CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00069649		18			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Thresa A.			10/31/2024	
		NICKNAME	LAST		SUFFIX	1	
		Terry	Meza			Date Hand-delivered or [Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)		
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		X 8th day before election	appointment (office	• • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea		Month Day	Year		
3	COVERED	09/27/2024	THROUGH	10/26/2024	real	Date Imaged	
6	EXPLANATION OF C			10/20/2024			
0			enived after the original	I roport was submitted	This notice pro	vidos additional info	rmation that was
		at an in-kind notice was rec de. The corrected report re				vides additional inio	rmation that was
	not previously availab	ne. The corrected report te	nects the information c	ontained in the in-kind	Houce.		
7	AFFIDAVIT		Lsw	ear, or affirm, under po	enalty of neriury	that this corrected	renort is true
				correct.	criaity of perjury	, that this corrected	report is true
			Che	eck the box next to any	, and all annlicat	ale etatemente:	
			Cile	ck the box flext to any	anu an applicat	de statements.	
				Semiannual reports	s: I swear, or	affirm that the origin	al report
				was made in good fa			or to
				misrepresent the info	ormation contain	ied in the report.	
			X	Other reports: 1 s	swear, or affirm,	that I am filing this o	corrected
			ت	report not later than	the 14th busines	ss day after the date	I learned
				that the report as ori swear, or affirm, that			
				filed was made in go		iission in the report	as originally
				3			
				The I	Honorable Thr	esa A. Meza	
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	Э.		
	Signature of office	er administering oath	Printed name of o	fficer administering oat	th T	Title of officer admini	stering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:18
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Thresa	a A.		Date Received
I WWE				ELECTRONICALLY FILED
	NICKNAME LAST		SUFFIX	10/31/2024
	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			
П п п п п п п п п п п п п п п п п п п п	11VIIIg, 17, 73013			Date Processed
				Date Imaged
E CAMPAIGN	MO (MDO (MD			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	
NAME	Ms. Gloria			
	NICKNAME LAST		SUFFIX	
	Carrillo)		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PL	EASE); APT / S	SUITE#; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	4536 Friars Ln.			
(Residence or Business)	Grand Prairie, TX 75052-3605			
7 CAMPAIGN	AREA CODE PHONE NUME	BER EXTENSION		
TREASURER PHONE	(214) 543-5217			
THONE				
8 REPORT				
TYPE	January 15 30th o	day before election Ru	inoff	15th day after campaign treasurer
	Tuly 15	by hofore election	accorded modified	appointment (officeholder only)
	July 15 X 8th da		ceeded modified corting 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
	09/27/2024	THROUGH	10/26/2024	•
10 FLECTION	FLECTION DATE		ELECTION TYPE	
10 ELECTION	ELECTION DATE Month Day Year	Primary	ELECTION TYPE Runoff	Othor
	11/05/2024	Pililary	Rulloll	Other
	11/03/2024	X General	Special	
11 OFFICE	OFFICE HELD (if any)	1	2 OFFICE SOUGHT	(if known)
	State Representative District 105		State Representa	tive District 105
	1			
		CO TO DACE 2		
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 18

13 C / OH NAME	Meza, Thresa A. (The	e Honorable)	14 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 officel	holder'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		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 34,841.75
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 39,815.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 43,887.47
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	a
		Signature of	Candidate or Officehold	ler
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 COH **COVER SHEET PG 3**

					4 of 18
	ER NAM	19 Filer ID 00069649	(Ethi	ics Commission Filers)	
	HEDUL		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,338.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	19,503.75
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	39,815.79
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
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 C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	3.63

