	<del>!</del> )			iler ID (Ethics Commission Filers) 0040825
4	Date 07/01/2024	5 Payee name					
_							
6	Amount (\$)	7 Payee addr		e; Zip Co	ode		
	\$197.00	5600 Brya	nt Irvin Road				
	Reimbursement from political contributions intended	Fort Worth	, TX 76132				
8	PURPOSE	(a) Category (	See Categories listed at the top of this s	chedule)	(b) Description	Chec	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Chec	ck if Austin, TX, officeholder living expense
	LAFENDITORE				Campaign storag	ge	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	e				
	08/01/2024	Public Sto					
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Co	nde		
	\$257.00	5600 Bryant Irvin Road					
	, , ,	3000 Biya	nt ii viii i toaa				
	X Reimbursement from political contributions intended	Fort Worth	, TX 76132				
	PURPOSE	Category (	See Categories listed at the top of this se	chedule)	Description	=	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Chec	ck if Austin, TX, officeholder living expense
					Campaign storag	ge	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	Δ				
	09/01/2024	Public Sto					
_		Payee addr		e; Zip Co	ada		
	Amount (\$) \$257.00	l	ess;	e, zip Ci	oue		
	Φ257.00	5000 Біуа	III IIVIII RUdu				
	X Reimbursement from political contributions intended	Fort Worth	, TX 76132				
	PURPOSE	Category (	See Categories listed at the top of this s	chedule)	Description	Chec	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Chec	ck if Austin, TX, officeholder living expense
	ZAI ZHOHORZ				Campaign storag	ge	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder 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 Credit Card Payment	Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Po	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	w to complete this form.				
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 9/19 Rpt: 14/26	Wilkinson, Melody M. (The Honorable)		00040825			
4	Date	5 Payee name					
	10/01/2024	Public Storage					
6	Amount (\$)	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Zip Code				
	\$257.00	5600 Bryant Irvin Road					
	Reimbursement from political contributions intended	Fort Worth, TX 76132					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedu	le) <b>(b)</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 storag	ge			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	11/01/2024	Public Storage					
	Amount (\$)	Payee address; City; State; Z	Zip Code				
	\$257.00 5600 Bryant Irvin Road						
	Reimbursement from						
	X political contributions intended	Fort Worth, TX 76132					
	PURPOSE	Category (See Categories listed at the top of this schedu	le) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense			
			Campaign storag	ge			
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
F	Date	Payee name					
	12/01/2024	Public Storage					
	Amount (\$)	Payee address; City; State; Z	Zip Code				
	\$257.00	5600 Bryant Irvin Road					
	Reimbursement from						
	X political contributions intended	Fort Worth, TX 76132					
	PURPOSE	Category (See Categories listed at the top of this schedu	le) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense			
	_, _, _, _, _, _, _, _, _, _, _, _, _, _		Campaign storag	ge			
	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

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Pol y - Gift/Awards/Memorials Expense Pri	ice Overhead/Rental Expense lling Expense nting Expense laries/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 complete this form.				
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 10/19 Rpt: 15/26	Wilkinson, Melody M. (The Honorable)		00040825			
4	Date	5 Payee name					
	12/10/2024	Sam's Wholesale Club					
6	Amount (\$)	7 Payee address; City; State; Zi	in Code				
ľ	\$129.79	4400 Bryant Irvin Road	p code				
		4400 Bryant IIVIII Noda					
	Reimbursement from political contributions	Fourt Months TV 70100					
	intended	Fort Worth, TX 76132					
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.			
	EXPENDITURE	Gift/Awards/Memorials Expense	L	Check if Austin, TX, officeholder living expense			
			Christmas gifts fo	or civil district judges			
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
	Data						
	Date	Payee name					
	10/11/2024	State Bar of Texas					
	Amount (\$) Payee address; City; State; Zip Code						
	\$75.00	\$75.00 1414 Colorado Street					
	Reimbursement from political contributions						
	X political contributions intended	Austin, TX 78701					
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense			
	EXI ENDITORE		MCLE fee				
		Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OH						
	Date	Payee name					
	07/23/2024	Tarrant County Bar Association					
	Amount (\$)	Payee address; City; State; Zi	p Code				
	\$40.00	1315 Calhoun Street					
	Reimbursement from						
	X political contributions intended	Fort Worth, TX 76102-6504					
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense			
	LAI LINDITORL		Tarrant County B	Bar Association membership luncheon			
		Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OH						
L							

#### 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			Travel in District Travel Out of District	egory not listed above)
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	3			3	Filer ID (Ethic	cs Commission Filers)
	Sch: 11/19 Rpt: 16/26	Wilkinson,	Melody M. (The Honorable)	)		1	00040825	
4	Date	5 Payee name				<u> </u>		
	08/13/2024	1	unty Bar Association					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode			
	\$15.00	1315 Calho	oun Street					
	Reimbursement from political contributions	Fout Mouth	TV 76102 6504					
	intended	Fort Worth,	TX 76102-6504		·			
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=		f Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense		L L	_		ceholder living expense
					Mahon Inn of Co	urt "	meet and gree	et" reception
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Offic	e held
	Date	Payee name						
	12/12/2024	l	unty Bar Association					
	Amount (\$)	Payee addre		· Zin Co	nde .			
