

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00069649	2 Total pages filed: 18	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Thresa A.	MI MI
	NICKNAME Terry	LAST Meza	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 09/27/2024	THROUGH	Month Day Year 10/26/2024
6 EXPLANATION OF CORRECTION Please be advised that an in-kind notice was received after the original report was submitted. This notice provides additional information that was not previously available. The corrected report reflects the information contained in the in-kind notice.			

6 EXPLANATION OF CORRECTION
Please be advised that an in-kind notice was received after the original report was submitted. This notice provides additional information that was not previously available. The corrected report reflects the information contained in the in-kind notice.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Thresa A. Meza

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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 Filers) 00069649	2 Total pages filed: 18				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Thresa A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/31/2024			
	NICKNAME Terry	LAST Meza	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 155076 Irving, TX 75015		ZIP CODE	Date Hand-delivered or Date Postmarked			
			Receipt #	Amount			
			Date Processed				
			Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Gloria	MI				
	NICKNAME	LAST Carrillo	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4536 Friars Ln. Grand Prairie, TX 75052-3605						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	543-5217					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	09/27/2024				10/26/2024		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 105			12 OFFICE SOUGHT (if known) State Representative District 105			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Meza, Thresa A. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00069649
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,841.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,815.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 43,887.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 The Honorable Thresa A. Meza
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Meza, Thresa A. (The Honorable)		19 Filer ID 00069649	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	15,338.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	19,503.75
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	39,815.79
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	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, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASSOCIATED GENERAL CONTRACTORS OF TEXAS PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78768	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Ernest <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TestWare Consulting
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbosa-Crain, Sharon <hr/> Contributor address; City; State; Zip Code Irving, TX 75017	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 75039	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company Texas PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75060	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Elizabeth <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cozad, David <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ironworkers State COPE <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 7/18
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kafele, Linda <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75060	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATIONAL ASSOCIATION OF SOCIAL WORKERS <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy PAC <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jose <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ortiz Law Firm
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jose <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ortiz Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 8/18
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Juan	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Real Estate Council PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schecht, Kay	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Irving, TX 75060		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonewall Democrats of Dallas	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/18
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bereau AgFund	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Waco, TX 76702		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$3,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Irving, TX 75039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/18	
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOP PAC	8 Amount of contribution (\$) \$7,163.00	9 In-kind contribution description Printing, Advertising and staff time
	7 Contributor address; City; State; Zip Code San Antonio, TX 78212	<input type="checkbox"/> 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) (See instructions)	
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)			
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOP PAC	Amount of contribution (\$) \$12,340.75	In-kind contribution description Printing and staff time
	Contributor address; City; State; Zip Code San Antonio, TX 78212	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 11/18	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/04/2024	5 Payee name Castillo, Leah	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 501 E Tucker Blvd Arlington, TX 76010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Frost Bank	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 2710 Beltline Rd Ste #100 Irving, TX 75062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Frost Bank	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 2710 Beltline Rd Ste #100 Irving, TX 75062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 12/18	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/04/2024	5 Payee name GoDaddy	
6 Amount (\$) \$22.17	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name GoDaddy	
Amount (\$) \$12.77	Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name MCDONALD'S	
Amount (\$) \$6.70	Payee address; City; State; Zip Code 302 W Irving Blvd IRVING, TX 75060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 13/18	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
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4 Date 10/01/2024	5 Payee name MailChimp
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6 Amount (\$) \$191.88	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/24/2024	Payee name MetroCare Services
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 1345 River Bend Dr Suite 200 Dallas, TX 75247
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/17/2024	Payee name MetroPCS
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Amount (\$) \$40.00	Payee address; City; State; Zip Code 510 N O'Connor Rd Irving, TX 75061
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phone
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

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	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 1444 I St NW Suite 900 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee
9 Complete ONLY if direct expenditure to benefit C/OH	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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
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	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 15/18	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/10/2024	5 Payee name QuickTrip	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 2350 S New Rd. Waco, TX 76711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/25/2024	Payee name QuickTrip	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 2350 S New Rd. Waco, TX 76711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Rivas, Gabriel	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 501 E Tucker Blvd Arlington, TX 76010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 16/18	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/11/2024	5 Payee name Rosewood Court Parking	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 2101 Cedar Springs Rd Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Spring Creek Barbeque	
Amount (\$) \$19.18	Payee address; City; State; Zip Code 3514 W Airport Fwy Irving , TX 75062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food at event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Texas Democratic Party	
Amount (\$) \$12,300.00	Payee address; City; State; Zip Code 1106 Lavaca St #100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 17/18	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/17/2024	5 Payee name Texas Democratic Party	
6 Amount (\$) \$24,600.00	7 Payee address; City; State; Zip Code 1106 Lavaca St #100 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Vito's Pizza & Grill	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 1975 Esters Rd Irving, TX 75061	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch at event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name Whataburger	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 2515 W Airport Fwy Irving, TX 75062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 18/18
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 10/23/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$3.63
	6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75062	
	7 Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer