

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: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs Melondy

NICKNAME LAST SUFFIX
Doddy-Munoz

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
Fort Worth, TX

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817)

Receipt # Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs Genesis

NICKNAME LAST SUFFIX
Smith

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
Fort Worth, TX 76131

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(682)

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 26 / 24 THROUGH 4 / 24 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other
Description
5 / 4 / 24 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Crowley ISD School Board Place 3

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 TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Melondy Doddy-Munoz

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)	\$ 2132.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6327.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4280.93
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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Melondy Doddy-Munoz this the 26 day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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

Melondy Doddy-Munoz

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1840.28
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 292
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6327.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1;

2 FILER NAME

Melondy Doddy-Munoz

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

See Attached Information

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Date	Donor First Name	Donor Last Name	Amount	City	State	Postal Code
3/27/2024	Anthony	Johnson	52.37	Fort Worth	TX	76134
3/29/2024	Louie	McClain	156.48	Arlington	TX	76016
4/3/2024	Najla	Hendrix	20	Haslet	TX	76052
4/6/2024	Erick	Pedroza	104.42	Fort Worth	TX	76132
4/6/2024	Sabrina	Conner	16.21	Fort Worth	TX	76123
4/7/2024	Amanda	Nickerson	15	Fort Worth	TX	76123
4/7/2024	Leslie	Cowdrey	15	Fort Worth	TX	76123
4/15/2024	Tonya	Collins	104.42	Fort Worth	TX	76105
4/17/2024	Najla	Hendrix	20	Haslet	TX	76052
4/19/2024	Myeshia	Smith	24.69	Fort Worth	TX	76107
4/19/2024	Anthony	Johnson	112.69	Fort Worth	TX	76134
4/19/2024	Erica	Keaton	6.66	Fort Worth	TX	76179
4/20/2024	Eva	Bonilla	109.51	Fort Worth	TX	76107
4/21/2024	Anthony	Johnson	48.01	Fort Worth	TX	76134
4/22/2024	Demetrice	Thompson	24.69	Fort Worth	TX	76028
4/22/2024	Amber	Mose	9.85	Ft Worth	TX	76134
4/22/2024	Schavion	Graham	52.37	Hurst	TX	76053
4/22/2024	Ben	Mackey	24.69	Dallas	TX	75208
4/22/2024	Rebeca	Adorno	109.51	Fort Worth	TX	76133
4/22/2024	Lorena	Perez	9	Everman	TX	76140
4/22/2024	Kimberly	Burdi	29.99	Fort Worth	TX	76109
4/22/2024	Kimberly	Burdi	25	Fort Worth	TX	76109
4/22/2024	Tamika	Miller	24.69	Arlington	TX	76006
4/22/2024	Cecilia	Saldivar	56.5	Fort Worth	TX	76110
4/22/2024	America	Gonzalez	6.66	Fort Worth	TX	76110
4/22/2024	Cecilia	Saldivar	50	Fort Worth	TX	76110
4/22/2024	Michelle	Crim	24.69	Fort Worth	TX	76135
4/22/2024	Michelle	Crim	20	Fort Worth	TX	76135
4/22/2024	Sophie	Khadivi	3.48	Fort Worth	TX	76107
4/22/2024	Candice	Puente	32.11	Fort Worth	TX	76105
4/22/2024	Candice	Puente	7	Fort Worth	TX	76105
4/22/2024	Denise	Kincaid-Parker	50	Fort Worth	TX	76179
4/22/2024	Denise	Kincaid-Parker	47	Fort Worth	TX	76179
4/22/2024	James	Sang	53	Fort Worth	TX	76102
4/23/2024	Stacy	Burrell	271.73	Fort Worth	TX	76123
4/23/2024	Stacy	Burrell	50	Fort Worth	TX	76123
4/23/2024	Jeremy	Jackson	3.48	Portland	OR	97232
4/24/2024	Elizabeth	Tolentino	24.69	Forest Hill	TX	76119
4/24/2024	Sandra	Orta	24.69	FORT WORTH	TX	76105