Amount (\$) Payee address; City; State; Zip Code \$20.00 1315 Calhoun Street								
		1313 Came	uli Sileet					
	Reimbursement from political contributions intended	Fort Worth,	TX 76102-6504					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside o	f Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expe	ense			Ch	eck if Austin, TX, offic	ceholder living expense
	LAFENDITORE				Donation at TCB	АН	oliday event	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Offic	e held
	expenditure to benefit C/OH							
	C/OH							
	Date	Payee name						
	11/19/2024	Tarrant Co	unty Bar Association					
$\vdash$	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode			
	\$52.00	1315 Calho	•					
	Reimbursement from							
	X political contributions intended	Fort Worth,	TX 76102-6504					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description			f Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense		[	Ch	eck if Austin, TX, offic	ceholder living expense
					CLE luncheon ev	vent	for New Texas	s Business Courts
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Offic	e 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: 12/19 Rpt: 17/26 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 12/06/2024 Tarrant County Bar Association Women Attorneys Section State; Zip Code Amount (\$) Payee address; City; \$35.00 1315 Calhoun Street Reimbursement from political contributions Х intended Fort Worth, TX 76102-6504 **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 **Event Expense EXPENDITURE** TCBA Womens Attorney Section Holiday event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/04/2024 Texas Association of District Judges Amount (\$) Payee address; City; State; Zip Code \$26.06 c/o Judge Karin Crump P.O. Box 1748 Reimbursement from political contributions Χ Austin, TX 78767 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** Membership renewal Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2024 Texas Center for the Judiciary Payee address; City; State; Zip Code Amount (\$) \$75.00 1210 San Antonio Suite 800 Reimbursement from Χ political contributions intended Austin, TX 78701 **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** CLE fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE G

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	xpense Nages/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: 13/19 Rpt: 18/26		Wilkinson, Melody M. (The Honorable)				00040825
4	Date	5	Payee name				
	09/05/2024		Texas Center for the Judiciary				
6	Amount (\$)	7		Zip Co	ode		
	\$85.00		1210 San Antonio				
	X Reimbursement from political contributions		Suite 800				
L	intended		Austin, TX 78701				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	╛	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Food/Beverage Expense		L Judicial Tribute lu	_	heon event at Annual Judicial
					Education Confe		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
F		_	_				
	Date 07/19/2024		Payee name The Fort Worth Club				
┡				Zin C	ada.		
