# 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 00069649		<ul><li>2 Total pages filed:</li><li>56</li></ul>				
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY				
OFFICEHOLDER NAME	The Honorable Thres	sa A.		Date Received				
I WWE				ELECTRONICALLY FILED				
	NICKNAME LAST		SUFFIX	07/15/2024				
	Terry Meza							
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked				
OFFICEHOLDER MAILING	P. O. Box 155076							
ADDRESS				Receipt # Amount				
Change of Address	Irving, TX 75015							
<b>'</b>	11 vilig, 17 70010			Date Processed				
				Date Imaged				
E CAMPAIGN	MO (MDO (MD							
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI					
NAME	Ms. Gloria							
	NICKNAME LAST		SUFFIX					
	Carrill	0						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX P	LEASE); APT /	SUITE#; CITY;	STATE; ZIP CODE				
TREASURER ADDRESS	4536 Friars Ln.							
(Residence or Business)	Grand Prairie, TX 75052-3605							
7 CAMPAIGN	AREA CODE PHONE NUM	BER EXTENSION						
TREASURER PHONE	(214) 543-5217							
THONE								
8 REPORT								
TYPE	January 15 30th	day before election R	unoff	15th day after campaign treasurer				
	Tyl July 15	day hafara alaatian 🔲 🗗	vacaded modified	appointment (officeholder only)				
	X July 15 8th	day before election Ex	xceeded modified porting limit	Final Report (Attach C/OH-FR)				
A DEDIOD	Month Day Year		Month Day	Voor				
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year				
	01/01/2024	ТПКОООН	06/30/2024	•				
10 FLECTION	FLECTION DATE		ELECTION TYPE					
10 ELECTION	ELECTION DATE  Month Day Year	Primary	ELECTION TYPE Runoff	Othor				
	11/05/2024	Pilliary	Kulloli	Other				
	11/03/2024	X General	Special					
11 OFFICE	OFFICE HELD (if any)	1	12 OFFICE SOUGHT	(if known)				
	State Representative District 105	;	State Representa	tive District 105				
	1	L						
	CO TO BACE 2							
		GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 56

13 C / OH NAME	Meza, Thresa A. (The	Honorable)		<b>14</b> Filer ID 00069649	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepte These expenditures may hav officeholders are required to	ve been made without t	he candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBI ES OF LOANS, OR CONTRI			S, <b>\$</b>	0.00
	\$	10,965.00				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	0.00
	4. TOTAL POLITIC		\$	9,141.66		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN RIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	66,592.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	TANDING LOANS AS	OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT		true and	or affirm, under penalty correct and includes al tle 15, Election Code.			
			The Hono	rable Thresa A. M	1eza	
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	DVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
of	, 20, to co	rtify which, witness my hand	l and seal of office.			
Signature of office	er administering	Printed name of officer	administering	Title of offi	icer administer	ing oath

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

## FORM C/OH COVER SHEET PG 3

			3 of 56
18 FILER NAME Meza, Thre	E esa A. (The Honorable)	<b>19</b> Filer ID 00069649	(Ethics Commission Filers)
20 SCHEDULE NAME OF S	SUBTOTALS		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,965.00
2. X	\$ 0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 9,141.66
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
17 17 1	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 3.10
			ı

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	E <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	r Filers)
4	Date 01/29/2024	Abeyta, Mary	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_		Arlington, TX 76006		5 1 (0 1 : "	<u></u>		
8	Principal occu Legal Assista	pation / Job title (See Instructions) ant	9	Employer (See Instructions Clark Hill Law Ofc	5)		
	Date 01/10/2024	Full name of contributor out- Allen, Ernest  Contributor address; City; State; Zip				Amount of Contribution (\$)	\$3.00
		Hillsboro, OR 97124		- 100	<u> </u>		
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions TestWare Consulting	5)		
	Date 02/10/2024	Full name of contributor out- Allen, Ernest Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Hillsboro, OR 97124					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions TestWare Consulting	5)		
	Date 03/10/2024	Allen, Ernest	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions TestWare Consulting	<u> </u> 5)		
	Date 04/10/2024	Allen, Ernest	of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions TestWare Consulting	5)		
			<b>'</b>				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	ı Filers)
4	Date 05/10/2024	<ul> <li>5 Full name of contributor  ou  ou  Allen, Ernest</li> <li>6 Contributor address; City; State; Zi</li> </ul>			7	Amount of Contribution (\$)	\$3.00
		Hillsboro, OR 97124					
8	Principal occu Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions TestWare Consulting	)		
	Date 06/10/2024	Allen, Ernest  Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Hillsboro, OR 97124 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>		
	Consultant	pation / oob title (oce matractions)		TestWare Consulting	')		
	Date 01/22/2024	Full name of contributor ou Barnes, Gerald Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
		Irving, TX 75060					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 03/07/2024	Full name of contributor ou Barrows, Cynthia Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 01/21/2024	Full name of contributor ou Bennett, Theresa Contributor address; City; State; Zi Plano, TX 75023	p Code			Amount of Contribution (\$)	\$4.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 02/21/2024	6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Flower Mound, TX 75028 pation / Job title (See Instructions)	l g	Employer (See Instructions	<u>.</u>		
•	Not Employe			Not Employed	,		
	Date 01/22/2024	Full name of contributor Britt, Eric Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occur	Arlington, TX 76010 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Not Employe			Not Employed	')		
	Date 01/01/2024	Full name of contributor Carlson, Elizabeth  Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Irving, TX 75060					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	<u>;</u> )		
	Date 01/12/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Stat  Irving, TX 75060	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
	Date 02/01/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Stat  Irving, TX 75060	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
			,				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	Filers)
4	Date 02/12/2024	<ul><li>5 Full name of contributor [ Carlson, Elizabeth</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Irving, TX 75060 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/_		
0	Not Employe		J	Not Employed	)		
	Date 03/01/2024	Full name of contributor [ Carlson, Elizabeth Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Delicalization	Irving, TX 75060		For all and (Constructions	Ĺ		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 03/12/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Irving, TX 75060					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 04/01/2024	Full name of contributor [ Carlson, Elizabeth Contributor address; City; Sta  Irving, TX 75060	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 04/12/2024	Full name of contributor [ Carlson, Elizabeth Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	. , ,						

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	Filers)
4	Date 05/01/2024	<ul><li>5 Full name of contributor Carlson, Elizabeth</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Irving, TX 75060 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	Not Employe		l <sup>3</sup>	Not Employed	)		
	Date 05/12/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	Not Employe			Not Employed	')		
	Date 06/01/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Irving, TX 75060					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/12/2024	Full name of contributor Carlson, Elizabeth Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 01/06/2024	Full name of contributor  Carrillo, Hector  Contributor address; City; Stat  Fort Worth, TX 76111	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$73.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Carrillo Income Tax	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 01/15/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
_	Dringing! aggr	Arlington, TX 76017	ام	Employer (See Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions) ed	J	Employer (See Instructions Not Employed	s)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (I Cozad, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Arlington, TX 76017			<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (I Cozad, David Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$25.00
		Arlington, TX 76017					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 04/15/2024	Full name of contributor  out-of-state PAC (I Cozad, David Contributor address; City; State; Zip Code Arlington, TX 76017		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 05/15/2024	Full name of contributor out-of-state PAC (I Cozad, David Contributor address; City; State; Zip Code Arlington, TX 76017	1  D#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 06/15/2024	<ul><li>5 Full name of contributor Cozad, David</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	Arlington, TX 76017 pation / Job title (See Instructionsed	s) !	9 Employer (See Instructions Not Employed	s)		
	Date 05/31/2024	Full name of contributor Dixit, Prabhat  Contributor address; City; S  Southlake, TX 76092	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u> </u> 		
	Date 05/29/2024	Full name of contributor Donovan, Carol Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75214 pation / Job title (See Instructions	s)	Employer (See Instructions		0	
	Date 01/22/2024	Full name of contributor Duman, Jo Ann Contributor address; City; S Texarkana, TX 75503	out-of-state PAC (ID#:	Carol Crabtree Donova		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	5)		
	Date 01/29/2024	Full name of contributor Flores, Hector Contributor address; City; S Duncanville, TX 75137	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		
			<del></del>				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/56	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 03/06/2024	Kafele, Linda  6 Contributor address; City; State; Zip C	-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Irving, TX 75060 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Not Employe	d		Not Employed			
	Date 05/31/2024	Full name of contributor out-of Kaphle, Radha Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$50.00
		Denton, TX 76210					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Robert Half	s)		
	Date 01/29/2024	Kastl, Krisi  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Attorney	paner, 7 002 and (000 mendenone)		Kastl Law	,		
Date 01/29/2024		Loya, Juan  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Policy Analys	Sanger, TX 76266 pation / Job title (See Instructions) st		Employer (See Instructions Dallas County	<u> </u> 5)		
	Date 02/03/2024	Full name of contributor out-of	-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
			· · · · · · · · · · · · · · · · · · ·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/56	
2	FILER NAME Meza, Thres	sa A. (The Honorable)		3	Filer ID (Ethics Commissio 00069649	n Filers)
4	Date 02/19/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$3.00
_	<u></u>	Dallas, TX 75248	la = 1 (0 1 1 1			
8	Principal occu Psychologisi	pation / Job title (See Instructions) t	Employer (See Instructions     Self	)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_McNatt, Larry  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$150.00
	Principal occu	Hurst, TX 76054  upation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 02/04/2024	Full name of contributor out-of-state PAC (ID#:_ Medrano, Pauline Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75219  upation / Job title (See Instructions)	Employer (See Instructions	)		
	County Trea		Dallas County			
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Jearlene  Contributor address; City; State; Zip Code  Irving, TX 75062			Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	upation / Job title (See Instructions)	Employer (See Instructions Not employed	)		
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_Palmer, John Contributor address; City; State; Zip Code  Denison, TX 75020			Amount of Contribution (\$)	\$250.00
	Principal occu Sales	upation / Job title (See Instructions)	Employer (See Instructions Four Feathers Alarm, LL			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 10/11 Rpt: 13/56		
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)	
4	Date 02/01/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	l q	Employer (See Instructions	.)			
•	Attorney	pation 7 300 title (See Instituctions)		Sommerman, McCaffity		Quesada, LLP		
	Date Full name of contributor out-of-state PAC (ID#:)  02/20/2024 Rangel, Irma  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction Retired			Employer (See Instructions Retired	5)			
Date Full name of contributor out-of-state PAC (ID#:02/04/2024 Rusk, Tim  Contributor address; City; State; Zip Code		#:	)		Amount of Contribution (\$)	\$25.00		
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Assistant Dis	strict Attorney		Nueces County				
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00			
Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired			Employer (See Instructions Retired	)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/29/2024 Sandoval, Jesse Contributor address; City; State; Zip Code  Haltom City, TX 76117			Amount of Contribution (\$)	\$50.00			
	Principal occupation / Job title (See Instructions)  Engineer  Employer (See Instructions)  Triple S Mfg				5)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	<b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/56	=	
2	FILER NAME Meza, Thres	a A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069649	
4	Date 02/13/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$500.00	,
_	Deignaignal	Austin, TX 78704-6536	). Francis i su (Coo Instructions			_
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/07/2024 Texas Sands PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$4,000.00	-	
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			_
	r inicipal occu	Salion / Job like (See instructions)	Employer (See instructions	,		
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00	)
		Austin, TX 78701				_
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  United Food and Commerical Workers International Union, AFL-CIO CLC  Contributor address; City; State; Zip Code  Washington, DC 20006			Amount of Contribution (\$) \$250.00	,	
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)					_
	Date Full name of contributor out-of-state PAC (ID#:)  02/03/2024 Wilkerson, Denise  Contributor address; City; State; Zip Code  Arlington, TX 76013			Amount of Contribution (\$) \$100.00		
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		
		<u>'</u>				

