

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR <input checked="" type="radio"/> MR	FIRST Melanie	MI L	OFFICE USE ONLY	
	NICKNAME	LAST Berry	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5500 Coca Cola Ranch Road, Jacksboro, TX. 76458				
	Date Received RECEIVED FEB - 7 2022				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 507-1617	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS (MRS) MR <input checked="" type="radio"/> MR	FIRST Melanie	MI L	Receipt #	Amount \$
	NICKNAME	LAST Berry	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5500 Coca Cola Ranch Road, Jacksboro, TX. 76458				
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 507-1617	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit		
10 PERIOD COVERED	Month 01	Day 12	Year 2022	THROUGH	Month 01
					Day 31
					Year 2022
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month 03	Day 01	Year 2022	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Jack County District Clerk		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

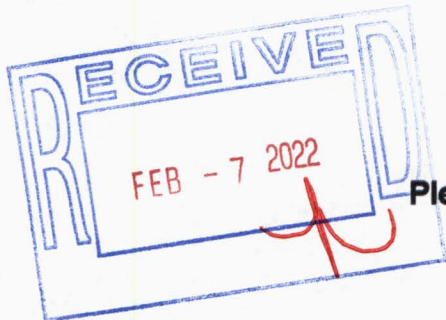
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Melanie L. Berry</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,539.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melanie L. Berry
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Melanie L. Berry this the 31 day of January, 20 22, to certify which, witness my hand and seal of office.

Taylor Signature of officer administering oath
 Taylor, Hendrix Printed name of officer administering oath
 31 Jan 22 11:45 Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Melanie L. Berry

20 Filer ID (Ethics Commission Filers)

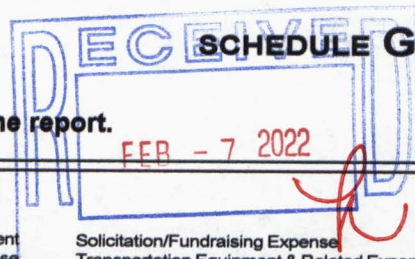
21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. ✓	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,539.63
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Melanie L. Berry		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2022	5 Payee name Perri Leaville Design		
6 Amount (\$) 2,794.69 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 515 NW 22 nd Street, Mineral Wells, Texas 76067		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Materials		(b) Description Campaign Pushcards & Signs
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held Melanie L. Berry, District Clerk			
Date 01/30/2022	Payee name Perri Leaville Design		
Amount (\$) 3,695.94 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 515 NW 22 nd Street, Mineral Wells, Texas 76067		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Materials		Description campaign pushcards & signs
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held Melanie L. Berry, District Clerk			
Date 01/23/2022	Payee name Slick Text		
Amount (\$) 49.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code SlickText.com		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Texting Services		Description Texting Services
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held Melanie L. Berry, District Clerk			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED