# 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		2 Total pages filed: 35
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Thres	a A.		Date Received
				ELECTRONICALLY FILED
	NICKNAME		CUEEIV	10/07/2024
	NICKNAME LAST Terry Meza		SUFFIX	10/01/2024
	,			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P. O. Box 155076			
ADDRESS				Receipt # Amount
Change of Address	Irving, TX 75015			Date Processed
"				Date Processed
				Date Imaged
				Date inaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER	Ms. Gloria			
NAME				
	NICKNAME LAST		SUFFIX	
	Carrille	n	301117	
	Carrin	O		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PI	EACE): ADT /	SUITE#; CITY;	STATE; ZIP CODE
TREASURER	4536 Friars Ln.	LEASE), API/	SUITE#, CITT,	STATE, ZIP CODE
ADDRESS	4550 FIIAIS LII.			
(Residence or Business)				
	Grand Prairie, TX 75052-3605			
7 CAMPAIGN	AREA CODE PHONE NUM	BER EXTENSION		
TREASURER	(214) 543-5217			
PHONE	(221) 010 0221			
8 REPORT				
TYPE	January 15 X 30th	day before election R	unoff	15th day after campaign treasurer
			—	appointment (officeholder only)
	July 15 8th c	lay before election E	xceeded modified eporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TUDOUCU	Month Day	Year
	07/01/2024	THROUGH	09/26/2024	ŀ
10 51 5051011	5,507,01,0475		EL FOTION TVDE	
10 ELECTION	ELECTION DATE  Month Day Year	Drimon.	ELECTION TYPE	Othor
	Month Day Year 11/05/2024	Primary	Runoff	Other
	11/03/2024	X General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)
	State Representative District 105		State Representa	tive District 105
	1			
		GO TO PAGE 2		
		GO TO PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	Meza, Thresa A. (The	<b>14</b> Filer ID (E 00069649	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 9,639.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 10,483.86
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 69,123.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hono	orable Thresa A. Meza	1
		Signature of	Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

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

## FORM C/OH COVER SHEET PG 3

	3 of 35
18 FILER NAME Meza, Thresa A. (The Honorable)  19 Filer ID 0006964	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,639.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 10,483.86
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 8.20

	MONET	ARY POLITICAL CONTRIBU	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 07/10/2024	<ul> <li>Full name of contributor</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	5)		
	Date 08/10/2024	Full name of contributor out-of-state PAG Allen, Ernest Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Hillsboro, OR 97124 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Consultant	pation 7 300 title (See Instituctions)		TestWare Consulting	"		
	Date 09/10/2024	Full name of contributor out-of-state PAG Allen, Ernest Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$3.00
		Hillsboro, OR 97124					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions TestWare Consulting	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAG Ayala, Jose Contributor address; City; State; Zip Code Arlington, TX 76013				Amount of Contribution (\$)	\$150.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions University of Texas Arlin		on	
	Date 08/27/2024	Full name of contributor out-of-state PAG Barrios, Dan Contributor address; City; State; Zip Code Richardson, TX 75080		)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Richardson ISD	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 08/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Bhandari, Janak</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Fort Worth, TX 76131 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe Date 08/24/2024	Full name of contributor out-of-state PAC (ID#:_Bhular, Amjad		Not Employed		Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Employer (S		Employer (See Instructions Not Employed	<u> </u> s)			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Bonilla, Eva Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_Busdiecker, Linda  Contributor address; City; State; Zip Code  Irving, TX 75062		)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) ion Representative		Employer (See Instructions RealPage, Inc	<u>                                      </u>		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_ CWA-COPE PAC Contributor address; City; State; Zip Code  Washington, DC 20001		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	S	SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	ı Filers)
4	Date 07/01/2024	<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)	lg.	Employer (See Instructions	7		
	Not Employe			Not Employed	,		
	Date 07/12/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Delicational access	Irving, TX 75060		Facilities (Constanting	_		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/01/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
		Irving, TX 75060					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 08/12/2024	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	()		
	Date 09/01/2024	Full name of contributor  Carlson, Elizabeth  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
			1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	S 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)				3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 09/12/2024	<ul><li>5 Full name of contributor Carlson, Elizabeth</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$25.00
		Irving, TX 75060						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	s) <u> </u>		Employer (See Instructions Not Employed	5)		
	Date 08/19/2024	Full name of contributor Chris Turner Campaign Contributor address; City; Si			)		Amount of Contribution (\$)	\$500.00
	Principal occu	Arlington, TX 76096-2093 pation / Job title (See Instructions			Employer (See Instructions	 s)		
	Date 08/30/2024	Full name of contributor Coca, Ana Contributor address; City; Si Grand Prairie, TX 75052	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$150.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 08/15/2024	Full name of contributor Cozad, David Contributor address; City; Si Arlington, TX 76017	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		
	Date 09/15/2024	Full name of contributor Cozad, David Contributor address; City; Si Arlington, TX 76017	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)		Employer (See Instructions Not Employed	5)		
			<u>'</u>					

