### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to con	plete this form.	1 Filer ID (Ethics Comm 00069649		<ol> <li>Total pages file</li> <li>28</li> </ol>			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U			
OFFICEHOLDER	The Honorable	Thresa A.						
NAME		Theoder A.			Date Received			
					ELECTRONICA	LLY FILED		
	NICKNAME	LAST		SUFFIX	01/14/2025			
	Terry	Meza						
	-							
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked		
MAILING	P. O. Box 155076							
ADDRESS					Receipt #	Amount		
Change of Address	Irving, TX 75015							
	II VIII 9, TX 75015				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER	Ms.	Gloria						
NAME								
	NICKNAME	LAST		SUFFIX				
		Carrillo						
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE		
TREASURER ADDRESS	4536 Friars Ln.							
(Residence or Business)	Grand Prairie, TX 7505	2-3605						
		2 0000						
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION					
TREASURER	(214) 543-5217							
PHONE								
8 REPORT								
TYPE	X January 15	30th day befor		Runoff	15th day after cam	inaign treasurer		
					appointment (office			
	July 15	8th day before	election	Exceeded modified	Final Report (Attac	ch C/OH-FR)		
				reporting limit	-			
9 PERIOD	Month Day Yea	ır		Month Day	Year			
COVERED	10/27/2024		HROUGH	12/31/202				
				/ • _/ - • _	-			
10 ELECTION	ELECTION DATE	i		ELECTION TYPE				
10 LLECTION	Month Day Yea		Primary		Other			
	Duy Ice	"   LI'	lineary					
			General	Special				
11 OFFICE	OFFICE HELD (if any)	ł		12 OFFICE SOUGHT	(if known)			
	State Representative D	istrict 105		State Representa				
GO TO PAGE 2								
Forms provided by Te	vas Ethics Commission	1404041 0	thice state ty u	\$	Vorcio	n \// 1 0 Edd2aca2		
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	5	versio	n V4.1.0.5dd2ace2		

### **CANDIDATE / OFFICEHOLDER REPORT:** SUPPORT & TOTALS

### FORM C/OH **COVER SHEET PG 2**

2 of 28	
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13 C / OH NAME	Meza, Thresa A. (The	e Honorable)	<b>14</b> Filer ID (1 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 a I officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
				1	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 18,654.00	
EXPENDITURE TOTALS					
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 9,099.26	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 55,452.69	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00	
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hono	orable Thresa A. Mez	a	
		Signature of	Candidate or Officehold	der	
AFFIX NOT	TARY STAMP / SEAL ABO	DVE			
Sworn to and subsc	ribed before me, by the sa	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath	

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 28
18 FILER NAME Meza, Thresa A. (The Honorable)	19 Filer ID 00069649	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 18,654.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE E: LOANS		\$ 0.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 9,099.26
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
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 CONTRIBUTIO	ONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 5.04

			1	1	Total pages Schedule A1:	ſ
	The Instrue	ction Guide explains how to complete this fo	orm.		Sch: 1/7 Rpt: 4/28	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		a A. (The Honorable)		L	00069649	
4		5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/13/2024	Baldwin, Debra		]		\$50.00
	I	6 Contributor address; City; State; Zip Code	1			
	I		1			
		Irving, TX 75061		_		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Professor		University of Dallas			
	Date	—	)	Γ	Amount of Contribution (\$)	
	11/26/2024					\$100.00
	I	Contributor address; City; State; Zip Code	)	]		
	I		1			
	I	Irving, TX 75062	1			
┢─	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<b>L</b> 3)		
	Not Employe	2d	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/13/2024	Brentwood Public Affairs				\$1,000.00
	1	Contributor address; City; State; Zip Code		1		
	I		1			
	I		1			
L		Austin, TX 78701		ŕ		
	Рппсіраї осси	ipation / Job title (See Instructions)	Employer (See Instructions)	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/13/2024	Byrom, John				\$250.00
	I	Contributor address; City; State; Zip Code	1	1		
	I		1			
	I	Irving, TX 75061				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	⊥ 3)		
	Not employe		Retired	.,		
F	Date	Full name of contributor X out-of-state PAC (ID#: C	200035006 )	Γ	Amount of Contribution (\$)	
	11/15/2024	CEPAC	1			\$500.00
	Contributor address; City; State; Zip Code					
	I		1			
	I	San Ramon, CA 94583				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ال</u>		
	T morpos eet.			,		
┝						