PLEC	OGED CONTRIBU	TIONS			SCHEDULE B	}
TI	he Instruction Guide exp	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 15/56			
2 FILER NA	AME			3		
Meza, Thresa A. (The Honorable)					00069649	
4 TOTAL	OF UNITEMIZED PLEDO	SES			\$ 0	.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#	t:	_) 8	Amount of 9 In-kind description pledge (\$) (If applicable)	
	7 Pledgor Address;	City; State; Zip Code	e		(   applicable)	
					Check if travel outside of Texas. Complete Sched	ule T.
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In:	structi	ions)	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/39 Rpt: 16/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	01/07/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2.97	P.O. Box 441146
l		
l		Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Fees
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	H
F	Date	Payee name
	01/14/2024	ActBlue
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$1.11	P.O. Box 441146
l		
l		Somerville, MA 02144-0031
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Fees
l		1 663
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
F	Date	Payee name
	01/21/2024	ActBlue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1.15	P.O. Box 441146
		Somerville, MA 02144-0031
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	<b></b>	Check if Austin, TX, officeholder living expense  Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 2/39 Rpt: 17/56	Meza, Thresa A. (The Honorable) 00069649			
4	Date	5 Payee name			
	01/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$18.77	P.O. Box 441146			
		Somerville, MA 02144-0031			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Fees			
		1 663			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
	•				
	Date	Payee name			
	02/04/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.16	P.O. Box 441146			
		Somerville, MA 02144-0031			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Fees			
		1 663			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	_				
	Date	Payee name			
	02/11/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.12	P.O. Box 441146			
		Somerville, MA 02144-0031			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Fees			
		Fees			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/39 Rpt: 18/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
L	02/18/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. Box 441146
		Somerville, MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/25/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.11	P.O. Box 441146
		Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	<del></del>
	Date	Payee name
	03/03/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.92	P.O. Box 441146
		Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Check if Austin, 1X, officenoider living expense  Fees
		, 333
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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 F1: Sch: 4/39 Rpt: 19/56	2 FILER NAME Meza, Thresa A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069649	
4	Date 03/10/2024	5 Payee name ActBlue	_
6	Amount (\$) \$2.10	7 Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144-0031	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/17/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 04/07/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146	
		Somerville, MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/39 Rpt: 20/56 Meza, Thresa A. (The Honorable) 00069649 4 Date Payee name 04/14/2024 ActBlue 6 Amount (\$) Payee address; City; State; Zip Code \$1.11 P.O. Box 441146 Somerville, MA 02144-0031 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/21/2024 ActBlue Amount (\$) Payee address; City; State; Zip Code \$0.99 P.O. Box 441146 Somerville, MA 02144-0031 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2024 ActBlue Amount (\$) Payee address: City; State; Zip Code \$0.99 P.O. Box 441146 Somerville, MA 02144-0031 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/39 Rpt: 21/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	05/12/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.11	P.O. Box 441146
		Somerville, MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fees
		1 663
Ļ	Commission ONII V if disposit	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. Box 441146
		Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fees
		rees
	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.83	P.O. Box 441146
		Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fees
_	Operation Objects "	On didn't 10 ff a halden name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	The straight of the straight of the	

### SCHEDULE F1

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

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

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 F1:	2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
	Sch: 7/39 Rpt: 22/56	Meza, Thresa A. (The Honorable) 00069649	
4	Date	5 Payee name	
	06/16/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.10	P.O. Box 441146	
		Somerville, MA 02144-0031	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule	Г.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Grot		
	Date	Payee name	
l	05/30/2024	Angelo's Spaghetti	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.00	1330 W Pioneer Dr	
l			
l		Irving, TX 75061	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense	Γ.
l	EX. ENDITORE	Check if Austin, TX, officeholder living expense	
l		Meeting	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	D-4-	T -	
	Date 01/11/2024	Payee name Applebagis	
L		Applebee's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1901 N Belt Line Rd	
l			
		Irving, TX 75061	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	Г.
		Meeting	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 8/39 Rpt: 23/56	Meza, Thresa A. (The Honorable)  00069649
4	Date	5 Payee name
	04/18/2024	Applebee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.00	1901 N Belt Line Rd
		Irving, TX 75061
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Meeting
		Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	04/25/2024	Applebee's
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$23.00	1901 N Belt Line Rd
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	05/23/2024	Applebee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	1901 N Belt Line Rd
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees O
Food/Beverage Expense Pi
Gift/Awards/Memorials Expense Pi
Lenal Services S
Front Feet Pi
Lenal Services Pi

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/39 Rpt: 24/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	03/28/2024	Argentina Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.86	3401 W Airport Fwy # 112
		Irving , TX 75062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Meeting
		Wiccurig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	Para and
		Payee name
L	02/11/2024	Austin Marriott South
	Amount (\$)	Payee address; City; State; Zip Code
	\$386.37	4415 S I-35 Frontage Rd
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Hotel for conference
		noter for conference
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 05/15/2024	Payee name
		Belo Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2101 Ross Ave
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking
		Faiking
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Populations Made By

Contributions/ Populations/ P

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 10/39 Rpt: 25/56	Meza, Thresa A. (The Honorable)  O0069649
4	Date	5 Payee name
	04/26/2024	Bhandari, Surya
6	Amount (\$) \$65.00	7 Payee address; City; State; Zip Code 1200 Gibson Dr
	Ψ03.00	1200 Glissoff Di
		Melissa, TX 75454
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Evening in Nepal Ticket
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2024	Bruno's Ristorante
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	9462 N MacArthur Blvd
		Irving, TX 75063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2024	COWBOYS DONUT
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.40	704 N MacArthur Blvd
	<b>\$20110</b>	10 114 Mass datas Biva
		IRVING, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Food for volunteers
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/39 Rpt: 26/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	05/11/2024	Charco Broiler Steak House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.90	413 Jefferson Blvd
		Dallas, TX 75208
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to belieff 6/01	'
	Date	Payee name
	06/30/2024	City of Dallas Aviation Parking Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.00	7816 Aviation PI
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	'
	Date	Payee name
	01/25/2024	ConstantContact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	•