	Amount (\$) \$54.56		Payee address; City; State; Zip Code 306 West 7th Street				
	Reimbursement from		300 West 7th Sheet				
	political contributions intended		Fort Worth, TX 76102				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	⊒ _	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		L	_	neck if Austin, TX, officeholder living expense
					Lunch meeting to issues	dis	scuss Local Administrative Judge
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 07/25/2024		Payee name The Fort Worth Club				
Г	Amount (\$)	Т	Payee address; City; State;	Zip Co	ode		
	\$59.75		306 West 7th Street				
	Reimbursement from political contributions intended		Fort Worth, TX 76102				
Г	PURPOSE	T	Category (See Categories listed at the top of this sche	dule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Cr	neck if Austin, TX, officeholder living expense
					Lunch meeting to issues.	dis	scuss Local Administrative Judge
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder 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 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: 14/19 Rpt: 19/26	Wilkinson,	Melody M. (The Honorable)	)			00040825			
4	Date	5 Payee name	2			<u> </u>				
	07/26/2024	The Fort W								
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode					
	\$46.76	306 West 7	7th 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 EXPENDITURE	Food/Beve	rage Expense			Ch	neck if Austin, TX, officeholder living expense			
	-A LIBITORE				Lunch meeting to issues	o dis	scuss Local Administrative Judge			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	sholder name		Office sought		Office held			
	Date	Payee name	)							
	12/17/2024	The Fort W								
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode					
	\$240.30	306 West 7th 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	Ch	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	neck if Austin, TX, officeholder living expense			
					Christmas lunche	eon	for 17th District Court staff			
L										
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held			
	C/OH									
H	Date	Payee name	3							
	12/03/2024	The Fort W								
$\vdash$	Amount (\$)	Payee addre		; Zip Co	ode					
	\$59.75	306 West 7		, _,, _,	<del>-</del>					
	Reimbursement from									
	X political contributions intended	Fort Worth	, TX 76102							
	PURPOSE OF	1	See Categories listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beve	rage Expense		Lunch masting to	_	neck if Austin, TX, officeholder living expense			
					Judge transition		scuss Local Administrative District lew LAJ			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	sholder 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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Wages/Contract Labor	7	ravel in District ravel Out of District DTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 15/19 Rpt: 20/26	2 FILER NAM Wilkinson,	E Melody M. (The Honorable	)		1	Filer ID (Ethics Commission Filers) 00040825
4	Date	<b>5</b> Payee name	e			<u> </u>	
	12/05/2024	The Fort V					
6	Amount (\$)	<b>7</b> Payee addr	ess; City; State	e; Zip Co	ode		
	\$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 sc	hedule)	(b) Description	Che	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Che	ck if Austin, TX, officeholder living expense
	EXI ENDITORE				Lunch meeting to	o disc	cuss officeholder issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee nam	e				
	12/13/2024	The Fort V	Vorth Club				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$59.75 306 West 7th Street						
	Reimbursement from						
	x political contributions intended	Fort Worth	, TX 76102				
	PURPOSE	_	See Categories listed at the top of this so	hedule)	Description	Che	ck if travel outside of Texas. Complete Schedule T.
	OF		erage Expense	,		Che	ck if Austin, TX, officeholder living expense
	EXPENDITURE		, <b>3</b>		Lunch meeting to	o disc	cuss officeholder issues
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held
	Date	Payee nam	e				
	12/16/2024	The Fort V					
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$59.75	306 West	7th Street				
	X Reimbursement from political contributions intended	Fort Worth	, TX 76102				
	PURPOSE	Category (	See Categories listed at the top of this sc	hedule)	Description	Che	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Che	ck if Austin, TX, officeholder living expense
					Lunch meeting to	o disc	cuss officeholder issues
	0 1. 0	0 111 125			0.00		000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder 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 Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
-	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	•						
	12/20/2024	The Fort Worth Club							
6	Amount (\$)	7 Payee address; City; State; Zip	Code						
	\$63.76	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	Food/Beverage Expense		Check if Austin, TX, officeholder living expense					
	EXPENDITURE		Lunch meeting to	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							
	11/05/2024	The Fort Worth Club							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$57.16	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 LINDITORE		Lunch meeting to	discuss officeholder issues					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					
	Date	Payee name							
	11/08/2024	The Fort Worth Club							
	Amount (\$)	Payee address; City; State; Zip	Code						
	\$59.75	1							
	Reimbursement from								
	x 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 officeholder issues					
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH	Sandado Oniconoldo Hame	Since Sought	Silico ficia					

## 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	- Gift/A Committee Lega	/Beverage Expense wards/Memorials Expense I Services Instruction Guide explains I		kpense /ages/Contract Labor	-	Travel in District Travel Out of District DTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 17/19 Rpt: 22/26	2 FILER NAME Wilkinson, Melo	ody M. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00040825		
4	Date	5 Payee name				<u> </u>			
	11/21/2024	The Fort Worth	Club						