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/28	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)		
	Meza, Thres	a A. (The Honorable)				00069649	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:	)	7	Amount of Contribution (\$)	
	11/01/2024	Carlson, Elizabeth					\$25.00
		6 Contributor address; City; State; Zip Code					
Ļ		Irving, TX 75060	r				
		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Not Employe			Not Employed	-		
	Date	I —	AC (ID#:	)		Amount of Contribution (\$)	
	11/26/2024						\$100.00
		Contributor address; City; State; Zip Code					
		Irving, TX 75060					
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Not Employe			Not Employed	''		
	Date	Full name of contributor out-of-state PA		)		Amount of Contribution (\$)	
	12/14/2024	Chipman, Ernestine	AC (ID#				\$50.00
		Contributor address; City; State; Zip Code					400.00
		IRVING, TX 75060					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	;d		Not Employed			
	Date	Full name of contributor out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	11/15/2024	Cozad, David					\$25.00
		Contributor address; City; State; Zip Code					
	D in sin al a any	Arlington, TX 76017	r		Ĺ		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions	5)		
				Not Employed	1		
	Date	Full name of contributor out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	¢100.00
	12/14/2024 Duman, Jo Ann					\$100.00	
	Contributor address; City; State; Zip Code						
		Texarkana, TX 75503					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not Employe			Not Employed	,		
⊢	-		I				

The Instru	ction Guide explains how	to complete this fe	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/28	
2 FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
	a A. (The Honorable)				00069649	,
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
12/13/2024	HMWX LLC					\$100.00
	6 Contributor address; City; Sta	ate; Zip Code				
	Austin, TX 78701					
8 Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
11/15/2024	IBAT PAC					\$500.00
	Contributor address; City; Sta	ate; Zip Code				
	Auctin TV 78701					
Drincinal occu	Austin, TX 78701		Employer (See Instructions	<u> </u>		
Μιτιμαι υττυ	pation / Job title (See Instructions)	,	Employer (See Instructions	5)		
Deta				<b>I</b>	Amount of Contribution (\$)	
Date 12/14/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
12/14/2024	Jablonski, Carol					ΦΟ0.00
	Contributor address; City; Sta	ate; Zip Code				
	Dallas, TX 75248					
Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u>ا</u> ة)		
Not Employe	ed be		Not Employed			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
12/13/2024	Jones, Neal					\$1,000.00
	Contributor address; City; Sta	ate; Zip Code				
	Austin, TX 78735					
-	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
Founder			HillCo Partners			
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
12/14/2024	Lambert, Lana					\$50.00
Contributor address; City; State; Zip Code						
	In time TV 75000					
Duin aire al a ann	Irving, TX 75060					
Not Employe	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	;u	Not Employed				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/28 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Meza, Thresa A. (The Honorable) 00069649 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 Linebarger Goggan Blair and Sampson, LLP \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78746 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$500.00 Lloyd Gosselink Rochelle and Townsend, P.C. Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) X out-of-state PAC (ID#: C00225342 Amount of Contribution (\$) Date Full name of contributor 11/15/2024 MCGUIREWOODS FEDERAL PAC \$500.00 Contributor address; City; State; Zip Code Richmond, VA 23219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 McGarrahan, Andy \$4.00 Contributor address; City; State; Zip Code Dallas, TX 75248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Psychologist Self Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/13/2024 \$150.00 Medrano, Pauline Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) **County Treasurer Dallas County**

