

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: 28	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Thresa A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2025
	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); 4536 Friars Ln. Grand Prairie, TX 75052-3605		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 543-5217	EXTENSION	
8 REPORT TYPE	<input checked="" 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 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 10/27/2024	THROUGH	Month Day Year 12/31/2024	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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

2 of 28

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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

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)	\$	18,654.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	9,099.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	55,452.69
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

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	\$	18,654.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	9,099.26
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	\$	5.04

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Debra <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75061	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Dallas
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Wallace <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrom, John <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Retired
Date 11/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006) CEPAC <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$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: 2/7 Rpt: 5/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/01/2024	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 11/26/2024	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipman, Ernestine <hr/> Contributor address; City; State; Zip Code IRVING, TX 75060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	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 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duman, Jo Ann <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HMWX LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBAT PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jablonski, Carol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Neal <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) HillCo Partners
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Lana <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR Texas State PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Public Blueprint, LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Rock Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Clyde <hr/> Contributor address; City; State; Zip Code Round Mountain, TX 78663	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75060	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lab Tech		9 Employer (See Instructions) Electro Plate Circuitry
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALAPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Architects Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$1,000.00
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: 7/7 Rpt: 10/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Assoc PAC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78767	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/16 Rpt: 12/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/04/2024	5 Payee name Angelo's Spaghetti	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 1330 W Pioneer Dr Irving, TX 75061	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	Payee name CSC Serviceworks	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 303 Sunnyside Blvd Plainview, NY 11803	
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	Payee name CSC Serviceworks	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 303 Sunnyside Blvd Plainview, NY 11803	
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
Complete <u>ONLY</u> 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: 2/16 Rpt: 13/28	2	FILER NAME Meza, Thresa A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069649
4	Date 12/10/2024	5	Payee name CSC Serviceworks		
6	Amount (\$) \$2.00	7	Payee address; City; State; Zip Code 303 Sunnyside Blvd Plainview, NY 11803		
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/23/2024		Payee name CSC Serviceworks		
	Amount (\$) \$5.00		Payee address; City; State; Zip Code 303 Sunnyside Blvd Plainview, NY 11803		
	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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/05/2024		Payee name Castillo, Leah		
	Amount (\$) \$1,500.00		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 <u>ONLY</u> 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: 3/16 Rpt: 14/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
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4 Date 12/31/2024	5 Payee name City of Austin
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6 Amount (\$) \$56.37	7 Payee address; City; State; Zip Code 721 Barton Springs Road Austin, TX 78704
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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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
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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 11/25/2024	Payee name City of Dallas Aviation Parking Garage
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Amount (\$) \$96.00	Payee address; City; State; Zip Code 7816 Aviation PI Dallas, TX 75235
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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 Airport parking
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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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Date 10/28/2024	Payee name Flagship Campaigns
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 7926 Broadway Ste 707 San Antonio, TX 78209
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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 Mailers
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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: 4/16 Rpt: 15/28	2	FILER NAME Meza, Thresa A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069649
4	Date 10/28/2024	5	Payee name Flagship Campaigns		
6	Amount (\$) \$387.53	7	Payee address; City; State; Zip Code 7926 Broadway Ste 707 San Antonio, TX 78209		
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 Mailers		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/25/2024		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 Web hosting		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/02/2024		Payee name III Forks Restaurant		
	Amount (\$) \$154.80		Payee address; City; State; Zip Code 111 Lavaca St Austin, TX 78701		
	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 Staff dinner		
		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: 5/16 Rpt: 16/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/22/2024	5 Payee name 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	(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 Dinner at conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name InReach Vending	
Amount (\$) \$3.85	Payee address; City; State; Zip Code 2913 A W Grimes Blvd Pflugerville, TX 78660	
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 Snacks for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2024	Payee name InReach Vending	
Amount (\$) \$3.85	Payee address; City; State; Zip Code 2913 A W Grimes Blvd Pflugerville, TX 78660	
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 Snacks for office
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: 6/16 Rpt: 17/28	2	FILER NAME Meza, Thresa A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069649
4	Date 12/19/2024	5	Payee name InReach Vending		
6	Amount (\$) \$3.85	7	Payee address; City; State; Zip Code 2913 A W Grimes Blvd Pflugerville, TX 78660		
8	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 Snacks for office		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/23/2024		Payee name InReach Vending		
	Amount (\$) \$3.85		Payee address; City; State; Zip Code 2913 A W Grimes Blvd Pflugerville, TX 78660		
	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 Snacks for office		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/24/2024		Payee name InReach Vending		
	Amount (\$) \$3.85		Payee address; City; State; Zip Code 2913 A W Grimes Blvd Pflugerville, TX 78660		
	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 Snacks for office		
		Complete <u>ONLY</u> 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: 7/16 Rpt: 18/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
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4 Date 10/28/2024	5 Payee name Irving Convention Center at Las Colinas
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6 Amount (\$) \$10.99	7 Payee address; City; State; Zip Code 500 W Las Colinas Blvd. Irving, TX 75039
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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 Parking
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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 11/01/2024	Payee name MailChimp
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Amount (\$) \$191.88	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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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 Emails
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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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Date 12/02/2024	Payee name MailChimp
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Amount (\$) \$191.88	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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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 Emails
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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: 8/16 Rpt: 19/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/27/2024	5 Payee name Markel Insurance	
6 Amount (\$) \$18.68	7 Payee address; City; State; Zip Code 9500 Arboretum Blvd Ste 400 Austin, TX 78759	
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renters Insurance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2024	Payee name Markel Insurance	
Amount (\$) \$18.68	Payee address; City; State; Zip Code 9500 Arboretum Blvd Ste 400 Austin, TX 78759	
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renters Insurance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name MetroPCS	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 510 N O'Connor Rd Irving, TX 75061	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(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
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: 9/16 Rpt: 20/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/17/2024	5 Payee name MetroPCS	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 510 N O'Connor Rd Irving, TX 75061	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name NTTA	
Amount (\$) \$24.37	Payee address; City; State; Zip Code 5900 W Plano Pkwy Plano, TX 75093	
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 Tolls
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2024	Payee name Perry Brooks Garage	
Amount (\$) \$19.50	Payee address; City; State; Zip Code 720 Brazos St Austin, TX 78701	
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 Parking
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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: 10/16 Rpt: 21/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/22/2024	5 Payee name Pressable	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 110 E Houston St F8 San Antonio, TX 78205	
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 Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	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 Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	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

