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 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Melody M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 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** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 17 Tarrant District Judge District 17

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Wilkinson, Melody M	(The Honorable)	14 Filer ID 00040825	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expendit es may have been made without required to report this information	the candidate's or of	ficeholder's ki	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAME			
		COMMITTEE CA	MPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER THA R CONTRIBUTIONS MADE ELE		\$,	0.00
		ICAL CONTRIBI PLEDGES, LOANS	UTIONS S, OR GUARANTEES OF LOAN	IS)	\$	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	TURES		\$	5,484.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE I	AST DAY OF THE	\$	111,816.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penal- true and correct and includes a under Title 15, Election Code.	ty of perjury, that the all information require	accompanyin ed to be repor	g report is ed by me
			The Honora	able Melody M. Wil	kinson	
			Signature o	f Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	e of officer administering oath	Title of off	icer administe	ring oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 21											
I	ER NAN	Melody M. (The Honorable)	19 Filer ID 00040825	(Ethics Commission Filers)								
l .		SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT								
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$								
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$								
3.		\$										
4.	X	\$ 0.00										
5.		\$										
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
7.		\$										
8.		\$										
9.	Х	\$ 5,484.56										
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$								
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$								
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$ 55.43								

	LOANS (J	UDICIAL)				SCHED	ULE E((J)
	The Instructio	on Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/21				
2	FILER NAME Wilkinson, Meloc	dy M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040825				
4	TOTAL OF UN	IITEMIZED LOANS		•		\$		0.00
5	Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan Am	ount (\$)	
6	Is lender a financial institution?		10 Interest F					
						11 Maturity [Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	eposited	into political a (See Inst		
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount 0	Suaranteed	(\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's spouse (if any)					
	· 		20 Law Film of gaarantor o op		, (ii diriy)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
_	Sch: 1/15 Rpt: 5/21	ı	Wilkinson, Melody M. (The Honorable)			3	00040825
4	Date	5	Payee name				
	05/13/2025		Costco Wholesale				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$12.98		5300 Overton Ridge Blvd.				
	Reimbursement from political contributions intended		Fort Worth, TX 76132				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			CI	neck if Austin, TX, officeholder living expense
	LAI LINDITORE				Supplies		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	01/08/2025		Cowtown Republican Women				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$300.00		P.O. Box 470152				
	Reimbursement from political contributions intended		Fort Worth, TX 76147				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees		Annual Sponsors	_	neck if Austin, TX, officeholder living expense
	Commiste ONII V if diseast	<u> </u>	didata (Office le alder recurs		Office country		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	aldate/Oπicenolder name		Office sought		Office held
	Date		Payee name				
	01/22/2025		Fort Worth Republican Women				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$100.00		P.O. Box 101613				
	Reimbursement from						
	X political contributions intended		Fort Worth, TX 76185-1613				
	PURPOSE	İ	Category (See Categories listed at the top of this sched	dule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees			CI	neck if Austin, TX, officeholder living expense
	-				Annual BFF Cont	trib	ution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/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: 2/15 Rpt: 6/21 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 01/22/2025 Fort Worth Republican Women Amount (\$) Payee address; City; State; Zip Code \$30.00 P.O. Box 101613 Reimbursement from political contributions Х intended Fort Worth, TX 76185-1613 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly luncheon meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/28/2025 Fort Worth Republican Women Amount (\$) Payee address; City; State; Zip Code \$35.00 P.O. Box 101613 Reimbursement from political contributions Χ Fort Worth, TX 76185-1613 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly lunch meeting Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2025 Go Daddy Operating Company, LLC Payee address; City; State; Zip Code Amount (\$) \$99.99 100 South Mill Avenue **Suite 1600** Reimbursement from Χ political contributions intended Tempe, AZ 85281 **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** Standard SSL Annual Renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/15 Rpt: 7/21 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 03/15/2025 Go Daddy Operating Company, LLC Amount (\$) Payee address; City: State; Zip Code \$399.98 100 South Mill Avenue **Suite 1600** Reimbursement from political contributions Х intended Tempe, AZ 85281 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Managed SSL - 2 year renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/27/2025 Go Daddy Operating Company, LLC Amount (\$) Payee address; City; State; Zip Code \$255.58 100 South Mill Avenue Suite 1600 Reimbursement from political contributions Χ Tempe, AZ 85281 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** Web Hosting Economy Renewal Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2025 Ichiro Asian Bistro Payee address; City; State; Zip Code Amount (\$) \$72.29 1500 Rivery Blvd. Reimbursement from Χ political contributions intended Georgetown, TX 78628 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Texas Center for the Judiciary - Family Justice Conference -meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committ Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 4/15 Rpt: 8/21	2 FILER NAM Wilkinson,	E Melody M. (The Honorable)		1	Filer ID (Ethics Commission Filers) 00040825			
4	Date	5 Payee name				1				
	01/23/2025		ce Hardware Westcliff							
6	Amount (\$)	7 Payee addr	Payee address; City; State; Zip Code							
	\$12.95	3548 S. Hi	lls Avenue, #12							
	Reimbursement from political contributions intended	Fort Worth	, TX 76109							
8	PURPOSE	(a) Category (See Categories listed at the top of this sc	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense			
					Supplies for mon	nthly	civil district judge luncheon			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held			
	Date	Payee name	e							
	04/23/2025	Joseph M	Pritchard Inn							
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode					
	\$30.00	1414 Colo	rado Street							
	Reimbursement from political contributions intended	Austin, TX	78701							
	PURPOSE OF	Category (See Categories listed at the top of this sci	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Fees		L	_	eck if Austin, TX, officeholder living expense				
					Annual members	snip	aues			
	Complete ONLY if direct	Candidate/Office	aholder name		Office sought		Office held			
	expenditure to benefit C/OH	ourididate/Office	Should hame		Office Sought		Office field			
H	Data									
	Date 02/11/2025	Payee name	e Maya - North Main							
				- Zin Co	240					
	Amount (\$) \$36.15	Payee addr	ess;	; Zip Co	ode					
		1340 NOIL	i Maiii Stieet							
	Reimbursement from political contributions intended	Fort Worth	, TX 76106							
	PURPOSE OF		See Categories listed at the top of this so	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beve	erage Expense		L unch moeting w	_	eck if Austin, TX, officeholder living expense			
					Lanch meeting w	vitil -	17th District Court staff			
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	ИE			3 Filer ID (Ethics Commission Filers)
	Sch: 5/15 Rpt: 9/21	Wilkinson	, Melody M. (The Honorable	·)		00040825
4	Date	5 Payee nam	ne			
	01/21/2025	Neiman M	larcus Cafe			
6	Amount (\$)	7 Payee add	ress; City; State	e; Zip C	ode	
	\$74.95	5200 Mon	ahans Avenue			
	X Reimbursement from political contributions intended	Fort Wortl	n, TX 76109			
8	PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bev	erage Expense		L	Check if Austin, TX, officeholder living expense
					Lunch meeting to	o discuss officeholder issues
_	Operation ONE V. C. F.	0	- l l d		0#	Office I I I
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	enoider name		Office sought	Office held
	Date	Payee nam	ne			
	01/01/2025	Public Sto	orage			
	Amount (\$)	Payee add	ress; City; State	e; Zip C	ode	
	\$257.00	5600 Brya	ant Irvin Road			
	Reimbursement from political contributions intended	Fort Wortl	n, TX 76132			
	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	erhead/Rental Expense		_ [Check if Austin, TX, officeholder living expense
					Campaign storaç	ge
	Complete ONLY if direct expenditure to benefit	Candidate/Offic	ceholder name		Office sought	Office held
	C/OH					
F	Date	Payee nam	10			
	02/01/2025	Public Sto				
\vdash	Amount (\$)	Payee add		e; Zip C	ode	
	\$257.00	l	ant Irvin Road	, ,		
	Reimbursement from	_				
	X political contributions intended		n, TX 76132		-	_
	PURPOSE OF		(See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office Ove	erhead/Rental Expense		Campaign storag	
						y ~
	Complete ONLY if direct	Candidate/Offic	ceholder name		Office sought	Office held
	expenditure to benefit C/OH					
ı						

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 I Candidate/Officeholder/Politi Credit Card Payment			Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	лЕ			3 Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 10/21		, Melody M. (The Honorab	le)		00040825
4	Date	5 Payee nam	ne			•
	03/01/2025	Public Sto	orage			
6	Amount (\$)	7 Payee add	ress; City; Sta	ate; Zip C	ode	
	\$257.00	5600 Brya	ant Irvin Road			
	Reimbursement from political contributions intended	Fort Wortl	n, TX 76132			
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	erhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Campaign stora	ge
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought	Office held
	Date	Payee nam	ne			
	04/01/2025	Public Sto	orage			
	Amount (\$)	Payee add	ress; City; Sta	ate: Zip C	ode	
	\$257.00		ant Irvin Road	, -		
		0000 2.90				
	Reimbursement from political contributions intended	Fort Wortl	n, TX 76132			
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	erhead/Rental Expense		l L	Check if Austin, TX, officeholder living expense
					Campaign storage	ge
	Complete ONLY if direct	Candidate/Offic	cahaldar nama		Office sought	Office held
	expenditure to benefit	Sandidate/Offic	cholact hame		Omce sought	Office field
	C/OH					
	Date	Payee nam	ne			
	05/01/2025	Public Sto				
_	Amount (\$)	Payee add		ate; Zip C	ohe	
	\$257.00	1	ant Irvin Road	, Zip C		
		3000 Biya	ant iiviii rtoad			
	X Reimbursement from political contributions intended	Fort Wortl	n, TX 76132			
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Campaign stora	ge
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought	Office held
Т						

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: 7/15 Rpt: 11/21 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 06/01/2025 **Public Storage** Payee address; Amount (\$) City; State; Zip Code \$257.00 5600 Bryant Irvin Road Reimbursement from political contributions Х intended Fort Worth, TX 76132 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Campaign storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/15/2025 Republican Women of Arlington Amount (\$) Payee address; City; State; Zip Code \$50.00 P.O. Box 14317 Reimbursement from political contributions Χ Arlington, TX 76094-1317 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** Eagle membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/15/2025 Republican Women of Arlington Payee address; City; State; Zip Code Amount (\$) \$20.00 P.O. Box 14317 Reimbursement from Χ political contributions intended Arlington, TX 76094-1317 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Monthly lunch meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

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

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense y - Gift/Awards/Memorials Expense	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing 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 he	ow to comple	te this form.						
1	Total pages Schedule G:	2 FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 8/15 Rpt: 12/21	Wilkinson, Melody M. (The Honorable)				00040825				
4	Date	5 Payee name			•					
	01/23/2025	Shaw's Patio Bar & Grill								
6	Amount (\$)	7 Payee address; City; State;	Zip Code							
	\$232.00	1051 West Magnolia Avenue								
	Reimbursement from									
	X political contributions intended	Fort Worth, TX 76104								
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	lule) (b)	Description	Ch	neck if travel outside of Texas. Complete Schedule	T.			
	OF EXPENDITURE	Food/Beverage Expense		İ	Ch	neck if Austin, TX, officeholder living expense				
	EXPENDITORE		Hos	st monthly civ	vil dis	strict judge luncheon meeting				
9		Candidate/Officeholder name		Office sought		Office held				
	expenditure to benefit C/OH									
H	<u> </u>	T					_			
	Date	Payee name								
	05/17/2025	State Bar of Texas								
	Amount (\$)		Zip Code							
	\$293.00	1414 Colorado Street								
	Reimbursement from political contributions									
	intended	Austin, TX 78701		_						
	PURPOSE OF	Category (See Categories listed at the top of this sched	lule)	Description [_	neck if travel outside of Texas. Complete Schedule neck if Austin, TX, officeholder living expense	Т.			
	EXPENDITURE	Fees	A 10 10	ا مساما امسا						
			Ann	ıual dues rer	iewa	u				
	Complete ONLY if direct	Candidate/Officeholder name		Office sought		Office held				
	expenditure to benefit	Candidate/Onicenoider name		Jilice Sougrit		Office field				
	C/OH									
	Date	Payee name								
	02/04/2025	Tarrant County Bar Association								
	Amount (\$)	Payee address; City; State;	Zip Code							
	\$52.00	1315 Calhoun Street								
	Reimbursement from									
	X political contributions intended	Fort Worth, TX 76102-6504								
	PURPOSE	Category (See Categories listed at the top of this sched	lule)	Description	Ch	neck if travel outside of Texas. Complete Schedule	T.			
	OF EXPENDITURE	Food/Beverage Expense			Ch	neck if Austin, TX, officeholder living expense				
					ship L	uncheon - Celebrating 50 Year				
				orneys						
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	(Office sought		Office held				
	C/OH									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/15 Rpt: 13/21 Wilkinson, Melody M. (The Honorable) 00040825 Date Payee name 02/25/2025 **Tarrant County Bar Association** Amount (\$) Payee address; City; State; Zip Code \$115.00 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** Annual Joint Meeting of Metroplex Joint Inns of Court Meeting - Eldon B. Mahon Inn of Court Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/25/2025 **Tarrant County Bar Association** Amount (\$) Payee address; City; State; Zip Code \$10.00 1315 Calhoun Street Reimbursement from political contributions Χ Fort Worth, TX 76102-6504 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** Tarrant County Young Lawyers Association - Chili Cook Off Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2025 Tarrant County Republican Assembly Payee address; City; State; Zip Code Amount (\$) \$60.00 P.O. Box 12205 Reimbursement from Χ political contributions intended Fort Worth, TX 76110-8205 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Annual dues renewal - 2025 and 2026 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