L						
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/28		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		a A. (The Honorable)		00069649	,	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/13/2024	Moak Casey PAC				\$500.00
		6 Contributor address; City; State; Zip Code		1		
_	Drivainal acou	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/13/2024	ONCOR Texas State PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75202	I			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Public Blueprint, LLC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
		,		-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	l)	Г	Amount of Contribution (\$)	
	12/13/2024	Red Rock Texas PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Shannon, Clyde				\$500.00
		Contributor address; City; State; Zip Code				
		Dound Mountain TV 79662				
	Dringing ogg	Round Mountain, TX 78663		->		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
⊢	Reuleu		Retireu			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/28	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		a A. (The Honorable)	ľ	00069649	Jirriici3)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/14/2024	Sheaks, Robert				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Irving, TX 75060				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Lab Tech		Electro Plate Circuitry			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/10/2024	TALAPAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/09/2024	Texas Land Title Association PAC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Texas Sands PAC				\$4,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/13/2024	Texas Society of Architects Committee				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78702		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 10/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Meza, Thresa A. (The Honorable) 00069649 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 12/13/2024 \$1,500.00 Texas Trial Lawyers Assoc PAC 6 Contributor address; City; State; Zip Code Austin, TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

LOANS		SC	HEDULE E
The Instruction Guide explains how to complete this form.		pages Schedule 1/1 Rpt: 11/28	
2 FILER NAME Meza, Thresa A. (The Honorable)		ID (Ethics Com 9649	mission Filers)
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:		) <b>9</b> Loan Amo	ount (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest R	
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instruction)	IS)		
14 Description of Collateral     15 Check if personal funds w       None     Image: Check if personal funds w	ere deposi	ted into political a (See Instr	
16     GUARANTOR     17     Name of guarantor       INFORMATION     17     Name of guarantor		19 Amount G	Guaranteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation     21 Employer (See Instruction)	IS)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 12/28		Meza, Thresa A. (The Honorable	e)				00069649
4	Date	5	Payee name					
	11/04/2024		Angelo's Spaghetti					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le		
	\$15.00		1330 W Pioneer Dr					
			Irving, TX 75061					
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
						Food for staf		, officeholder living expense
						1 000 101 3101		
9	Complete ONLY if direct		andidate/Officeholder name	C	Office sou	Jht		Office held
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	12/02/2024		CSC Serviceworks					
	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$2.00		303 Sunnyside Blvd	,				
			Plainview, NY 11803					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District		ŕ			ide of Texas. Complete Schedule T.
	EXPENDITORE						n, TX,	, officeholder living expense
						Utilities		
			and date (Office to be defined as a second					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Int		Office held
_	Data	_						
	Date 12/02/2024		Payee name CSC Serviceworks					
				<u> </u>	7. 0			
	Amount (\$)		Payee address; City;	State;	; Zip Co	le		
	\$2.00		303 Sunnyside Blvd					
			Dispusion NV 11902					
			Plainview, NY 11803					
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b) Description	outoi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of District					, officeholder living expense
						Utilities		
-	Complete ONLY if direct		andidate/Officeholder name	C	Office sou	Iht		Office held
	expenditure to benefit C/OF	Н						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/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)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 2/16 Rpt: 13/28	Meza, Thresa A. (The Honorable)	00069649				
4	Date	Payee name					
	12/10/2024	CSC Serviceworks					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$2.00	303 Sunnyside Blvd					
		Plainview, NY 11803					
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	autoida of Towar, Complete Schedule T				
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
		Utilities					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/23/2024	CSC Serviceworks					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$5.00	303 Sunnyside Blvd					
		Plainview, NY 11803					
	PURPOSE OF	Category     (See Categories listed at the top of this schedule)     (b)     Description					
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/05/2024	Castillo, Leah					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,500.00	501 E Tucker Blvd					
		Arlington, TX 76010					
	PURPOSE OF	(b) Description	putside of Texas. Complete Schedule T.				
	EXPENDITURE		, TX, officeholder living expense				
		Campaign wo					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF	с С					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 3/16 Rpt: 14/28		Meza, Thresa A. (The Honorable)					00069649		
4	Date	5	Payee name							
	12/31/2024		City of Austin							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$56.37		721 Barton Springs Road							
		Austin, TX 78704								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T.		
						X Check if Austin	, TX,	officeholder living expense		
						Oundes				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	11/25/2024		City of Dallas Aviation Parking Garage							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$96.00		7816 Aviation Pl	•						
			Dallas, TX 75235							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description	outoi	de ef Toures, Complete Cabadula T		
	EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
						Airport parkin				
							0			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office held		
	expenditure to benefit C/OF	H								
	Date		Payee name							
	10/28/2024		Flagship Campaigns							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$750.00		7926 Broadway							
			Ste 707							
			San Antonio, TX 78209							
	PURPOSE				(h)	Description				
	OF		Category (See Categories listed at the top of this scho Advertising Expense	edule)	(5)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						Mailers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		