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

Melondy Doddy-Munoz

3	Filer ID (Ethics Commission Filers)
----------	-------------------------------------

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

9 In-kind contribution description

Rolando Munoz

292

Stamps

7 Contributor address; City; State; Zip Code

7959 Mellie Ct Fort Worth, TX 76123

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 2	2 FILER NAME Melondy Doddy-Munoz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name See Attached Information.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date	Company	Amount	City	State	Expense Purpose
3/27/2024	Donorbox	2.74	Alexandria	VA	Fees
3/28/2024	Dollar General	21.65	Fort Worth	TX	Solicitation/Fundraising Expense
3/29/2024	Donorbox	7.58	Alexandria	VA	Fees
4/2/2024	Office Depot	20.47	Fort Worth	TX	Solicitation/Fundraising Expense
4/3/2024	Donorbox	1.23	Alexandria	VA	Fees
4/4/2024	Office Depot	97.43	Fort Worth	TX	Solicitation/Fundraising Expense
4/4/2024	Dollar Tree	6.77	Fort Worth	TX	Solicitation/Fundraising Expense
4/6/2024	Donorbox	5.16	Alexandria	VA	Fees
4/6/2024	Donorbox	1.21	Alexandria	VA	Fees
4/7/2024	Donorbox	1.18	Alexandria	VA	Fees
4/7/2024	Donorbox	1.18	Alexandria	VA	Fees
4/12/2024	Bison Strategies	2780.80	Oklahoma City	OK	Advertising Expense
4/15/2024	Bison Strategies	2780.80	Oklahoma City	OK	Advertising Expense
4/15/2024	Bison Strategies	518.85	Oklahoma City	OK	Printing Expense
4/15/2024	Donorbox	5.16	Alexandria	VA	Fees
4/17/2024	Donorbox	1.23	Alexandria	VA	Fees
4/19/2024	Donorbox	1.69	Alexandria	VA	Fees
4/19/2024	Donorbox	6.69	Alexandria	VA	Fees
4/19/2024	Donorbox	0.66	Alexandria	VA	Fees
4/20/2024	Donorbox	6.51	Alexandria	VA	Fees
4/21/2024	Donorbox	3.01	Alexandria	VA	Fees
4/22/2024	Donorbox	1.69	Alexandria	VA	Fees
4/22/2024	Donorbox	0.85	Alexandria	VA	Fees
4/22/2024	Donorbox	2.74	Alexandria	VA	Fees
4/22/2024	Donorbox	1.69	Alexandria	VA	Fees
4/22/2024	Donorbox	6.51	Alexandria	VA	Fees
4/22/2024	Donorbox	0.82	Alexandria	VA	Fees
4/22/2024	Donorbox	1.99	Alexandria	VA	Fees
4/22/2024	Donorbox	1.69	Alexandria	VA	Fees
4/22/2024	Donorbox	3.50	Alexandria	VA	Fees
4/22/2024	Donorbox	0.66	Alexandria	VA	Fees
4/22/2024	Donorbox	1.69	Alexandria	VA	Fees
4/22/2024	Donorbox	0.48	Alexandria	VA	Fees
4/22/2024	Donorbox	2.11	Alexandria	VA	Fees
4/22/2024	Donorbox	3.22	Alexandria	VA	Fees
4/22/2024	Donorbox	3.40	Alexandria	VA	Fees
4/23/2024	Donorbox	15.73	Alexandria	VA	Fees
4/23/2024	Donorbox	0.48	Alexandria	VA	Fees
4/24/2024	Donorbox	1.69	Alexandria	VA	Fees
4/24/2024	Donorbox	1.69	Alexandria	VA	Fees
4/24/2024	Southside Bank	3.00	Fort Worth	TX	Banking