#### SCHEDULE F1

**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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 12/39 Rpt: 27/56	Meza, Thresa A. (The Honorable)  00069649
4	Date	5 Payee name
	02/25/2024	ConstantContact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.35	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Email marketing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	03/25/2024	ConstantContact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Trapelo Road
		'
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefit C/Oi	
	Date	Payee name
	04/26/2024	ConstantContact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email
		Liliaii
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/39 Rpt: 28/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	05/25/2024	ConstantContact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.35	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/25/2024	ConstantContact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.35	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email marketing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-t
	Date	Payee name
	02/15/2024	Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1414 N Washington Ave
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/39 Rpt: 29/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	02/29/2024	Denise Wilkerson Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1808 Winewood Ln
		Arlington, TX 76013
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	03/13/2024	Derby Dallas
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	9100 John W. Carpenter Fwy
		Dallas, TX 75247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking
		, a.i.ii.g
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/18/2024	Desert Cab Las Vegas
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$36.36	4675 S Wynn Rd
		Las Vegas, NV 89103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Taxicab
		Taxicau
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	pense P	Polling Exper			Travel in Distric	
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 15/39 Rpt: 30/56	Meza, Thre	esa A. (The Honora	ıble)			1	00069649	
4	Date	5 Payee name	<u> </u>						
-	01/24/2024	Di Rosanis							
_				04-4	7: 01				
6	Amount (\$)	7 Payee addre		State; A	Zip Code	9			
	\$20.00	105 S Mair	1 St						
		Irving, TX 7	75061						
8	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedu	ule) (k	Description			
	OF EXPENDITURE		rage Expense			Check if travel	outs	ide of Texas. Co	mplete Schedule T.
	EXPENDITORE					ш		, officeholder livir	ng expense
						Food for staf	f		
9	Complete ONLY if direct		ficeholder name	Offi	ice sough	nt		Office h	neld
	expenditure to benefit C/OI	7							
	Date	Payee name	<u> </u>						
	05/22/2024	Di Rosanis							
_	Amount (\$)	Payee addre	ess; City;	State:	Zip Code				
	\$22.00	105 S Mair	-	State, 2	zip Couc	•			
	Φ22.00	105 S Mail	1 31						
		Irving, TX 7	75061						
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedu	ule) (k	Description			
	OF EXPENDITURE	Food/Beve	rage Expense			<u> </u>			mplete Schedule T.
						ш		, officeholder livir	ng expense
						Food for volu	ınıe	eer	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Offi	ice sough	nt		Office h	neld
	experientare to benefit 6/61								
	Date	Payee name	;						
	03/02/2024	Dollar Gen	eral						
	Amount (\$)	Payee addre	ess; City;	State: 2	Zip Code	e			
	\$16.18	-	uwyler Rd #105	•					
	,		,						
		Indian TV	7E061						
		Irving, TX 7	75061		ī				
	PURPOSE OF	(a) Category (s	See Categories listed at the t	op of this schedu	ule) (k	Description			
	EXPENDITURE	Event Expe	ense					de of Texas. Co , officeholder livir	mplete Schedule T.
						Supplies	1, 1 ^	, officeriolaer livii	ig expense
						Сарріїсэ			
_	Complete ONLY !! -!!!	Condidate 100	finahaldar mari -	000	ioo satta '	\*		Off: 1	and
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Offi	ice sough	IL		Office h	ieiu
Eor	ms provided by Teyas E	thice Commics	ion was	v othice eta	to ty uc				Version V// 1.0 d379ab

### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food//
Contributions/ Donations Made By - Gift/Ar

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ense Travel in I ense Travel Ou ges/Contract Labor OTHER (i