			EXPENDITURE CATEGO	ORIES FOR	R BC	)X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         1           Food/Beverage Expense         Polling Expense         1           / -         Gift/Awards/Memorials Expense         Printing Expense         1					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 4/16 Rpt: 15/28		Meza, Thresa A. (The Honorable)					00069649			
4	Date	5	Payee name								
	10/28/2024		Flagship Campaigns								
6	Amount (\$) \$387.53		7 Payee address; City; State; Zip Code 7926 Broadway Ste 707								
		San Antonio, TX 78209									
8	PURPOSE	<u> </u>			(b)	Description					
	OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Mailers</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	11/25/2024		GoDaddy								
	Amount (\$) \$12.77		Payee address; City; Stat 14455 N. Hayden Rd #219 Scottsdale, AZ 85260	e; Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	12/02/2024		III Forks Restaurant								
	Amount (\$) \$154.80		Payee address; City; Stat 111 Lavaca St	e; Zip Co	ode						
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
L	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held			

		EXPENDITURE CATEGORIES FOR BOX	8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/R Fees Office Overhead/Rd Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Co The Instruction Guide explains how to complete	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)							
T	Sch: 5/16 Rpt: 16/28	Meza, Thresa A. (The Honorable)	00069649							
4	Date	Payee name								
	11/22/2024	Illegal Pete's								
6	Amount (\$) \$20.71	7 Payee address; City; State; Zip Code 1610 16th St Mall								
		Denver, CO 80202								
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/04/2024	InReach Vending								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3.85	2913 A W Grimes Blvd Pflugerville, TX 78660								
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nacks for office							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/05/2024	InReach Vending								
	Amount (\$) \$3.85	Payee address; City; State; Zip Code 2913 A W Grimes Blvd								
		Pflugerville, TX 78660								
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nacks for office							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 6/16 Rpt: 17/28	Meza, Thresa A. (The Honorable)	00069649					
4	Date 12/19/2024	5 Payee name InReach Vending						
6	Amount (\$) \$3.85	<ul> <li>Payee address; City; State; Zip Code</li> <li>2913 A W Grimes Blvd</li> <li>Pflugerville, TX 78660</li> </ul>						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Snacks for office								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/23/2024	InReach Vending						
	Amount (\$) \$3.85	Payee address; City; State; Zip Code 2913 A W Grimes Blvd						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ICE					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/24/2024	InReach Vending						
	Amount (\$) \$3.85	Payee address;City;State; Zip Code2913 A W Grimes Blvd						
		Pflugerville, TX 78660						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ICE					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATEGO	RIES FOF	R BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tood/Beverage Expense         Polling Expense         Tood/Rental Expense <thtood expense<="" rental="" th=""></thtood>					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)				
	Sch: 7/16 Rpt: 18/28		Meza, Thresa A. (The Honorable)					00069649
4	Date 10/28/2024		Payee name Irving Convention Center at Las Colina	as				
6				; Zip Co	do			
0	\$10.99		500 W Las Colinas Blvd. Irving, TX 75039	, Ζιμ Ου	ue			
8	PURPOSE	(a)	Category (See Cotogories listed at the tap of this see	odulo)	(b)	Description		
	B       PURPOSE         OF       OF         EXPENDITURE       Travel Out of District         (b)       Description         Check if Austin, TX, officeholder living expense         Parking							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	11/01/2024		MailChimp					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$191.88		675 Ponce de Leon Ave NE					
			Suite 5000					
			Atlanta, GA 30308					
	PURPOSE		Category (See Categories listed at the top of this sch	odulo)	(b)	Description		
	OF EXPENDITURE		Advertising Expense	leuule)	(-)	Check if travel		de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	12/02/2024		MailChimp					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$191.88		675 Ponce de Leon Ave NE					
			Suite 5000					
			Atlanta, GA 30308					
-	PURPOSE		Category (See Categories listed at the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense	leuure)		Check if travel		de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held