	MONET	ARY POLITICAL CON	S		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 08/23/2024	Curts, Rosemary	ut-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$25.00
•	Principal occu	Dallas, TX 75211 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	Public School		9	Dallas ISD	·)		
	Date 08/25/2024	Full name of contributor ou  De La Torre, Alma  Contributor address; City; State; Zi	p Code	)		Amount of Contribution (\$)	\$50.00
	Dringing age	Grand Prairie, TX 75052		Employer (Coo Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	»)		
	Date 08/23/2024	Full name of contributor ou Dixit, Prabhat Contributor address; City; State; Zi	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Southlake, TX 76092					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 08/18/2024	Full name of contributor ou Garcia, Elba Contributor address; City; State; Zi Dallas , TX 75247	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$150.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 08/24/2024	Full name of contributor ou Garcia MD, Catalina E Contributor address; City; State; Zi Dallas, TX 75231	p Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			<u>.</u>				

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 08/31/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Garcia MD, Catalina E</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75231	1_		_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 09/26/2024	Full name of contributor  out-of-state PAC (ID#: Graham, Zenaida Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu	FORT WORTH, TX 76108 pation / Job title (See Instructions)	1	Employer (See Instructions	-, 		
	Realtor/Brok			Sunny Graham Realty	·)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#: Gyawali, Mohan Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$50.00
		Euless, TX 76040					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions NY Nails & SPA, Down	•	wn Dallas	
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Heller, Paul Contributor address; City; State; Zip Code Farmers Branch, TX 75244			•	Amount of Contribution (\$)	\$2,000.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/24/2024	Full name of contributor out-of-state PAC (ID#: Lagos, Sylvia Contributor address; City; State; Zip Code Dallas, TX 75208		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Constable C	pation / Job title (See Instructions) hief Clerk		Employer (See Instructions Dallas County	5)		
			<u> </u>	<u> </u>			

	MONET	ARY POLITICAL (	CONTRIBUTIO	S	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)				3	Filer ID (Ethics Commission 00069649	n Filers)
4	Date 08/19/2024	<ul><li>5 Full name of contributor Lantz, Gene</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75208	1					
8	Principal occu Not Employe	pation / Job title (See Instructions ed	s) <u> </u>		Employer (See Instructions Not Employed	5)		
	Date 07/27/2024	Full name of contributor Mahaffey, Larry Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78745 pation / Job title (See Instructions	;)		Employer (See Instructions	<u> </u>		
	Not Employe		,		Not Employed	,		
	Date 08/17/2024	Full name of contributor Miller, Jearlene Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00
		Irving, TX 75062						
	Principal occu Not employe	pation / Job title (See Instructions	s)		Employer (See Instructions Not employed	5)		
	Date 08/28/2024	Full name of contributor Montoya, Regina Contributor address; City; Si Dallas, TX 75229	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$150.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
	Date 09/25/2024	Full name of contributor Munoz, Patricia Contributor address; City; Si Carrollton, TX 75006	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	5)		
			l					