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

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Frinting Expense Committee Legal Services Salaries/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: 10/15 Rpt: 14/21	Wilkinson, Melody M. (The Honorable)	00040825
4	Date	5 Payee name	•
	02/08/2025	Tarrant County Republican Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	201 N. Rupert Street	
	Reimbursement from	Suite 117	
	X political contributions intended	Fort Worth, TX 76107	
8	PURPOSE		Check if travel outside of Texas. Complete Schedule T.
°	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Event Expense Gala	
		Gaia	
9	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit	Zahuluate/Oniceholder hame Onice sought	Office field
	C/OH		
	Date	Payee name	
	02/08/2025	Texas Bar Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	515 Congress Avenue	
	Reimbursement from	Suite 1755	
	X political contributions intended	Austin, TX 78701-3505	
	PURPOSE		Check if travel outside of Texas. Complete Schedule T.
	OF	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Check if dustin, TX, officeholder living expense
	EXPENDITURE	·	Fellow Contribution
		3	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		
	C/OH		
	Date	Payee name	
	01/17/2025	Texas Center for the Judiciary	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.00	1210 San Antonio	
	Reimbursement from	Suite 800	
	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	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Candidate/Officeholder/Political Committee Annual Contribu	ution
		Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		
_	5,011		

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Food/Beverage Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		kpense Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 15/21		Wilkinson, Melody M. (The Honorable)				00040825
4	Date	5	Payee name				
	01/27/2025		The Fort Worth Club				
6	Amount (\$) \$51.96	7	Payee address; City; State; 306 West 7th Street	Zip Co	ode		
	Reimbursement from political contributions intended		Fort Worth, TX 76102				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	= -	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense			_	neck if Austin, TX, officeholder living expense
					Lunch meeting to) als	scuss officeholder issues
9	Complete ONLY if direct	<u> </u>	ndidate/Officeholder name		Office sought		Office held
9	expenditure to benefit C/OH	Cai	ididate/Oniceriolder name		Office Sought		Office field
	Date		Payee name				
	02/10/2025		The Fort Worth Club				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$89.63		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 sche	edule)	Description	⊒ .	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		Lunch meeting to	_	neck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	I Car	ndidate/Officeholder name		Office sought		Office held
	Date 02/12/2025		Payee name The Fort Worth Club				
	Amount (\$) \$59.75		Payee address; City; State; 306 West 7th Street	Zip Co	ode		
	Reimbursement from political contributions intended		Fort Worth, TX 76102				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		L unch mosting to	_	neck if Austin, TX, officeholder living expense
					_	ul	scuss officeholder issues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE **G**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Tran Trav Trav	citation/Fundraising Expense nsportation Equipment & Related Expens rel in District rel Out of District HER (enter a category not listed above)	se
1	Total pages Schedule G:	12	FILER NAME		1	3 File	er ID (Ethics Commission Fil	orc)
	Sch: 12/15 Rpt: 16/21		Wilkinson, Melody M. (The Honorable)				040825	ers)
4	Date	5	Payee name					
	02/18/2025		The Fort Worth Club					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$59.75		306 West 7th Street					
	Reimbursement from political contributions intended		Fort Worth, TX 76102	ort Worth, TX 76102				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check i	f travel outside of Texas. Complete Sch	edule T.
	OF		Food/Beverage Expense			Check i	f Austin, TX, officeholder living expense	
	EXPENDITURE		. 000/2010/dg0 <u>2</u> /4poilio		L unch meeting to	- discus	ss officeholder issues	
_	0 1 0 0 11 11 11 11	Ť	" I (O I . I		0‴		0"	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	
	Date		Payee name					
	02/21/2025		The Fort Worth Club					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$89.63 306 West 7th Street							
I	Reimbursement from political contributions intended		Fort Worth, TX 76102					
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check i	f travel outside of Texas. Complete Sch	edule T.
	OF		Food/Beverage Expense			Check i	if Austin, TX, officeholder living expense	