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	de				
	\$59.75	306 West 7th S	treet						
	Reimbursement from political contributions intended	Fort Worth, TX	76102						
8	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sche	edule)	(b) Description	Che	ck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beverage	Expense			_	ck if Austin, TX, officeholder living expense		
					Lunch meeting w	vith fo	ormer intern for 17th District Court		
_	Commiste ONII V if direct				Office country		Office held		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	er name		Office sought		Office held		
	Date	Payee name							
	11/27/2024	The Fort Worth	Club						
	Amount (\$)	Payee address; City; State; Zip Code							
\$119.51 306 West 7th Street									
	Reimbursement from political contributions intended	Fort Worth, TX	76102						
	PURPOSE OF	Category (See Ca	tegories listed at the top of this sche	edule)	Description	_	ck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Beverage	Expense		17th Dietriet Cou	_	ck if Austin, TX, officeholder living expense		
					17th District Cou	II Sta	aff birthday luncheon		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	er name		Office sought		Office held		
	Date	Payee name							
	07/29/2024	The Fort Worth	Club						
	Amount (\$)	Payee address;	City; State;	Zip Co	de				
	\$59.75	306 West 7th S	treet						
	Reimbursement from political contributions intended	Fort Worth, TX	76102						
	PURPOSE OF	Category (See Ca	tegories listed at the top of this sche	edule)	Description	=	ck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Beverage	Expense			_	ck if Austin, TX, officeholder living expense		
					Lunch meeting to	ว นเรเ	cuss officeholder issues		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	er 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			Travel in District Travel out of District OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explains	s how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)	
	Sch: 18/19 Rpt: 23/26	Wilkinson,	Melody M. (The Honorable	<del>)</del> )			00040825	
4	Date	5 Payee name	<u> </u>			1		_
	12/11/2024	The Fort W						
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode			
	\$149.39	306 West 7	th Street					
	Reimbursement from political contributions intended	Fort Worth	TX 76102					
8	PURPOSE	(a) Category (s	see Categories listed at the top of this so	chedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	1	rage Expense	-		Ch	heck if Austin, TX, officeholder living expense	
	EXPENDITURE		·		Lunch meeting to	o dis	scuss officeholder issues	
9	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought		Office held	
	Date	Payee name						
	08/13/2024	The Fort W						
$\vdash$	Amount (\$)	Payee addre		e· 7in C	nde			_
	\$89.64	Payee address; City; State; Zip Code  306 West 7th Street						
	•	JOO WESL	ui 30000					
	X Reimbursement from political contributions intended	Fort Worth	TX 76102					
	PURPOSE	Category (S	see Categories listed at the top of this so	chedule)	Description	_	neck if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	heck if Austin, TX, officeholder living expense	
	<b></b>				Meeting to discus	SS 0	officeholder issues	
L								
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
L								_
	Date	Payee name						
	08/12/2024	The Fort W	orth Club					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode			
	\$44.17	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 so	chedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	Food/Beve	rage Expense			_	neck if Austin, TX, officeholder living expense	
					Lunch meeting to	o dis	scuss officeholder issues	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	
								$\neg$

#### 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 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 09/21/2024 Trader Joe's 6 Amount (\$) Payee address; City; State; Zip Code \$36.74 2701 South Hulen Street Reimbursement from political contributions intended Х Fort Worth, TX 76109 **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 **Event Expense EXPENDITURE** Table decorations/flowers for table for Republican Women of Arlington High Tea event 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 Instru	pages Schedule K: L/2 Rpt: 25/26					
2	FILER NAME			3	Filer II	Commission F	ilers)
	Wilkinson, M	1elo	ody M. (The Honorable)		00040	0825	
4	Date 07/31/2024	<u> </u>	Name of person from whom amount is received  Worthington National Bank  Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$)	\$42.00
			Fort Worth, TX 76102				
		7	Purpose for which amount is received	ck if politic	al cont	ribution returned to filer	
	Date		Name of person from whom amount is received			Amount (\$)	
	08/30/2024		Worthington National Bank				\$45.89
			Address of person from whom amount is received; City; State; Zip Code				
			Fort Worth, TX 76102				
		H		k if politic	al cont	ribution returned to filer	
			Interest				
	Date	Ħ	Name of person from whom amount is received			Amount (\$)	
	09/30/2024		Worthington National Bank				\$36.40
		ļ	Address of person from whom amount is received; City; State; Zip Code			1	
			F. (M. II. TV 70400				
		L	Fort Worth, TX 76102			1	
			Purpose for which amount is received	k if politic	al cont	ribution returned to filer	
_	Doto	늗				Amount (Φ)	
	Date 10/31/2024		Name of person from whom amount is received  Worthington National Bank			Amount (\$)	\$18.91
	10/01/2024	ļ	Address of person from whom amount is received; City; State; Zip Code				Ψ10.01
			Address of person from whom amount is received, Only, State, 21p Code				
		L	Fort Worth, TX 76102				
			<del></del>	k if politic	al cont	ribution returned to filer	
		뉴	Interest			i	
	Date		Name of person from whom amount is received			Amount (\$)	¢10.04
	11/29/2024	ļ	Worthington National Bank				\$10.94
			Address of person from whom amount is received; City; State; Zip Code				
			Fort Worth, TX 76102				
		H		k if politic	al cont	ribution 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: 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 (\$) 12/31/2024 \$9.71 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