	MONET	ARY POLITICAL CONTR	NS		SCHEDULE	<b>A1</b>	
	The Instru	ction Guide explains how to comp	olete this fo	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	Filers)
4	Date 08/30/2024	<ul> <li>Full name of contributor  out-of-st  Muslim Democratic Caucus of Texas</li> <li>Contributor address; City; State; Zip Cod</li> </ul>			7	Amount of Contribution (\$)	\$1,000.00
8	Dringinal occu	Arlington, TX 76002 pation / Job title (See Instructions)		Employer (See Instructions			
_				e Employer (See Instructions	,		
	Date 08/18/2024	Full name of contributor out-of-st  Nam, Jae  Contributor address; City; State; Zip Cod  Arlington, TX 76006	tate PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Teacher			Grand Prairie ISD			
	Date 08/25/2024	25/2024 Ortiz, Jose  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Attorney	,		Ortiz Law Firm	,		
	Date 09/25/2024	Ortiz, Jose	tate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Ortiz Law Firm	)		
	Date 08/30/2024	Full name of contributor out-of-st Saenz, Martin Contributor address; City; State; Zip Cod Irving, TX 75017	tate PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Security Office	pation / Job title (See Instructions)		Employer (See Instructions Garda World	)		
	Security Office			Sarua Worlu			

	MONET	ARY POLITICAL (	CONTRIBUTION	S 	SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/35	
2	FILER NAME Meza, Thres	a A. (The Honorable)				3	Filer ID (Ethics Commission 00069649	on Filers)
4	Date 08/30/2024	<ul><li>5 Full name of contributor Sanders, Kenneth</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$400.00
		Arlington, TX 76002						
8	Principal occu Judge	pation / Job title (See Instructions	9		Employer (See Instructions Tarrant County	5)		
	Date 08/21/2024	Full name of contributor Sheaks, Robert Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Dringing occur	Irving, TX 75060			Employer (See Instructions	<u></u>		
	Lab Tech	pation / Job title (See Instructions	5)		Electro Plate Circuitry	·)		
	Date 08/17/2024					Amount of Contribution (\$)	\$100.00	
		Irving, TX 75062						
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		
	Date 08/25/2024	Full name of contributor Spell, Deborah Contributor address; City; S Arlington, TX 76018	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)		Employer (See Instructions Not Employed	5)		
	Date 08/19/2024	Full name of contributor TEXAS STATE TEACHE Contributor address; City; S Farmers Branch, TX 7524	tate; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
			L					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/35	
2	FILER NAME	sa A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069649	
4	Date  08/28/2024  5 Full name of contributor  out-of-state PAC (ID#:  Texas AFL-CIO/COPE  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$) \$500.00	
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/05/2024	)		Amount of Contribution (\$) \$1,000.00		
	Principal occu	Austin, TX 78711  upation / Job title (See Instructions)	Employer (See Instructions	  -  s)		
	·	, ,	. , ,			
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$1,000.00	
		Austin, TX 78705				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Thompson, Truman Contributor address; City; State; Zip Code  Arlington, TX 76013			Amount of Contribution (\$) \$50.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Retired	<u>l</u> 5)		

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 14/35	Meza, Thresa A. (The Honorable)	00069649
4	Date	5 Payee name	•
	07/04/2024	Applebee's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	1901 N Belt Line Rd	
		Irving, TX 75061	
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.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Lunch at Lion's Club
_			200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/11/2024	Applebee's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1901 N Belt Line Rd	
		Irving, TX 75061	
	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  Meal at Event
			iviedi di Eveni
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cilice field
	Data	D	
	Date 07/18/2024	Payee name Applebee's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1901 N Belt Line Rd	
		Irving, TX 75061	
	PURPOSE OF	,	Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Food at event
	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 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 comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/21 Rpt: 15/35	Meza, Thresa A. (The Honorable)		00069649
4	Date	5 Payee name		'
	07/25/2024	Applebee's		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$10.00	1901 N Belt Line Rd		
		Irving, TX 75061		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o)	Description
	OF EXPENDITURE	Event Expense	<u> </u>	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		[	Check if Austin, TX, officeholder living expense
				Food at event
_	0 1: 0 1: 0			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	08/01/2024	Applebee's		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$14.94	1901 N Belt Line Rd		
		Irving, TX 75061		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o)	Description
	OF EXPENDITURE	Event Expense	Į	Check if Avetin TV, officeholder living avenue.
			l	Check if Austin, TX, officeholder living expense Food at event
				. 000 00 0000
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	08/08/2024	Applebee's		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$10.00	1901 N Belt Line Rd		
	Ψ10.00	1301 N Boil Ellie Nu		
		Irving, TX 75061		
	DUDDOOF		- \	
	PURPOSE OF	, , ,	)   	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	i	Check if Austin, TX, officeholder living expense
			Ī	Food at event
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		