	EXPENDITURE		ų ,		Lunch meeting to	discus	ss officeholder issues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	
	Date	Ī	Payee name					
	03/11/2025		The Fort Worth Club					
	Amount (\$)	T	Payee address; City; State;	Zip Co	ode			
	\$35.07	1	306 West 7th Street	•				
			-					
	Reimbursement from political contributions intended		Fort Worth, TX 76102					
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	₫	f travel outside of Texas. Complete Sch	edule T.
	OF EXPENDITURE	1	Food/Beverage Expense			Check i	f Austin, TX, officeholder living expense	
	-XI ENDITORE	1			Meeting to discus	s offic	eholder issues	
	Complete <u>ONLY</u> 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 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 Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 13/15 Rpt: 17/21	2 FILER NAM Wilkinson,	E Melody M. (The Honorable)		1	Filer ID (Ethics Commission Filers) 00040825
4	Date	5 Payee name	<u> </u>			<u> </u>	
	03/10/2025	The Fort W					
6	Amount (\$)	7 Payee addre	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 (s	See Categories listed at the top of this sc	hedule)	(b) Description	Che	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 i	ntern
Ļ	0 1 0 0 1 1 0 1 1 1 1	0 111 100			0.00		015
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enoider name		Office sought		Office held
	Date	Payee name	9				
	03/14/2025	The Fort W	orth Club				
	Amount (\$)	Payee addre	, ,,	e; Zip Co	ode		
	\$114.31	306 West	7th Street				
	Reimbursement from political contributions intended	Fort Worth	, TX 76102				
	PURPOSE OF	Category (See Categories listed at the top of this sci	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense		L		eck if Austin, TX, officeholder living expense
					Starr lunch meeti	ıng v	with 17th District Court staff
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	9				
	04/17/2025	The Fort W	orth Club				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$53.26	306 West	7th Street				
	Reimbursement from political contributions intended	Fort Worth	, TX 76102				
	PURPOSE OF	Category (See Categories listed at the top of this so	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		L	_	eck if Austin, TX, officeholder living expense
					Lunch meeting w	vitu I	ntem
	expenditure to benefit	 Candidate/Office	eholder name		Office sought		Office held
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			ood/Beverage Expense Polling Expense ift/Awards/Memorials Expense Printing Expense			Travel in D Travel Out		·		
	Credit Card Payment The Instruction Guide explains how to complete this form.										
1	Total pages Schedule G:	2 FILE	R NAME			3	Filer ID	(Ethics Commission Filers	s)		
	Sch: 14/15 Rpt: 18/21	Wilk	inson, Melody M. (The Hon	orable)			000408	25			
4	Date	5 Paye	e name			<u> </u>					
	05/14/2025		Fort Worth Club								
6	Amount (\$)	7 Paye	7 Payee address; City; State; Zip Code								
	\$59.75	306	West 7th Street								
	Reimbursement from										
	X political contributions intended	Fort	Worth, TX 76102								
8	PURPOSE	(a) Cate	gory (See Categories listed at the top	of this schedule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Schedu	ıle T.		
	OF Food/Beverage Expense					Check if Austin, TX, officeholder living expense					
	LAFLINDITORL				Lunch meeting to	o dis	cuss of	ficeholder issues			
9	Complete ONLY if direct expenditure to benefit	Candidat	e/Officeholder name		Office sought			Office held			
	C/OH										
	Date	Pave	e name								
	05/21/2025	1	Fort Worth Club								
_											
	Amount (\$) Payee address; City; State; Zip Code \$21.04 306 West 7th Street										
	, -	300	West ful Sueet								
	X Reimbursement from political contributions	_									
	intended	Fort	Worth, TX 76102								
	PURPOSE	Cate	gory (See Categories listed at the top	of this schedule)	Description			l outside of Texas. Complete Schedu	ıle T.		
OF EXPENDITURE		Food	d/Beverage Expense		L			n, TX, officeholder living expense			
					Meeting to discu	ISS 0	fficehol	der issues			
	Complete ONLY if direct	Candidat	e/Officeholder name		Office sought			Office held			
	expenditure to benefit C/OH										
		•									
	Date	1 1	e name								
	05/23/2025	The	Fort Worth Club								
Amount (\$) Payee address; City; State; Zip Code											
	\$44.17	306	West 7th Street								
	Reimbursement from										
	X political contributions intended	Fort	Worth, TX 76102								
	PURPOSE	Cate	gory (See Categories listed at the top	of this schedule)	Description	Ch	eck if travel	outside of Texas. Complete Schedu	ıle T.		
	OF EXPENDITURE	Food	d/Beverage Expense			Ch	eck if Austii	n, TX, officeholder living expense			
	LXI LINDITORL				Lunch meeting to	o dis	cuss of	ficeholder issues			
		Candidat	e/Officeholder name		Office sought			Office held			
	expenditure to benefit										
	C/OH										