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/39 Rpt: 31/56	Meza, Thresa A. (The Honorable) 00069649
4 Date	5 Payee name
04/27/2024	Domino's Pizza
6 Amount (\$) \$15.13	7 Payee address; City; State; Zip Code 1135 E Irving Blvd
	Irving, TX 75060
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for volunteers
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2024	El Ranchito
Amount (\$) \$13.00	Payee address; City; State; Zip Code 610 Jefferson Blvd
	Dallas, TX 75208
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for staff
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 01/26/2024	Payee name GoDaddy
Amount (\$)	Payee address; City; State; Zip Code
\$8.51	14455 N. Hayden Rd #219
	Scottsdale, AZ 85260
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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	e this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 17/39 Rpt: 32/56	Meza, Thresa A. (The Honorable)	00069649
4	Date	5 Payee name	
	02/25/2024	GoDaddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.77	14455 N. Hayden Rd #219	
		0	
		Scottsdale, AZ 85260	
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense L	Check if Austin, TX, officeholder living expense
		Ī	Web hosting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/61	'	
	Date	Payee name	
	03/25/2024	GoDaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.77	14455 N. Hayden Rd #219	
		0	
		Scottsdale, AZ 85260	
	PURPOSE OF	, ,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if dustin, TX, officeholder living expense
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Web hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/O		
	Date	Payee name	
	04/09/2024	GoDaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$268.38	14455 N. Hayden Rd #219	
		0	
		Scottsdale, AZ 85260	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		7	Web hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/O	1	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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
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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/39 Rpt: 33/56	Meza, Thresa A. (The Honorable)	00069649
4	Date	5 Payee name	
	04/26/2024	GoDaddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.77	14455 N. Hayden Rd #219	
		Scottsdale, AZ 85260	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Web hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
"	expenditure to benefit C/O		Office field
_	Data		
	Date	Payee name	
	05/06/2024	GoDaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$99.99	14455 N. Hayden Rd #219	
		Scottsdale, AZ 85260	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Web hosting
			g
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	-1	
	Date	Payee name	
	05/26/2024	GoDaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.77	14455 N. Hayden Rd #219	
	•	•	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE		Check if Austin, TX, officeholder living expense
			Web hosting
_	Complete ONLY if alignet	Candidata/Officabalder name	Office hold
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
	•		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/39 Rpt: 34/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	06/25/2024	GoDaddy
6	` '	7 Payee address; City; State; Zip Code
	\$12.77	14455 N. Hayden Rd #219
		Scottsdale, AZ 85260
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Web hosting
		, and the second se
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	01/26/2024	J GILLIGAN'S BAR AND GRILL
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	400 E Abram St
		ARLINGTON, TX 76010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	06/26/2024	LULAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1776 I St NW
		Suite 400
		Washington, DC 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Convention registration
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/39 Rpt: 35/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	01/05/2024	La Calle Doce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.50	415 W Twelfth St
		Dallas, TX 75208
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting
		incoming in the second
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/12/2024	La Madeleine
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	6430 N MacArthur Blvd
		Irving, TX 75039
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Davisa sama
	06/12/2024	Payee name La Madeleine
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.13	6430 N MacArthur Blvd
	Ψ1.13	0430 N Midd William Diva
		Irving, TX 75039
	PURPOSE	To the state of th
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/39 Rpt: 36/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	01/11/2024	MacArthur Beer, Wine, & Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	705 N MacArthur Blvd
		Irving, TX 75061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/25/2024	MacArthur Beer, Wine, & Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	705 N MacArthur Blvd
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline
		Cacomic
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/09/2024	MacArthur Beer, Wine, & Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	705 N MacArthur Blvd
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Gasoline
		Gasonite
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

#### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/39 Rpt: 37/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
L	02/22/2024	MacArthur Beer, Wine, & Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	705 N MacArthur Blvd
		Irving, TX 75061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gasoline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/29/2024	MacArthur Beer, Wine, & Gas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	705 N MacArthur Blvd
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline
		Gusonito
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/28/2024	MacArthur Beer, Wine, & Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	705 N MacArthur Blvd
	, , , , ,	
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gasoline
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

#### SCHEDULE F1

**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 By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal S	vards/Memorials Services nstruction G	•		/ages	se s/Contract Labor ete this form.			avel Out of Di THER (enter a		ry not listed above)	
1	Total pages Cabadula F1:	12	EII ED NAMI							12	F:1	or ID	/Ethi	oc Commission File	rc)
1	Total pages Schedule F1:	_			(The 11)	1.1.2				۱³		ler ID	(⊏011	cs Commission File	15)
	Sch: 23/39 Rpt: 38/56		Meza, Thre	esa A.	(The Hone	orable)					00	0069649			
4	Date	5	Payee name	;											
	01/02/2024	l	MailChimp												
6	Amount (\$)	1-	Payee addre	.cc.	City;	Stat	te; Zip Co	do							
U		ľ	•	•	-		ie, zip cc	ue							
	\$191.88	l	675 Ponce		On Ave Ivi										
		l	Suite 5000												
		l	Atlanta, GA	3030	)8										
8	PURPOSE	(a)	Category					(b)	Description						
Ū	OF	```	Category (S			tne top of this s	cneaule)	(~)	Check if travel	outsi	side o	of Texas, Con	nolete S	chedule T.	
	EXPENDITURE	l	Advertising	Expe	lise				Check if Austin						
		l							Email Market						
		l								9	,				
_	0 1: 01:14:15:	L	0 11 1 1011				011					000			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	iceholo	der name		Office sou	ght				Office h	eld		
	experialitate to bettern over	··													
	Date		Payee name	;											
	02/01/2024	l	MailChimp												
	Amount (\$)	╁	Payee addre		City;	Stat	te; Zip Co	do							
	` '	l	•	•	•		ie, zip cc	ue							
	\$191.88	l	675 Ponce		on ave Ni	E									
		l	Suite 5000												
			Atlanta, GA	3030	)8										
	PURPOSE	(a	Category (S	Con Cotor	garios listad at	the ten of this s	ahadula)	(b)	Description						
	OF	l`	Advertising			the top of this s	criedule)	` ′	Check if travel	outsi	ide c	of Texas. Con	plete S	chedule T.	
	EXPENDITURE	l	Advertising	Г	1130				Check if Austin	, TX	, offi	ceholder livin	g expen	se	
		l							Email market	ting	)				
	Complete ONLY if direct		Candidate/Off	ficeholo	der name		Office sou	aht				Office h	eld		
	expenditure to benefit C/O		oanalaato, on	10011010	201 1101110		011100 000	giit				01110011	olu		
		_													
	Date		Payee name	)											
	03/02/2024		MailChimp												
	Amount (\$)	T	Payee addre	ess;	City;	Stat	te; Zip Co	de							
	\$191.88	l	675 Ponce	de Le	on Ave N	E									
	,	l	Suite 5000												
		l			_										
			Atlanta, GA	4 3030	18										
	PURPOSE	(a)	Category (S	See Cate	gories listed at	the top of this s	chedule)	(b)	Description						
	OF EXPENDITURE	l	Advertising						Check if travel	outsi	ide c	of Texas. Con	plete S	chedule T.	
	EXPENDITURE	l	_	•					Check if Austin	, TX	, offi	ceholder livin	g expen	se	
									Email						
	Complete ONLY if direct	-	Candidate/Off	ficeholo	der name		Office sou	ght				Office h	eld		
	expenditure to benefit C/O							-							
_													.,		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/39 Rpt: 39/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	04/01/2024	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$191.88	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email marketing
		Linai marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.88	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/01/2024	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.88	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email
		Liliali
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 25/39 Rpt: 40/56		Filer ID (Ethics Commission Filers) 00069649
4	Date 02/29/2024	5 Payee name Marquez, Natalie	
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 5301 Reiger Ave Apt 8 Dallas, TX 75214	
8	PURPOSE OF EXPENDITURE	Calance, Wages, Contract Labor	e of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date 01/18/2024	Payee name MetroPCS	
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 510 N O'Connor Rd  Irving, TX 75061	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	e of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date 02/20/2024	Payee name MetroPCS	
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 510 N O'Connor Rd	
		Irving, TX 75061	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Experise	e of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held