#### SCHEDULE F1

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

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

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	Al 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: 3/21 Rpt: 16/35	Meza, Thresa A. (The Honorable) 00069649			
4 Date	5 Payee name			
08/22/2024	Applebee's			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$17.00	1901 N Belt Line Rd			
	Irving, TX 75061			
8 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 T.  Check if Austin, TX, officeholder living expense			
	Food at event			
	1 334 dt 575.1t			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Dete				
Date	Payee name			
09/05/2024	Applebee's			
Amount (\$)	Payee address; City; State; Zip Code			
\$30.00	1901 N Belt Line Rd			
	Irving, TX 75061			
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 T.  Check if Austin, TX, officeholder living expense			
	Food at event			
	1 ood at event			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Dete				
Date	Payee name			
07/12/2024	CMT Taxi			
Amount (\$)	Payee address; City; State; Zip Code			
\$43.91	42-32 21st Street			
	Long Island City, NY 11101			
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			
	Taxi at Phoenix Airport			
Complete ONLY Station	Condidate/Officeholder name			
Complete <u>ONLY</u> 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

	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: 4/21 Rpt: 17/35	Meza, Thresa A. (The Honorable)	00069649
4	Date	5 Payee name	
	07/27/2024	COWBOYS DONUT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.50	704 N MacArthur Blvd	
		IRVING, TX 75061	
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.
	EX. ENDITORE		Check if Austin, TX, officeholder living expense Food for volunteers
			rood for volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
-	Date	Davies name	
	09/03/2024	Payee name Castillo, Leah	
_			
	Amount (\$)	Payee address; City; State; Zip Code 501 E Tucker Blvd	
	\$1,500.00	SOI E TUCKET BIVU	
		Adia star. TV 70010	
		Arlington, TX 76010	
	PURPOSE OF	,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/26/2024	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	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Email
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onice Held
L			
1			

#### 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	l Committe	Gift/Awards e Legal Servi <b>The Inst</b> i	rage Expense s/Memorials Expense ces ruction Guide explair		Expens Wages	e /Contract Labor		Travel in District Travel Out of Distri OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1:	l						3		(Ethics Commission Filers)
L	Sch: 5/21 Rpt: 18/35	Mez	za, Thresa A. (T	he Honorable)				L	00069649	
4		l	ee name							
L	08/28/2024	Dal	as AFL-CIO							
6		<b>7</b> Pay	ee address; C	ity; Sta	te; Zip C	ode				
	\$40.00	140	8 N Washingtor	Ave						
		#24	0							
		Dal	as, TX 75204							
8	PURPOSE	(a) Cate	egory (See Categorie	es listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Eve	nt Expense				<b>=</b>		de of Texas. Comple	
							Labor Day Br		officeholder living e	xperise
9	Complete ONLY if direct	L Cand	idate/Officeholder	name	Office so	<u>l</u> ught			Office held	d
	expenditure to benefit C/Oh					- 9				-
	Date	1	ee name							
	08/14/2024	Dal	as County Dem	ocratic Party						
	Amount (\$)	1		· ·	te; Zip C	ode				
	\$5,000.00	141	4 N Washington	Ave						
		Dal	as, TX 75214							
	PURPOSE OF			es listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		ntributions/Dona	tions Made By Ider/Political Com	mittoc		<b>=</b>		de of Texas. Comple officeholder living e	
		Car	iuiuale/Officefi0	iuei/Puilitai Colf	muuee		Donation	, , ,,	oocnoloci livilig e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							-			
	Complete ONLY if direct		idate/Officeholder	name	Office so	ught			Office held	d
	expenditure to benefit C/OH	Н								
H	Date	Pav	ee name							
	07/13/2024	1	as Love Field							
	Amount (\$)	Pay	ee address; C	ity; Sta	te; Zip C	ode				
	\$48.00	800	8 Herb Kelleher		•					
		Dall	as, TX 75235							
	PURPOSE OF			es listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE	Tra	vel Out of Distric	et			ш		de of Texas. Comple officeholder living e	
							Parking at air			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							<b>3 </b>			
	Complete ONLY if direct		idate/Officeholder	name	Office so	ught			Office held	d
	expenditure to benefit C/O	Н				-				