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/A	xpense Nages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 15/15 Rpt: 19/21		Wilkinson, Melody M. (The Honorable)			00040825			
4	Date	5	Payee name						
	05/30/2025		The Fort Worth Club						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$59.75		306 West 7th Street						
	Reimbursement from political contributions intended		Fort Worth, TX 76102						
•	DUDDOCE	(0)			(h) Description [Check if traval autoids of Tayon, Complete Schodule T			
8	PURPOSE OF	(a) 	Category (See Categories listed at the top of this sched	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Food/Beverage Expense	9 1					
					Lunch meeting w	g with intern			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held			
	Date		Payee name						
	06/12/2025		The Fort Worth Club						
	Amount (\$) Payee address; City; State; Zip Code				ode				
	\$119.51	\$119.51 306 West 7th Street							
	Reimbursement from								
	X political contributions intended		Fort Worth, TX 76102						
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EVDENDITUDE			Food/Beverage Expense			Check if Austin, TX, officeholder living expense			
EXPENDITURE					Lunch meeting to	discuss officeholder issues			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held			
	Date	Г	Payee name						
	06/27/2025		The Fort Worth Club						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$43.36		306 West 7th Street						
	Reimbursement from								
	x political contributions intended		Fort Worth, TX 76102						
	PURPOSE		Category (See Categories listed at the top of this sched	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	discuss officeholder issues			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held			

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.		pages Schedule K: 1/2 Rpt: 20/21		
2	FILER NAME		Filer ID) (Ethics Commission F	ilers)	
	Wilkinson, M	lelody M. (The Honorable)	00040		•	
<u>_</u>	Date	5 Name of person from whom amount is received		8 Amount (\$)		
ľ	01/31/2025	Worthington National Bank			σ γ unount (φ)	\$9.49
	01/01/2020					Ψ515
		6 Address of person from whom amount is received; City; State; Zip Code				
		Fort Worth, TX 76102				
			wile, stick west, we and to file.			
		7 Purpose for which amount is received	ribution returned to filer			
L		IIILEIESI				
	Date	Name of person from whom amount is received	Amount (\$)			
	02/28/2025	Worthington National Bank				\$8.57
		Address of person from whom amount is received; City; State; Zip Code]	
		Fort Worth, TX 76102				
		Purpose for which amount is received	ribution returned to filer			
		Interest				
	Date	Name of person from whom amount is received		Amount (\$)		
	03/31/2025	Worthington National Bank			\$9.49	
		Address of person from whom amount is received; City; State; Zip Code	•			
		Fort Worth, TX 76102				
		Purpose for which amount is received	ribution returned to filer			
		Interest				
F	Date	Name of person from whom amount is received		Amount (\$)		
	04/30/2025	Worthington National Bank			γ αποσιπ (ψ)	\$9.19
	0 1/00/2020				Ψ0.10	
		Address of person from whom amount is received; City; State; Zip Code				
		Fort Worth, TX 76102				
			heck if noliti	cal cont	I ribution returned to filer	
		Interest	neek ii poiiti	cai com	ribution returned to mer	
⊨					1	
	Date	Name of person from whom amount is received			Amount (\$)	#0.40
	05/30/2025	Worthington National Bank				\$9.19
		Address of person from whom amount is received; City; State; Zip Code				
		F. (W. d. TV 70400				
		Fort Worth, TX 76102				
		<u> </u>	ribution returned to filer			
		Interests				
1						

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: 21/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wilkinson, Melody M. (The Honorable) 00040825 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 \$9.50 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