CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commi 00069649		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Thresa A.			Date Received ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/08/2025	
	Terry	Meza				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P. O. Box 155076				Receipt #	Amount
Change of Address	Irving, TX 75015					
	11 Villig, 17, 75015				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Gloria				
	NICKNAME I	 _AST		SUFFIX		
		Carrillo		JUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO E 4536 Friars Ln.	BOX PLEASE);	AP ⁻	Γ / SUITE #;	STA	TE; ZIP CODE
(Residence or Business)	Grand Prairie, TX 75052-36	605				
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(214) 543-5217					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attac	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distric	ct 105 Dallas			ative District 105	
	1					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Meza, Thresa A. (The	Honorable)		14 Filer ID 00069649	(Ethics Com	mission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder.	ceholder's kno	owledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN T	REASURER NAME					
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRI			, \$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS	i)	\$	10.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES						
	4. TOTAL POLITIC	AL EXPENDITURES			\$	11,864.63		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTRIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	42,482.30		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	TANDING LOANS AS	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT		true and	or affirm, under penalty correct and includes al le 15, Election Code.					
			The Hono	rable Thresa A. Me	eza			
			Signature of	Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subso	cribed before me, by the s	aid		, this the		_ day		
of	, 20, to co	rtify which, witness my hand	and seal of office.					
Signature of office	eer administering	Printed name of officer	administering	Title of office	er administeri	ng oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 33
_	ER NAN		19 Filer ID	(Eth	ics Commission Filers)
Me	eza, Thr	00069649			
	HEDULI ME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10.00
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,774.63	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION		\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	90.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	14.44
				•	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/33
2	FILER NAME Meza, Thresa A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00069649
4	Date 06/23/2025 5 Full name of contributor out-of-state PAC (ID#:) Sheaks, Robert 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$10.00
8	Irving, TX 75060 Principal occupation / Job title (See Instructions) Lab Tech 9 Employer (See Instruction Electro Plate Circuitry		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: Sch: 1/26 Rpt: 5/33 Payee name 3 Filer ID (Ethics Commission of the page Schedule F1: Sch: 1/26 Rpt: 5/33 Payee name)	on Filers)
4 Date 5 Payee name	
01/29/2025 Austin Club	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$24.00 110 E 9th St	
Austin, TX 78701	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Parking	
Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
03/07/2025 Circle K	
Amount (\$) Payee address; City; State; Zip Code	
\$40.09 2615 W Pecan St	
Pflugerville, TX 78660	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description	
Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Gas	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/04/2025 City of Austin	
Amount (\$) Payee address; City; State; Zip Code	
\$84.90 721 Barton Springs Road	
· · · · · · · · · · · · · · · · · · ·	
Austin, TX 78704	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Rental electricity	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Supplication of the suppli	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed abov	/e)
				The Instruction Gu	uide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 2/26 Rpt: 6/33		Meza, Thres	sa A. (The Hond	orable)				00069649		
4	Date	5	Payee name								
	03/04/2025		City of Austi	n							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$85.25		721 Barton S	Springs Road							
			Austin, TX 7	'8704							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	l		nead/Rental Exp						plete Schedule T.	
	LXI LINDITORL	l							officeholder living	g expense	
		l					Rent electrici	ty			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office so	ught			Office he	eld	
	experiditure to benefit C/Oi	' '									
	Date		Payee name								
	04/04/2025		City of Austi	n							
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$80.12		721 Barton	Springs Road							
			Austin, TX 7	'8704							
	PURPOSE	(a)				(h)	Description				
	OF	(")		nead/Rental Exp	ne top of this schedule)	(2)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overi	icad/iterital Exp	Jense		\Box		officeholder living		
							Rental electri	city	1		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	05/05/2025		City of Austi	n							
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$37.58		721 Barton	Springs Road							
			Austin, TX 7	'8704							
	PURPOSE	(a)			ne top of this schedule)	(h)	Description				
	OF	``		nead/Rental Exp		(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				3000		X Check if Austin	, TX,	officeholder living	g expense	
							Rental electri	city	<i>'</i>		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	Н									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/26 Rpt: 7/33	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	02/24/2025	Clay Pit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	1601 Guadalupe St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff lunch
		Star functi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1414 N Washington Ave
		Dallas, TX 75214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Эропоотопір
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	S
_		
	Date	Payee name
	06/06/2025	El Mercado Uptown Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1702 Lavaca St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff lunch
		Stall fuller
	Complete ONLY if direct	Condidate/Office helder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/26 Rpt: 8/33	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	03/17/2025	Fuzzy's Taco Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	510 E Abram St
		Arlington, TX 76010
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/27/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.77	14455 N. Hayden Rd #219
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Web hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	David and a second a second and
	Date 02/25/2025	Payee name GoDaddy
	Amount (\$) \$12.77	Payee address; City; State; Zip Code 14455 N. Hayden Rd #219
	Ψ12.77	14433 N. Hayueli Nu #213
		Scottsdale, AZ 85260
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Web hosting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/26 Rpt: 9/33	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	03/25/2025	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.77	14455 N. Hayden Rd #219
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wed hosting
		wed nosting
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/09/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$319.54	14455 N. Hayden Rd #219
		Scottsdale, AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web hosting
		web nosting
┡	Commiste ONII V if diseast	Condidate/Office holder name Office according
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/25/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.77	14455 N. Hayden Rd #219
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Web hosting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/26 Rpt: 10/33	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	05/05/2025	GoDaddy
6	Amount (\$) \$99.99	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd #219
		Scottsdale, AZ 85260
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web hosting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web hosting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/25/2025	GoDaddy
	Amount (\$) \$13.84	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web hosting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/26 Rpt: 11/33	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	01/14/2025	H-E-B