			EXPENDITURE	CATEGO		BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	ense Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/16 Rpt: 19/28		Meza, Thresa A. (The Honora	ble)				00069649		
4	Date	5	Payee name							
	11/27/2024		Markel Insurance							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$18.68		9500 Arboretum Blvd							
			Ste 400							
			Austin, TX 78759							
•	DUDDOCE					(b) b				
8	PURPOSE OF	(a)	Category (See Categories listed at the te	op of this sch	edule)	(b) Description	oute	ide of Texas. Com	nloto Schodulo T	
	EXPENDITURE		Travel Out of District					, officeholder living		
						Renters Insu		-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	ן Dffice souנָ	jht		Office he	eld	
	Date		Payee name							
	12/20/2024		Markel Insurance							
	Amount (\$)		Payee address; City;	State:	; Zip Co	le				
	\$18.68		9500 Arboretum Blvd	,	,					
	φ10.00									
			Ste 400							
			Austin, TX 78759							
	PURPOSE	(a)	Category (See Categories listed at the te	op of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District					ide of Texas. Com		
								, officeholder living	expense	
						Renters Insu	ran	се		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jht		Office he	eld	
	experiatare to benefit o/or									
	Date		Payee name							
	11/18/2024		MetroPCS							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$40.00		510 N O'Connor Rd		•					
			Irving, TX 75061							
-	PURPOSE	(a)	Category (See Categories listed at the to		i I	(b) Description				
	OF	["	Office Overhead/Rental Exper		ieauiê)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Since Overneau/Rentai EXper	130				, officeholder living		
						Campaign ph	non	е		
						-				
-	Complete ONLY if direct	L(	Candidate/Officeholder name	0	Office soug	aht		Office he	eld	
	expenditure to benefit C/OF									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Inmittee Legal Services The Instruction Guide expla	Offi Poll Prin Sala	ice Overl ling Expe nting Exp aries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
T	Sch: 9/16 Rpt: 20/28	2	Meza, Thresa A. (The Honorable)				3	00069649
4	Date	5	Payee name					
	12/17/2024		MetroPCS					
6	Amount (\$)	7	Payee address; City; St	ate; Zij	p Cod	e		
	\$40.00		510 N O'Connor Rd					
			Irving, TX 75061					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	) (	b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Campaign pl	1011	e
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held
	Date		Payee name					
	11/07/2024		NTTA					
	Amount (\$)		Payee address; City; St	ate; Zij	p Cod	e		
	\$24.37		5900 W Plano Pkwy	· •	•			
	+=							
			Plano, TX 75093					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Travel Out of District	s schedule)	) (			ide of Texas. Complete Schedule T.
						Tolls	I, IA,	, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held
	Date		Payee name					
	12/06/2024		Perry Brooks Garage					
-	Amount (\$)		Payee address; City; St	ate; Zij	p Cod	e		
	\$19.50		720 Brazos St	,				
	\$10100							
			Austin, TX 78701					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	) (	b) Description		
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
							1, TX,	, officeholder living expense
						Parking		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held

			EXPENDITURE (	CATEGO	RIES FOF	R BO	X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	erhead pense (pense /ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		•		•		3	Filer ID (Ethics Commission Filers)
1	Sch: 10/16 Rpt: 21/28		Meza, Thresa A. (The Honora	ble)				3	00069649
4	Date	5	Payee name						
	11/22/2024		Pressable						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$16.00		110 E Houston St F8						
			San Antonio, TX 78205						
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense						de of Texas. Complete Schedule T.
								, TX,	officeholder living expense
							Website		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	12/23/2024		Pressable						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$16.00		110 E Houston St F8		,				
	φ10.00								
			San Antonio, TX 78205						
	PURPOSE OF		Category (See Categories listed at the to	op of this sch	edule)	(b)	Description		
	EXPENDITURE		Advertising Expense						de of Texas. Complete Schedule T. officeholder living expense
							Website	, 17,	
							<b>Webelle</b>		
	Complete ONIL V if divest		Peredidete (Office hedder reere						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(	Office sou	ynt			Office held
	Date		Payee name						
	11/13/2024		QuickTrip						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$40.00		2350 S New Rd.						
			Waco, TX 76711						
-	PURPOSE	(a)	Category (See Categories listed at the to	on of this ash		(b)	Description		
	OF	<b>`</b>	Travel Out of District	op or and soll	icaulc <i>j</i>	. ,		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						Check if Austin	, тх,	officeholder living expense
							Gasoline		
	Complete ONLY if direct	L(	Candidate/Officeholder name	(	Office sou	ght			Office held
	expenditure to benefit C/OI					-			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 22/28	Meza, Thresa A. (The Honorable)	00069649
4	Date 11/15/2024	Payee name     QuickTrip	
6	Amount (\$) \$30.00	Payee address; City; State; Zip Code     2350 S New Rd.     Waco, TX 76711	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/26/2024	QuickTrip	
	Amount (\$) \$40.00	Payee address;City;State;Zip Code2350 S New Rd.	
		Waco, TX 76711	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/11/2024	QuickTrip	
	Amount (\$) \$40.03	Payee address; City; State; Zip Code 2350 S New Rd.	
		Waco, TX 76711	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/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 cor	nplete this form.	-	
1	Total pages Schedule F1:						3	Filer ID(Ethics Commission Filers)
	Sch: 12/16 Rpt: 23/28		Meza, Thresa A. (The Honoral	ble)				00069649
4	Date	5	Payee name					
	12/24/2024		QuickTrip					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de		
	\$40.00		2350 S New Rd.					
			Waco, TX 76711					
8	PURPOSE	<u> </u>				(h) p		
0	OF		Category (See Categories listed at the to Travel Out of District	p of this sch	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Havel Out of District					, officeholder living expense
						Gasoline		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held
	Date		Payee name					
	11/25/2024		RTD Denver					
	Amount (\$)	-	Payee address; City;	State	; Zip Co	de		
	\$1.35		1660 Blake St	State,	, zip coi	uc		
	φ1.55		1000 Diake St					
			Denver, CO 80202					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Travel Out of District	op of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held
	Date		Payee name					
	11/05/2024		Rivas, Gabriel					
	Amount (\$)		Payee address; City;	Stato	; Zip Co	de		
	\$500.00		501 E Tucker Blvd	State,	, Zip Coi	ue		
	\$500.00							
			Arlington, TX 76010					
	PURPOSE OF		Category (See Categories listed at the to Salaries/Wages/Contract Labo	•	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austi Campaign co		, officeholder living expense ulting
	Complete ONLY if direct		andidate/Officeholder name	C	Office sou	ght		Office held
	expenditure to benefit C/OF							
-								