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 6/21 Rpt: 19/35	Meza, Thresa A. (The Honorable) 00069649	
4	Date	5 Payee name	_
	08/14/2024	Delucca Gaucho Pizza & Wine Dallas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$14.00	1628 Oak Lawn Ave Ste 100	
		Dallas, TX 75207	
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	
		Food at event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<del>-</del>	
F	Date	Payee name	_
	09/24/2024	Flying Fish	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.60	m649 Powell Ln	
		Plano, TX 75075	
	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  Food at event	
		1 000 at 010.11	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г	Date	Payee name	_
	07/26/2024	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.	
l		Check if Austin, TX, officeholder living expense  Web hosting	
		West nesting	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
Г			_

### 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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/21 Rpt: 20/35	Meza, Thresa A. (The Honorable)		00069649
4	Date	5 Payee name		<u>'</u>
	08/01/2024	GoDaddy		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$22.17	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.
				Check if Austin, TX, officeholder living expense  Web hosting
				web nosting
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
ľ	expenditure to benefit C/OI		agiit	Cince Hold
-	Date	Payee name		
	08/25/2024	GoDaddy		
_	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$12.77	14455 N. Hayden Rd #219	ouc	
	Ψ12.111	14400 W. Haydell Rd #210		
		Scottsdale, AZ 85260		
_	PURPOSE		T <sub>(b)</sub>	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(0)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Website
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experiantare to benefit Great			
	Date	Payee name		
	09/25/2024	GoDaddy		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$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.  Check if Austin, TX, officeholder living expense
				Website hosting
				3
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		-	

#### 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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 8/21 Rpt: 21/35 Meza, Thresa A. (The Honorable) 00069649 4 Date Payee name 09/26/2024 GoDaddy 6 Amount (\$) Payee address; City; State; Zip Code \$102.21 14455 N. Hayden Rd #219 Scottsdale, AZ 85260 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2024 Good Day Cafe Amount (\$) Payee address; State; Zip Code City; \$60.00 2301 N O Connor Rd Irving, TX 75062 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2024 La Madeleine Amount (\$) Payee address: City: State; Zip Code \$10.81 6430 N MacArthur Blvd Irving, TX 75039 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Food at event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### 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	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: 9/21 Rpt: 22/35	Meza, Thresa A. (The Honorable) 00069649
4 Date	5 Payee name
09/04/2024	La Madeleine
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 6430 N MacArthur Blvd  Irving, TX 75039
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  Food at event
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/23/2024	Los Lupes Restaurant
Amount (\$) \$40.00	Payee address; City; State; Zip Code 2951 N Belt Line Rd
	Irving, TX 75062
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 <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/23/2024	Lupes Comida Con Sabor
Amount (\$) \$25.00	Payee address; City; State; Zip Code 770 Road To Six Flags St E Ste 178
	Arlington, TX 76011
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food at event
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 -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense 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: 10/21 Rpt: 23/35	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	08/16/2024	MAGDALENOS RESTAURANT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1112 E. Shady Grove Road
		Irving, TX 75060
8	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 volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2024	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)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	d
	Date	Payee name
	08/01/2024	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
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