#### SCHEDULE F1

**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 By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Legal Service				ages.	e /Contract Labor ete this form.		Travel Out of I OTHER (enter	District a category not listed above)	
_	Tatal name C	٦	EU ED MAN		Jan Sulue	- STRIMING I		pic		<u> </u>	Ell 15	(Fibina Committee)	=:1===>
	Total pages Schedule F1:					-1->				3		(Ethics Commission I	-liers)
	Sch: 26/39 Rpt: 41/56		Meza, Thre	sa A. (The	e Honoral	oie)				<u> </u>	00069649	<u> </u>	
4	Date	5	Payee name						<u> </u>		<u></u>		
	03/20/2024		MetroPCS										
6	Amount (\$)	7	Payee addre	ss; City	<b>y</b> ;	State;	Zip Co	de					
	\$40.00		510 N O'Co				-						
			Indina TV 7	E061									
Ļ		<u> </u>	Irving, TX 7				<del>.</del>	<b>.</b> .					
8	PURPOSE OF	(a)	Category (S				edule)	(b)	Description				
	EXPENDITURE		Office Over	head/Ren	tal Expen	ise			Check if travel			mplete Schedule T.	
									Campaign ph			ng expense	
									Janpaigii pi	. 511	-		
_	Complete ONL V if direct	<u> </u>	Candidata/O#	coholder =	ame		Office com	ab+			Office	hold	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer n	ane	C	Office sou	ynt			Office	ileiu	
L		_											
	Date		Payee name										
	04/17/2024		MetroPCS										
	Amount (\$)		Payee addre	ss; City	<b>y</b> ;	State;	Zip Co	de					
	\$40.00		510 N O'Co	nnor Rd									
			Irving, TX 7	5061									
_	PURPOSE	(2)					Т	(h)	Dogorintian				
	OF	<sup>(م)</sup>	Category (S				edule)	(U)	Description  Check if travel	outsi	de of Texas. Co	implete Schedule T.	
	EXPENDITURE		Office Over	neau/Ren	ıaı ⊏xpen	15 <del>C</del>			<u> </u>		officeholder livi		
									Campaign ph	on	е		
									·				
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI							-					
H	Date	Г	Dayes re-										
			Payee name										
	05/17/2024		MetroPCS										
	Amount (\$)		Payee addre		<b>/</b> ;	State;	Zip Co	de					
	\$40.00		510 N O'Co	nnor Rd									
			Irving, TX 7	5061									
	PURPOSE	(a)	Category (S	ee Categories	listed at the to	n of this sch	edule)	(b)	Description				
	OF	ĺ <i>′</i>	Office Over				- 30.0,	•		outsi	de of Texas. Co	implete Schedule T.	
	EXPENDITURE				1- 3				Check if Austin			ng expense	
									Campaign ph	on	е		
L													
	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н											

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/39 Rpt: 42/56	Meza, Thresa A. (The Honorable)	00069649
4	Date	5 Payee name	<u> </u>
	06/17/2024	MetroPCS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	510 N O'Connor Rd	
		Irving, TX 75061	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			Campaign phone
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0" 111
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	03/01/2024	NALEO Educational Fund	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	600 Pennsylvania Ave. SE, Ste. 480	
		Washington, DC 20003	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	Dues
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/13/2024	NTTA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.60	5900 W Plano Pkwy	
		- -	
		Plano, TX 75093	
	PURPOSE		Description
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Tolls
L	0 1. 2		257
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Coloradula 54	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 28/39 Rpt: 43/56	
Ļ	•	
4	Date	5 Payee name
L	05/09/2024	NTTA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.56	5900 W Plano Pkwy
		Plano, TX 75093
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Tolls
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	03/21/2024	National Hispanic Caucus of State Legislators
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1444 I St NW
		Suite 900
		Washington, DC 20005
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/14/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.79	1000 W Airport Fwy
	<del>+</del> •	
		Irving, TX 75062
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **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 By Candidate/Officeholder/Politica Credit Card Payment	al Coi	The Instruction Guide explains		kpens Vages	se s/Contract Labor	Ti	ravel für District ravel Out of Dis THER (enter a	trict category not listed abo	ve)
1	Total pages Schedule F1:	2	FILER NAME				3 F	iler ID	(Ethics Commission	on Filers)
	Sch: 29/39 Rpt: 44/56		Meza, Thresa A. (The Honorable)				0	0069649		
4	Date	5	Payee name							
	02/29/2024	L	Parking Company of America		_					
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de	<u> </u>				
	\$20.00		2032 Commerce Street							
			Dallas, TX 75201							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District			Check if travel o			olete Schedule T.	
						Parking	ı, uli	incentituer livilly	evhense	
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н			_					
	Date		Payee name							
	04/24/2024		Po Melvin's							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$25.00		4070 N Belt Line Rd							
			#100							
			Irving, TX 75038							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense			<b>=</b>			olete Schedule T.	
						Check if Austin, Meeting	IX, Off	iicenolaer living	expense	
						mooning				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	01/23/2024		Pressable							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$16.00		110 E Houston St F8							
L			San Antonio, TX 78205							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense			<b></b>			olete Schedule T.	
						Check if Austin, Web marketin		iicenolaei living	evhense	
						manoun	· <del>છ</del>			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н								
Eor	rms provided by Tayas F	thic	es Commission WAAAAA athics s	state ty u					Version V// 1 0	d270aha0