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: 11/16 Rpt: 22/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/15/2024	5 Payee name QuickTrip	
6 Amount (\$) \$30.00	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 11/26/2024	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 12/11/2024	Payee name QuickTrip	
Amount (\$) \$40.03	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: 12/16 Rpt: 23/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
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4 Date 12/24/2024	5 Payee name QuickTrip
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6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 2350 S New Rd. Waco, TX 76711
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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
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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 11/25/2024	Payee name RTD Denver
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Amount (\$) \$1.35	Payee address; City; State; Zip Code 1660 Blake St Denver, CO 80202
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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 Transit fare
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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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Date 11/05/2024	Payee name Rivas, Gabriel
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 501 E Tucker Blvd Arlington, TX 76010
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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 consulting
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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: 13/16 Rpt: 24/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
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4 Date 11/12/2024	5 Payee name Stoney Ridge Apartments
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 3200 S 1st St Austin, TX 78704
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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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rental application
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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 12/02/2024	Payee name Stoney Ridge Apartments
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Amount (\$) \$91.34	Payee address; City; State; Zip Code 3200 S 1st St Austin, TX 78704
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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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
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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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Date 12/04/2024	Payee name Stoney Ridge Apartments
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Amount (\$) \$1,300.54	Payee address; City; State; Zip Code 3200 S 1st St Austin, TX 78704
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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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin rent
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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: 14/16 Rpt: 25/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/31/2024	5 Payee name Stoney Ridge Apartments	
6 Amount (\$) \$1,209.40	7 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Sunrise Mini Mart	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1809 W Anderson Ln. Austin, TX 78757	
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 12/31/2024	Payee name Texas Chilli Parlor	
Amount (\$) \$41.00	Payee address; City; State; Zip Code 1409 Lavaca St Austin, TX 78701	
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 Staff lunch
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: 15/16 Rpt: 26/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 12/04/2024	5 Payee name Texas House Democratic Caucus	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 12453 Austin, TX 78711	
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 Membership
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Tio Carlos Resteraunt	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 2742 N O'Connor Rd STE 104 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 Election night watch party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	Payee name U-Haul	
Amount (\$) \$89.19	Payee address; City; State; Zip Code 2630 W Irving Blvd Irving, TX 75061	
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Moving truck
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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: 16/16 Rpt: 27/28	2 FILER NAME Meza, Thresa A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/18/2024	5 Payee name USPS PO	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 2701 W. Irving Blvd, Irving, TX 75061 Irving, TX 75061	
8 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 Post office box
9 Complete <u>ONLY</u> 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: 28/28
2 FILER NAME Meza, Thresa A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069649
4 Date 11/25/2024	5 Name of person from whom amount is received Frost Bank <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75062	8 Amount (\$) \$2.80
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/23/2024	Name of person from whom amount is received Frost Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Irving, TX 75062	Amount (\$) \$2.24
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	