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

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

	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: 11/21 Rpt: 24/35	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	09/19/2024	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
		Linai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/17/2024	MetroPCS
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	510 N O'Connor Rd
	410.00	ozo il o comio. Ila
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Campaign phone
		Campaign priorie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/17/2024	MetroPCS
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	510 N O'Connor Rd
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign phone
	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 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	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 12/21 Rpt: 25/35	Meza, Thresa A. (The Honorable)  00069649
4	Date	5 Payee name
	07/30/2024	Midori Sushi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	4020 N MacArthur Blvd
		Irving, TX 75038
Ļ		1
8	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 T.
		Check if Austin, TX, officeholder living expense
		Food at event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/23/2024	Mihaela Plesa Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$70.00	P.O. Box 796311
		Dallas, TX 75248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Data	Davies same
	Date	Payee name
	09/18/2024	NHCSL
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1444 I St NW
		Suite 900
		Washington, DC 20005
L	DUDDOCT	I a
	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
		Carididate/Officeriolder/Political Committee  Dues
		Ducs
_	Operation ONE VIII II	Open Highest (Office health a grants)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portandio to bolloni 0/01	
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 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: 13/21 Rpt: 26/35	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	07/12/2024	Omni Scottsdale Resort & Spa at Montelucia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.00	4949 East Lincoln Drive
		Scottsdale, AZ 85253
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
		Dinner at conference
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Perla Bojorquez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P.O. Box 79503
		Saginaw, TX 76179
	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
		Candidate/Officeholder/Political Committee
		Bondaon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/09/2024	Po Melvin's
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	4070 N Belt Line Rd
		#100
		Irving, TX 75038
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meal at Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed ab	oove)
	Great Gara F ayment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 14/21 Rpt: 27/35		Meza, Thres	sa A. (The Hon	orable)					00069649		
4	Date	5	Payee name									
	07/16/2024		Pressable									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$16.00		110 E Houst	ton St F8								
			San Antonio	, TX 78205								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Advertising I			,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							<b>—</b>	, TX,	officeholder livin	g expense	
								Website				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	08/22/2024		Pressable									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$16.00		110 E Houst	ton St F8								
			San Antonio	, TX 78205								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Advertising I					<b>=</b>			nplete Schedule T.	
	EXI ENDITORE							ш	, TX,	officeholder livin	g expense	
								Website				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	soholdor namo	<u></u>	ffice sou	aht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	cholder flame	O	ince sou	grit			Office fi	eiu	
_	Data	_										
	Date 09/23/2024		Payee name									
			Pressable									
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$16.00		110 E Houst	ton St F8								
			San Antonio	, TX 78205								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Advertising I	Expense				<u></u>		officeholder livin	nplete Schedule T.	
								Website	, 170,	omeenolder iiviii	g expense	
	Complete ONLY if direct	(	Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI											
I												

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 15/21 Rpt: 28/35	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	07/03/2024	QuickTrip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
_	Occupated ONLY if alice at	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	07/17/2024	QuickTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.40	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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	07/28/2024	QuickTrip
	Amount (\$)	
	\$8.85	Payee address; City; State; Zip Code 2350 S New Rd.
	φο.ου	2330 3 New Ru.
		Waco, TX 76711
	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
		Gas
$\vdash$	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 Committee Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

	•	The Instruction Guide explains how to co	ompl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/21 Rpt: 29/35	Meza, Thresa A. (The Honorable)		00069649
4	Date	5 Payee name		<u> </u>
	07/30/2024	QuickTrip		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$40.00	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	1.0.10.10.10.10.10.10.10.10.10.10.10.10.		Check if Austin, TX, officeholder living expense
l				Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	<del>1</del>		
Г	Date	Payee name		
l	08/06/2024	QuickTrip		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$41.00	2350 S New Rd.		
l		Waco, TX 76711		
┝	PURPOSE		(h)	A Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(6)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Traver out or district		Check if Austin, TX, officeholder living expense
l				Gas
l				
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	4		
	Date	Payee name		
l	08/21/2024	QuickTrip		
┢	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$40.00	2350 S New Rd.		
		Waco, TX 76711		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	) Description
	OF	Travel Out of District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of Bistrict		Check if Austin, TX, officeholder living expense
				Gas
L				
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	<b>-</b>		
ı				

#### 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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 30/35	Meza, Thresa A. (The Honorable)		00069649
4	Date	5 Payee name		·
	09/03/2024	QuickTrip		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$30.00	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
				Gas
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:			0.5
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	gnt	Office held
_	·			
	Date	Payee name		
	09/16/2024	QuickTrip		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$40.00	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.
				Check if Austin, TX, officeholder living expense  Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
-	Date	Payee name		
	09/19/2024	QuickTrip		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$4.96	2350 S New Rd.	uc	
	¥•			
		Waco, TX 76711		
	DUDDOCE		/b\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Gas
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
L	expenditure to benefit C/Ol	1		