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 30/39 Rpt: 45/56	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	02/22/2024	Pressable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.00	110 E Houston St F8
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Web marketing
		Web marketing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davisa nama
	03/22/2024	Payee name  Pressable
	Amount (\$)	Payee address; City; State; Zip Code 110 E Houston St F8
	\$16.00	110 E HOUSION SI F8
		O A . (
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Web marketing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/22/2024	Pressable
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	110 E Houston St F8
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web marketing
		web mainethly
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 31/39 Rpt: 46/56	Meza, Thre	sa A. (The Honoral	ole)				00069649	
4	Date	5 Payee name							
	05/22/2024	Pressable							
6	Amount (\$) \$16.00	7 Payee addre 110 E Hous		State; Zip C	ode				
		San Antonio	o, TX 78205						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense			므	, TX,	de of Texas. Com officeholder living	
					<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	06/22/2024	Pressable							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$16.00	110 E Hous	ton St F8						
		San Antonio	o, TX 78205						
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			<b>=</b>		de of Texas. Com officeholder living	
						Web marketir			
							•		
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	01/06/2024	QuickTrip							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$20.01	2350 S Nev	v Rd.						
		Waco, TX 7	6711						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District			브		de of Texas. Com	•
						Check if Austin.  Gasoline	, FX,	officeholder living	expense
						Justinie			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/OI			2.1100 00	g. 11			200 110	· -

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 32/39 Rpt: 47/56	Meza, Thresa A. (The Honorable) 00069649	
4	Date	5 Payee name	_
l	02/04/2024	QuickTrip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$20.00	2350 S New Rd.	
l			
l		Waco, TX 76711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Gasoline	
L			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	'		_
l	Date	Payee name	
L	02/11/2024	QuickTrip	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$30.00	2350 S New Rd.	
l			
		Waco, TX 76711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Gasoline	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	03/05/2024	QuickTrip	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$40.00	2350 S New Rd.	
l			
l		Waco, TX 76711	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gasoline	
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to beliefit 6/01	·	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	-	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 33/39 Rpt: 48/56	Meza, Thresa A. (The Honorable)		00069649
4	Date	5 Payee name		'
	03/22/2024	QuickTrip		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$20.00	2350 S New Rd.		
		Waco, TX 76711		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District	Ţ	Check if travel outside of Texas. Complete Schedule T.
	_//		L	Check if Austin, TX, officeholder living expense  Gasoline
				Gasonite
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O		JIIL	Office field
⊨	Data			
	Date	Payee name		
	04/08/2024	QuickTrip		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$20.00	2350 S New Rd.		
		Waco, TX 76711		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel Out of District	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			L	Gasoline
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	04/13/2024	QuickTrip		
H	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$45.01	2350 S New Rd.		
		Waco, TX 76711		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District	. [	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		[	Check if Austin, TX, officeholder living expense
			(	Gasoline
$\vdash$	Commission ONU V. St. alling.	Condidate/Officeholder nerve	ulat	Office I - I I
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	JIIT	Office held
$\vdash$				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 34/39 Rpt: 49/56	Meza, Thresa A. (The Honorable) 00069649							
4	Date	5 Payee name							
	05/07/2024	QuickTrip							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$26.32	2350 S New Rd.							
		Waco, TX 76711							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Gasoline							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
L		•							
	Date	Payee name							
	05/13/2024	QuickTrip							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$45.00	2350 S New Rd.							
l		Waco, TX 76711							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
l		Check if Austin, TX, officeholder living expense  Gasoline							
l		Gasonine							
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	<b>U</b>							
⊨	Date	Payee name							
	05/26/2024	QuickTrip							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$40.00	2350 S New Rd.							
	Ψ+0.00	2000 O New Itu.							
l		Waco, TX 76711							
	DUDD005	<u> </u>							
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Gasoline							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
L	expenditure to benefit C/Ol	1							

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/(Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction Guide explains how to complete this form.	
2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
Meza, Thresa A. (The Honorable) 00069649	
5 Payee name	
QuickTrip	
7 Payee address; City; State; Zip Code	
2350 S New Rd.	
Waco, TX 76711	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Casomic	
Candidate/Officeholder name Office sought Office held	
Office field Offic	
Payee name	
Rancho Restaurant	
Payee address; City; State; Zip Code	
1210 E Irving Blvd	
Irving, TX 75060	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
1 000/Develage Expense	
The curity	
Candidate/Officeholder name Office sought Office held	
Office additional frame of the	
Soluna Hotel	
Payee address; City; State; Zip Code	
5640 E Paisano Dr	
El Paso, TX 79925	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Hotel room	
Candidate/Officeholder name Office sought Office held	
NH	
DH	
DH 	
	2 FILER NAME Meza, Thresa A. (The Honorable)  3 Filer ID (Ethics Commission Filer Meza, Thresa A. (The Honorable)  5 Payee name QuickTrip  7 Payee address; City; State; Zip Code 2350 S New Rd.  Waco, TX 76711  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  Candidate/Officeholder name Office sought Office held  Payee name Rancho Restaurant  Payee address; City; State; Zip Code 1210 E Irving Blvd Irving, TX 75060  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office sought Office held  Candidate/Officeholder name Office sought Office held  Payee address; City; State; Zip Code 1 Category (See Categories listed at the top of this schedule) Check it stavel outside of Texas. Complete Schedule T. Check it Aussin, TX, officeholder living expense Meeting  Candidate/Officeholder name Office sought Office held  Payee name Soluna Hotel  Payee address; City; State; Zip Code 5640 E Paisano Dr El Paso, TX 79925  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Office held  Description Category (See Categories listed at the top of this schedule) Travel Out of District  (c) Description Category (See Categories listed at the top of this schedule) Check it fravel outside of Texas. Complete Schedule T. Check it Aussin, TX, officeholder living expense Hotel I Toom