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 13/16 Rpt: 24/28	Meza, Thresa A. (The Honorable)	00069649							
4	Date 11/12/2024	Payee name Stoney Ridge Apartments								
6	Amount (\$) \$200.00	Payee address; City; State; Zip Code 3200 S 1st St Austin, TX 78704								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental application								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/02/2024	Stoney Ridge Apartments								
	Amount (\$) \$91.34	Payee address; City; State; Zip Code 3200 S 1st St Austin, TX 78704								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description	outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/04/2024	Stoney Ridge Apartments								
	Amount (\$) \$1,300.54	Payee address;     City;     State;     Zip     Code       3200 S 1st St								
		Austin, TX 78704								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Polling Printing Salarie	Overh Expe g Expe s/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · · ·			·	3	Filer ID (Ethics Commission Filers)
-	Sch: 14/16 Rpt: 25/28		Meza, Thresa A. (The Honorable)					00069649
4	Date	5	Payee name					
	12/31/2024		Stoney Ridge Apartments					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip	Code	9		
	\$1,209.40		3200 S 1st St					
			Austin, TX 78704					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schodulo)	(1	<b>b)</b> Description		
	OF		Travel Out of District	seriedule)	ľ	·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						ı, TX	, officeholder living expense
						Austin rent		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ougł	nt		Office held
	Date		Payee name					
	12/04/2024		Sunrise Mini Mart					
	Amount (\$)		Payee address; City; Sta	te; Zip	Code	Э		
	\$40.00		1809 W Anderson Ln.					
			Austin, TX 78757					
	PURPOSE OF		Category (See Categories listed at the top of this s Travel Out of District	schedule)	(1	Description Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of District					, officeholder living expense
						Gasoline		
	Complete ONLY if direct		andidate/Officeholder name	Office s	ougł	nt		Office held
	expenditure to benefit C/OI	-						
	Date		Payee name					
	12/31/2024		Texas Chilli Parlor					
	Amount (\$)		Payee address; City; Sta	te; Zip	Code	9		
	\$41.00		1409 Lavaca St					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(1	<b>b)</b> Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
	_/						ι, TΧ,	, officeholder living expense
						Staff lunch		
-	Complete ONLV if direct	Ļ	andidate/Officeholder name	Office s		at		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Unice S	ouyi	n		Onice neid

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)	—
1	Sch: 15/16 Rpt: 26/28		Meza, Thresa A. (The Honorable)			3	00069649	
4	Date 12/04/2024		Payee name Texas House Democratic Caucus					
				. Cada				$\neg$
6	Amount (\$) \$1,500.00		Payee address; City; State; Zip PO Box 12453 Austin, TX 78711	o Code				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			$\neg$
	OF		Contributions/Donations Made By Contributions/Donations Made Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sought			Office held	
	Date		Payee name					٦
	11/05/2024		Tio Carlos Resteraunt					
	Amount (\$)		Payee address; City; State; Zip	o Code				-
	\$125.00		2742 N O'Connor Rd STE 104 Irving, TX 75062					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	) <b>(b</b> )		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense atch party	
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held			Office held					
	Date		Payee name					=
	12/02/2024		U-Haul					
	Amount (\$)	-	Payee address; City; State; Zip	o Code				$\dashv$
	\$89.19		2630 W Irving Blvd					
			Irving, TX 75061					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District	) <b>(b</b> )			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sought			Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking		g Expense nent & Related Expense						
	Consulting Expense Contributions/ Donations Made By	e By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	Travel in District Travel Out of District						
	Candidate/Officeholder/Politica Credit Card Payment		ory not listed above)						
		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:		nics Commission Filers)						
	Sch: 16/16 Rpt: 27/28	8 Meza, Thresa A. (The Honorable) 00069649							
4	Date	5 Payee name							
	11/18/2024	USPS PO							
6	Amount (\$)	nt (\$) 7 Payee address; City; State; Zip Code							
	\$200.00	0 2701 W. Irving Blvd, Irving, TX 75061							
		Irving, TX 75061							
Ļ	DUDDOCE								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Schodulo T						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living expe							
		Post office box							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

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

SCHEDULE K

	The Instru	bages Schedule K: I/1 Rpt: 28/28			
2	FILER NAME		D (Ethics Commission F	ilers)	
		a A. (The Honorable)	00069		
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
	11/25/2024	Frost Bank			\$2.80
		6 Address of person from whom amount is received; City; State; Zip Code			
		Irving, TX 75062			
			political cont	ribution returned to filer	
		Interest			
	Date	Name of person from whom amount is received		Amount (\$)	
	12/23/2024	Frost Bank			\$2.24
		Address of person from whom amount is received; City; State; Zip Code			
		Irving, TX 75062			
			political cont	ribution returned to filer	
		Interest			