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how	v to con	nple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME			3	ı	iler ID	(Ethics Commission Filers)
	Sch: 18/21 Rpt: 31/35		Meza, Thresa A. (The Honorable)				(	00069649	
4	Date	5	Payee name			•			
	09/23/2024		QuickTrip						
6	Amount (\$)	7	Payee address; City; State; Z	ip Cod	le				
	\$40.01		2350 S New Rd.						
			Waco, TX 76711						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	٥) (	(b)	Description			
-	OF	"	Travel Out of District	e)	,	Check if travel outside	ide	e of Texas. Comp	olete Schedule T.
	EXPENDITURE					Check if Austin, TX,	, c	fficeholder living	expense
						Gas			
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Offic	ce soug	ht			Office he	ld
	experialiture to beliefit C/O	'''							
	Date		Payee name						
	08/19/2024		Red Lobster						
	Amount (\$)		Payee address; City; State; Z	ip Cod	le				
	\$18.39		4205 W Airport Fwy						
			Irving, TX 75062						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) (	(b)	Description			
	OF	``	Event Expense			Check if travel outsi	ide	e of Texas. Comp	olete Schedule T.
	EXPENDITURE		·			Check if Austin, TX,	, c	fficeholder living	expense
						Food at event			
		<u> </u>							
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Offic	ce soug	ht			Office he	ld
	Date		Payee name						
	09/03/2024		Rivas, Gabriel						
	Amount (\$)		Payee address; City; State; Z	ip Cod	le				
	\$1,500.00		501 E Tucker Blvd						
			Arlington, TX 76010						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) (	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outsi			
	EXI ENDITORE					Check if Austin, TX,		fficeholder living	expense
						Campaign work			
	Complete Chilly '' "	L	Condidate Office held		ا ما			Offi: 1	lai
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Offic	ce soug	nt			Office he	la l

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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

	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: 19/21 Rpt: 32/35	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	07/17/2024	Rivas IV, Gabriel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	501 E Tucker Blvd
		Arlington, TX 76010
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/14/2024	Subway
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.03	1515 N Cockrell Hill Rd, #A114
		Dallas, TX 75211
	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 volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/14/2024	Subway
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.57	1515 N Cockrell Hill Rd, #A114
		Dallas, TX 75211
	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 volunteers
		1 ood for volunteers
	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: 20/21 Rpt: 33/35	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	08/01/2024	Taco Bell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1022 W Shady Grove Rd
		Irving, TX 75060
8	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 volunteers
		1 ood for volunteers
Ļ	Complete ONII V if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	08/27/2024	Taco Bell
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.69	1022 W Shady Grove Rd
		Irving, TX 75060
	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 volunteers
		Toda for volunteers
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Data	
	Date	Payee name
L	07/22/2024	Texas BB Concessions
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.33	734 Stadium Dr
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food at event
ldash	Operation Chilly " "	Open Highest (Office the Idea of the Control of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		
_		

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1:	
	Sch: 21/21 Rpt: 34/35	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	09/13/2024	Villa Real
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.71	4020 N Macarthur Blvd
		Irving, TX 75038
Ļ		
8	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 T.  Check if Austin, TX, officeholder living expense
		Food at event
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	07/29/2024	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.48	601 Barton Springs Rd
		Austin, TX 78704
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for volunteers
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	09/23/2024	Wyndham Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	516 W 8th St
		Austin, TX 78701
	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
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

### SCHEDULE K

ᆫ						
	The Instru	ages Schedule K: /1 Rpt: 35/35				
2	FILER NAME		3 Fi	ler ID	(Ethics Commission F	ilers)
l	Meza, Thres	a A. (The Honorable)	0069	649		
┰	Date	5 Name of person from whom amount is received	l		8 Amount (\$)	
ľ	07/17/2024	Chase Bank			7 unodni (4)	\$0.51
l	0171172024					Ψ0.01
l		6 Address of person from whom amount is received; City; State; Zip Code				
l						
l		In ing TV 75060				
l		Irving, TX 75060				
l			olitical	contr	ibution returned to filer	
L		Interest				
Г	Date	Name of person from whom amount is received			Amount (\$)	
l	08/16/2024	Chase Bank				\$0.39
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Irving, TX 75060				
l		Purpose for which amount is received Check if p	olitical	contr	ibution returned to filer	
l		Interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	08/22/2024	Frost Bank			Amount (\$)	\$1.73
l	0012212024					Ψ1.75
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Irving, TX 75062				
l			olitical	contr	ibution returned to filer	
l		Interest	ontical	COILL	ibation retained to mer	
⊨						
l	Date	Name of person from whom amount is received			Amount (\$)	<b>45.5</b> 7
l	09/24/2024	Frost Bank				\$5.57
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Indian TV 75000				
l		Irving, TX 75062				
l			olitical	contr	ibution returned to filer	
L		Interest				
l						
l						
l						
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1						