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 36/39 Rpt: 51/56	Meza, Thresa A. (The Honorable) 00069649					
4	Date	5 Payee name					
	06/07/2024	Soluna Hotel					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$211.51	5640 E Paisano Dr					
		El Paso, TX 79925					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Hotel room					
		Tiotel 199111					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
	Date	Payee name					
	06/08/2024	Soluna Hotel					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$211.51	5640 E Paisano Dr					
		El Paso, TX 79925					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense Hotel room							
		Tiotel 100iii					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	02/16/2024	Texas Democratic Party					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,300.00	1106 Lavaca St #100					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
	EXPENDITORE	Candidate/Officeholder/Political Committee					
		Donation					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
	experiulture to benefit C/Or						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment  The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:									
	Sch: 37/39 Rpt: 52/56	Meza, Thresa A. (The Honorable) 00069649								
4	Date	5 Payee name								
	01/16/2024	Texas Democratic Women								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$135.00	P.O. Box 2211								
		Austin, TX 78768-2211								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.								
	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		Convention Registration								
_	0 1: 0:11:4"									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	01/18/2024	Texas Democratic Women								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$50.00	P.O. Box 2211								
		Austin, TX 78768-2211								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.								
	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		Tickets								
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	01/28/2024	The Post at River East								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.00	2925 Race St								
		Fort Worth, TX 76111								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.								
	_/	Check if Austin, TX, officeholder living expense  Ticket								
		Hicket								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 38/39 Rpt: 53/56	Meza, Thresa A. (The Honorable) 00069649							
4	Date	5 Payee name	_						
	02/21/2024	UTA Cadet Corps							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$35.00	710 S Davis Dr							
		Arlington, TX 76013							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
	OF	Event Expense  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Ticket							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
L	experientare to benefit Grot	'							
	Date	Payee name							
l	03/07/2024	Vito's Pizza & Grill							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$125.00	1975 Esters Rd							
l		Irving, TX 75061							
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
	OF EXPENDITURE	Food/Beverage Expense							
	LXI LINDITORE	Check if Austin, TX, officeholder living expense							
l		Watch party							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							
⊨	5.		_						
	Date	Payee name							
	02/26/2024	Whataburger							
l	Amount (\$)	Payee address; City; State; Zip Code							
	\$5.72	601 Barton Springs Rd							
		Austin, TX 78704							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Food for volunteer							
		1 30d for Voldinger							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI								
-			_						

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awar Legal Ser	verage Expense rds/Memorials Ex rvices struction Guid	xpense		xpens /ages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commission Filers)
	Sch: 39/39 Rpt: 54/56		Meza, Thre		The Honor	able)					00069649	
4	Date	5	Payee name	е								
l	05/17/2024		Wonderful	World c	of Cooking							
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Co	de				
	\$14.99		1735 N Sto	ory Rd								
l			#172									
l			Irving, TX	75061								
Ļ		ļ.,						<i>a</i> >				
8	PURPOSE OF	(a)	Category (S			top of this sche	edule)	(b)	Description		:d4.T O	ordete Calcadida T
l	EXPENDITURE		Food/Beve	rage Ex	kpense				므		de of Texas. Com , officeholder living	plete Schedule T.
l									Meeting	1, 17,	, omeendaer nam	g expense
l									oog			
9	Complete ONLY if direct	<u> </u>	Candidate/Of	ficoboldo	r nama		Office sou	abt			Office h	ald
	expenditure to benefit C/O		Januluale/Oi	liceriolae	i name		nice sou	gni			Office fi	ciu
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

I The Instruction Guide explains how to complete this form.							ages Schedule K: ./2 Rpt: 55/56		
2	2 FILER NAME						D (Ethics Commission F	ilers)	
l	Meza, Thresa A. (The Honorable)						9649		
4	Date 01/18/2024	<u> </u>	Name of person from whom amount is received  Chase Bank  Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$)	\$0.53	
			Irving, TX 75060						
		7		check if no	litic	al con	I tribution returned to filer		
			Interest						
F	Date	Ħ	Name of person from whom amount is received				Amount (\$)		
	02/16/2024		Chase Bank					\$0.50	
		ļ	Address of person from whom amount is received; City; State; Zip Code		••••				
			Irving, TX 75060						
			<del>-</del>	check if po	litic	al con	tribution returned to filer		
		L	Interest						
	Date		Name of person from whom amount is received				Amount (\$)	±0.50	
	03/18/2024	ļ	Chase Bank					\$0.52	
			Address of person from whom amount is received; City; State; Zip Code						
			Irving, TX 75060						
		H	Purpose for which amount is received C	check if po	litic	al con	tribution returned to filer		
			Interest						
F	Date		Name of person from whom amount is received				Amount (\$)		
	04/16/2024		Chase Bank					\$0.48	
		ļ	Address of person from whom amount is received; City; State; Zip Code				"		
			Irving, TX 75060						
		┝		heck if no	litic	al con	tribution returned to filer		
			Interest	neck ii po	IIII	ai com	indutori returned to mer		
F	Date	Ħ	Name of person from whom amount is received				Amount (\$)		
	05/16/2024		Chase Bank					\$0.50	
Address of person from whom amount is received; City; State; Zip Code									
			L						
		<u> </u>	Irving, TX 75060	N			1		
			Purpose for which amount is received C Interest	neck if po	litic	al con	tribution returned to filer		
$\vdash$		<u> </u>	IIICICSI						

# 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: 56/56 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Meza, Thresa A. (The Honorable) 00069649 5 Name of person from whom amount is received 8 Amount (\$) Date 06/18/2024 \$0.57 Chase Bank 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75060 Purpose for which amount is received Check if political contribution returned to filer Interest