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/18		
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/15/2024 ASSOCIATED GENERAL CONTRACTORS OF TEXAS PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
_	Delicalization	AUSTIN, TX 78768	lo lo	Formula van (O. a. la atmostica a	$\overline{\Gamma}$		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 Allen, Ernest Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00			
		Hillsboro, OR 97124					
Principal occupation / Job title (See Instructions) Employer (See Instructions Consultant TestWare Consulting		5)					
Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 Barbosa-Crain, Sharon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00			
		Irving, TX 75017					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 10/15/2024	Full name of contributor Beer Alliance of Texas PAC Contributor address; City; Stat Austin, TX 75039)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Ben E. Keith Company Texas PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/18		
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	on Filers)
4	Date 10/01/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$25.00	
8	Principal occur	Irving, TX 75060 pation / Job title (See Instructions	<u>.</u>	Employer (See Instructions	z)		
Ü	Not Employe			Not Employed	۰)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/12/2024 Carlson, Elizabeth Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00		
	Principal occur	Irving, TX 75060		Employer (See Instructions	-) 		
Principal occupation / Job title (See Instructions) Not Employed Not Employed Not Employed		>)					
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Cozad, David Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00		
		Arlington, TX 76017					
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions Not Employed	5)		
Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 HOMEPAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$150.00			
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Ironworkers State COPE Contributor address; City; State; Zip Code Grapevine, TX 76051			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			1				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/18		
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission 00069649	on Filers)	
4	Date 09/29/2024			7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Irving, TX 75060 Dation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	Not Employe	d		Not Employed				
	Date Full name of contributor out-of-state PAC (ID#:) 10/09/2024 NATIONAL ASSOCIATION OF SOCIAL WORKERS Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	:) 			
	,	,			,			
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 NRG Energy PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00			
		Princeton, NJ 08540						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
Date Full name of contributor out-of-state PAC (ID#:) O9/27/2024 Ortiz, Jose Contributor address; City; State; Zip Code Irving, TX 75038			Amount of Contribution (\$)	\$50.00				
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Ortiz Law Firm)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Ortiz, Jose Contributor address; City; State; Zip Code Irving, TX 75038			Amount of Contribution (\$)	\$100.00			
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Attorney			Ortiz Law Firm				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/18		
2	FILER NAME Meza, Thres	a A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069649		
4	Date 10/05/2024	te 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$100.)0		
8	Principal occu Not Employe	Cedar Hill, TX 75104 pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/21/2024 Real Estate Council PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$1,000.				
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2024 Schecht, Kay Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.)0			
		Irving, TX 75060 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Stonewall Democrats of Dallas Contributor address; City; State; Zip Code Dallas, TX 75219		Retired		Amount of Contribution (\$) \$500.	<u>—</u>)0	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Texas Dental Association Contributor address; City; State; Zip Code Austin, TX 78704				Amount of Contribution (\$) \$500.	— 00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			•					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHED	ULE A1
	The Instru	ction Guide explains how to complete this for	1	Total pages Schedule A1 Sch: 5/5 Rpt: 9/18		
	FILER NAME Meza, Thres	a A. (The Honorable)		3	Filer ID (Ethics Commis 00069649	sion Filers)
	4 Date 10/15/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Farm Bereau AgFund 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$	\$500.00	
8	Principal occu	Waco, TX 76702 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$	\$3,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Vistra Employee PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$	\$1,000.00
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/18 3 Filer ID (Ethics Commission Filers) FILER NAME Meza, Thresa A. (The Honorable) 00069649 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/26/2024 TOP PAC \$7,163.00 Printing, Advertising and 7 Contributor address; City; State; Zip Code staff time San Antonio, TX 78212 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 09/30/2024 TOP PAC \$12,340.75 Printing and staff time Contributor address; City; State; Zip Code San Antonio, TX 78212 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 Gifl/Awards/Memorials Expense Printing Expense Legal Services 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 th	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 11/18	Meza, Thresa A. (The Honorable)	00069649
4	Date	5 Payee name	•
	10/04/2024	Castillo, Leah	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	501 E Tucker Blvd	
		Arlington, TX 76010	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ca	mpaign work
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
L	10/08/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	2710 Beltline Rd Ste #100	
l			
l		Irving, TX 75062	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
l	OF EXPENDITURE	/ Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			arge
l			90
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	10/17/2024	Frost Bank	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	2710 Beltline Rd Ste #100	
l		Irving, TX 75062	
	PURPOSE		scription
l	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
l		Fee	e
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	•	

Event Expense

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 2/7 Rpt: 12/18	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	10/04/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$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 Domain hosting
		Domain nosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/25/2024	GoDaddy
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.77	14455 N. Hayden Rd #219
	412.11	11100 14 Haydon 14 #210
		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 Domain hosting
		Domain nosting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/09/2024	MCDONALD'S
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.70	302 W Irving Blvd
	Ψ0.70	302 W II VIIII DIVU
		IRVING, TX 75060
H	PURPOSE	In.
	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
		Food for staff
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>
•		

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 Commission Filers)
	Sch: 3/7 Rpt: 13/18	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	10/01/2024	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Emailing
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiantare to benefit or en	
	Date	Payee name
	10/24/2024	MetroCare Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1345 River Bend Dr Suite 200
		Dallas, TX 75247
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/17/2024	MetroPCS
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	510 N O'Connor Rd
	Ψ-0.00	STON G COMMON NO.
		Irving, TX 75061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Cry Beschiption Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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: 4/7 Rpt: 14/18	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649						
4	Date 10/03/2024	5 Payee name NHCSL	<u>'</u>						
	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 1444 I St NW Suite 900 Washington, DC 20005							
8	PURPOSE OF EXPENDITURE	Check	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense ration fee						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date 10/22/2024	Payee name Pressable							
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 110 E Houston St F8 San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE	Advertising Expense	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date 09/30/2024	Payee name QuickTrip							
	Amount (\$) \$40.09	Payee address; City; State; Zip Code 2350 S New Rd.							
	Waco, TX 76711								
	PURPOSE OF EXPENDITURE	Traver out of District	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense						
	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

	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: 5/7 Rpt: 15/18	Meza, Thresa A. (The Honorable) 00069649							
4	Date	5 Payee name							
	10/10/2024	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	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/OH	Candidate/Officeholder name Office sought Office held							
		•							
	Date	Payee name							
	10/25/2024	QuickTrip							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$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.							
	LA LABITORE	Check if Austin, TX, officeholder living expense Gasoline							
		Gasonile							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	2 .								
	Date	Payee name							
	10/04/2024	Rivas, Gabriel							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	501 E Tucker Blvd							
		Arlington, TX 76010							
	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 work							
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment							OTHER (enter a category not listed above)			
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1	Total pages Schedule F1:						3	Filer ID	(Ethics Commissio	n Filers)	
	Sch: 6/7 Rpt: 16/18	Meza, Thr	esa A. (The Honorable)					00069649			
4	Date	5 Payee nam	е								
	10/11/2024	Rosewood	l Court Parking								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
l	\$5.00										
			. 0								
		Dallas, TX	75201								
Ļ	DUDDOGE				4->						
8	PURPOSE OF		See Categories listed at the top of th	is schedule)	(b)	Description	outo	ide of Toyon Com	ploto Sobodulo T		
	EXPENDITURE	Event Exp	ense			=	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
						Parking	,,gp				
9	Complete ONLY if direct	L Candidate/O	fficeholder name	Office sou	aht			Office he	eld		
ľ	expenditure to benefit C/O				9						
⊨	Dete										
	Date	Payee nam									
L	10/07/2024	Spring Cre	eek Barbeque								
	Amount (\$)	Payee addr	ress; City; S	tate; Zip Co	de						
	\$19.18	3514 W A	irport Fwy								
		Irving , TX	75062								
H	PURPOSE	(a) Category	See Categories listed at the top of th	is echodulo)	(b)	Description					
	OF	Event Exp		is seriedule)		_	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE	·				Check if Austin	austin, TX, officeholder living expense				
						Food at even	t				
	Complete ONLY if direct		fficeholder name	Office sou	ght			Office he	eld		
	expenditure to benefit C/O	1									
F	Date	Payee nam	e								
	10/08/2024	Texas Dei	mocratic Party								
H	Amount (\$)	Payee addr	ess; City; S	tate; Zip Co	nde						
	\$12,300.00	1	aca St #100								
	412,000.00	1100 2000	10d 3t 11 200								
		A. satisa TV	7.707.01								
L		Austin, TX									
	PURPOSE OF		See Categories listed at the top of th	is schedule)	(b)	Description					
l	EXPENDITURE		ons/Donations Made By	mmittoo		<u></u>		ide of Texas. Com , officeholder living			
l		Candidate	/Officeholder/Political Co	mmillee		Donation	, 1,	, officeriolder living	expense		
1						_ 0.1au011					
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	abt			Office he	nld		
	Complete ONLY if direct expenditure to benefit C/Ol		mcentiuel naffle	Onice sou	yııı			Office ne	iu		
dash											
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	I Committee	Legal Services The Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	category not listed above	e)		
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	Filers)		
_	Sch: 7/7 Rpt: 17/18		sa A. (The Honorable)					00069649	(,		
4	Date	5 Payee name										
	10/17/2024	Texas Dem	ocratic Party									
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode							
	\$24,600.00	1106 Lavaca St #100										
		Austin, TX 7	'8701									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Contributions/Donations Made By										
		Candidate/Officeholder/Political Committee					Check if Austin, TX, officeholder living expense Donation					
						Donation						
9	Complete ONLY if direct	Candidate/Offi		Office sou	ıaht			Office he	ıld			
	expenditure to benefit C/O		zenolder name	Office 300	igiit			Office fie	iu			
_	Data											
	Date	Payee name	0. C -: !!!									
	09/30/2024	Vito's Pizza & Grill										
	Amount (\$)	Payee addres	•	State; Zip Co	ode							
	\$18.00	1975 Esters	Rd									
		Irving, TX 7	5061									
	PURPOSE	(a) Category (Se	ee Categories listed at the top of t	this schedule)	(b)	Description						
OF EXPENDITURE		Event Expense				=		de of Texas. Com				
						ш.		officeholder living	expense			
						Lunch at ever	ΠL					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								lal				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		cenoluer name	Office sou	ignt			Office he	ila			
	Date	Payee name										
	10/11/2024	Whataburge	;r									
	Amount (\$)	Payee addres	•	State; Zip Co	ode							
	\$4.00	2515 W Airp	ort Fwy									
		Irving, TX 7	5062									
	PURPOSE	(a) Category (Se	ee Categories listed at the top of t	this schedule)	(b)	Description						
	OF EXPENDITURE	Food/Bever	age Expense					de of Texas. Comp				
						Check if Austin, TX, officeholder living expense Food for staff						
						i oou ioi siali						
	Complete ONLY if direct	Candidate/Offi		Office sou	labt			Office he	ıld			
	expenditure to benefit C/O		Jenolder Hallie	JIIICE SUL	ignt			Onice He	iu			
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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: 1/1 Rpt: 18/18 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 10/23/2024 \$3.63 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75062 Purpose for which amount is received Check if political contribution returned to filer Interest