# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRST Melanie	MI L	OFFICE USE ONLY
NAME	NICKNAME LAST Berry	SUFFIX	Date Received  EGEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 0 5500 Coca Cola Ranch R	SITY; STATE; ZIP CODE )	FEB 1 8 2022
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (940) 507-1617	EXTENSION	Date Hand-delivered or Date Rostmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	ms/ms) mr First Melanie	мі <u>L</u> .	Date Processed
	NICKNAME LAST Berry	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 5500 Coca Cola Ranch R		state; zip code Texas 76458
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (940) 507-/617	EXTENSION	
9 REPORT TYPE	January 15  30th day before elements of the day		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02 / 01 /2022	Month THROUGH	Day Year
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary O3 / O1 / 2022 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known District (	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	Victorial Victorial
	COMMITTEE CAMPAIGN TRE		
	GO TO	PAGE 2	

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### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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### FORM C/OH COVER SHEET PG 2

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15 C/OH NAME	Melanie L.	Berry	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PO	LITICAL CONTRIBUTIONS (OTHER THA GUARANTEES OF LOANS, OR ELECTRONICALLY)	\$ D.00
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOANS	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	LITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EX	PENDITURES	\$ 326.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LA	AST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNTED THE REPORT	UNT OF ALL OUTSTANDING LOANS AS O DRTING PERIOD	\$ 0.00
	wear, or affirm, under penalty of per juired to be reported by me under Title		rue and correct and includes all information
		Mulanue Signature of C	Candidate or Office Holder
(1) Affidavit	DEBRA TILLERY Notary Public, State of My Commission Exp May 04, 2024 NOTARY ID 70585	Texas	FEB 1 8 2022
NOTARY STAMP/SEA	No. 1	1 n	10th Fl
11	which, witness my hand and seal of of	this the fice.	a 18 day of Edward  Notar Public  Title of officer administering oath
		OR	
(2) Unsworn Declarati	on		
My name is		, and my date of birth	is
My address is	(street)	(city)	(state) (zip code) (country)
Executed in		, on theday of(mor	
		Signature of Cano	didate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

19	Melanie L. Berry  20 Filer ID (Ethics Con	mmission Filers)
	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	\$324.97
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



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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITU	RE CATEGORIES FOR BOX 8(a)
nt Expense	Loan Repayment/Reimburseme

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME Melanie L. Berry	3 Filer ID (Ethics Commission Filers)	
12/2 1/2021	tacebook-Mets Corp.		
Reimbursement from political contributions intended	7 Payee address; 1 Hacker Way,	Mento Park, Glifornia 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  Marketing fee for Business Swite App  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Melanie L. Berry,	Office sought Office held  District Clerk	
Date 01/28/2022	Payee name MCD Pur Facebook -	Facebook / Meta Corp.	
Amount (\$)  9,86  Reimbursement from political contributions intended	1 Hackerway, Mento Park,	MenloPark, Colifornia 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Marketing fee for Business Suite App.	
	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  District Clerk			
Date 02/07/202	Payee name Slick Text	DECLIVE	
Amount (\$)  3 0 1, 00  Reimbursement from political contributions intended	Payee address; Slick Text. Com	City; FEBState:8 2022 ip Cede	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Texting Service S  Check if travel outside of Texas. Complete Schedule T.	Texting Services	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Melanie L. Berry	Office sought  Office held  Office held	
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to	complete this form.		
Total pages Schedule G: 2/2	2 FILER NAME Melanie L. Berry		3 Filer ID (Ethics	Commission Filers)
Date 02/10/2022 15.97 mes	Rexall City Drug Store			
Amount (\$) 15.97 Reimbursement from political contributions intended	7 Payee address; Rexall City Drug Store, 104	E.BelknapSt.,	State; Jacksboro, TX.	Zip Code 76458
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	2 1.	
OF EXPENDITURE	Campaign Supplies	Campaign	Supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	kpense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Melanie L. Berry D.	Office sought Strict Cler	k	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	ECEIV	76
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	FEB 1 8 20/	Office held
Date	Payee name			CAT STATE THE REAL PROPERTY OF THE PARTY OF
Amount (\$)  Reimbursement from political contributions	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EAF ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	rpense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	ED_	
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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

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FORM C/OH - FR

Revised 8/17/2020

	The Instruction Guide explains how	v to complete this form.
	Complete only if "Report Type" on pag	e 1 is marked "Final Report" ••
1 C/OH	Melanie L. Berry	2 Filer ID (Ethics Commission Filers)
3 SIGI	NATURE /	
desig	not expect any further political contributions or political expenditure gnating a report as a final report terminates my campaign treasure paign contributions or make any campaign expenditures without a	appointment. I also understand that I may not accept any
	ER WHO IS NOT AN OFFICEHOLDER complete A & B below only if you are not an officeholder.	
A.	CAMPAIGN FUNDS	MEGELVEIN
Ch	neck only one:	10)
	I do not have unexpended contributions or unexpended intere	st or income earned from political contributions.
	I have unexpended contributions or unexpended interest or in may not convert unexpended political contributions or unexpersonal use. I also understand that I must file an annual runexpended contributions or unexpended interest or income effiling this final report. Further, I understand that I must disposinterest or income earned on political contributions in accordance.	ended interest or income earned on political contributions to eport of unexpended contributions and that I may not retain arned on political contributions longer than six years after e of unexpended political contributions and unexpended
B.	ASSETS	
Ch	neck only one:	
	I do not retain assets purchased with political contributions or	interest or other income from political contributions.
	I do retain assets purchased with political contributions or inte that I may not convert assets purchased with political contribu personal use. I also understand that I must dispose of assets requirements of Election Code, § 254.204.	tions or interest or other income from political contributions to
		Signature of Candidate
200	FICEHOLDER Complete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable file. I am also aware that I will be required to file reports of unex an officeholder, I retain political contributions, interest or other in political contributions or interest or other income from political	pended contributions if, after filing the last required report as acome from political contributions, or assets purchased with
		Signature of Officeholder

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