6	Amount (\$) \$151.32	7 Payee address; City; State; Zip Code 2508 E Riverside Dr.
		Austin, TX 78741
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Opening day reception
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	01/27/2025	H-E-B
	Amount (\$) \$42.51	Payee address; City; State; Zip Code 2508 E Riverside Dr.
		Austin, TX 78741
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2025	H-E-B
	Amount (\$) \$23.62	Payee address; City; State; Zip Code 2508 E Riverside Dr.
		Austin, TX 78741
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries/	Wage	s/Contract Labor		OTHER (enter a	category not listed above)	
		_		The Instruction Guid	ie explains now to co	ompi	ete triis form.	_			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	s)
	Sch: 8/26 Rpt: 12/33		Meza, Thres	sa A. (The Honor	able)				00069649		
4	Date	5	Payee name								
	01/02/2025		MailChimp								
_		_	<u> </u>	City II	Ctata: 7ia C	- d -					
6	Amount (\$)	7	Payee addres		State; Zip C	oue					
	\$191.88		675 Ponce (de Leon Ave NE							
		l	Suite 5000								
			Atlanta, GA	30308							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this schedule)	(b)	Description				
	OF	``	Advertising		top or trilo sorreduie)	` `	_ `	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	l	7.6.75.6.5g				Check if Austin	, TX	, officeholder living	gexpense	
							Email				
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/Ol	H 									
	Date		Payee name								
	02/03/2025		MailChimp								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$191.88		675 Ponce	de Leon Ave NE							
		l	Suite 5000								
		l		20200							
		L	Atlanta, GA	30308							
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	l	Advertising	Expense			=		ide of Texas. Com		
							—	, IX,	, officeholder living	g expense	
							Email				
						L					
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	experience to benefit of or	' '									
	Date		Payee name								
	03/03/2025		MailChimp								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$191.88	l	•	de Leon Ave NE	,						
	Ψ131.00			de Leon / We IVE							
		l	Suite 5000								
			Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	l	Advertising	Expense					ide of Texas. Com		
	LAFLINDITORL	l					ш	, TX	, officeholder living	g expense	
							Email				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/O	H									
I											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Polling Expense Trave
Printing Expense Trave
Salaries/Wages/Contract Labor OTH

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
	Sch: 9/26 Rpt: 13/33	Meza, Thresa A. (The Honorable) 00069649			
4	Date	5 Payee name			
	04/01/2025	MailChimp			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$191.88	675 Ponce de Leon Ave NE			
		Suite 5000			
		Atlanta, GA 30308			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	LA LIBERONE	Check if Austin, TX, officeholder living expense Email			
		Email			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Data				
	Date 05/01/2025	Payee name MailChimp			
		MailChimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$191.88 675 Ponce de Leon Ave NE				
		Suite 5000			
	Atlanta, GA 30308				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Email			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	Н			
	Date	Payee name			
	06/02/2025	MailChimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$191.88	675 Ponce de Leon Ave NE			
		Suite 5000			
		Atlanta, GA 30308			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Email Email			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	a de la companya de			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1: Sch: 10/26 Rpt: 14/33	2 FILER NAME Meza, Thresa A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069649			
4	Date 01/21/2025	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) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Renters insurance			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date 02/19/2025	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) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Renters insurance			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date 03/20/2025	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) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Renters insurance			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	oroan oara'r aymon	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/26 Rpt: 15/33	Meza, Thresa A. (The Honorable)		00069649		
4	Date	5 Payee name				
	04/21/2025	Markel Insurance				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$18.68	9500 Arboretum Blvd				
		Ste 400				
		Austin, TX 78759				
_	DUDDOCE					
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel	outei	de of Teyas Com	plete Schedule T.	
	EXPENDITURE	Office Overficad/Nertical Expense		officeholder living		
		Renters insu			•	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	
	expenditure to benefit C/OI	1				
	Date	Payee name				
	05/20/2025	Markel Insurance				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.68	9500 Arboretum Blvd				
	7-2-2-2	Ste 400				
		Austin, TX 78759				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		d4.T O	alata Cabadula T	
	EXPENDITURE	Onice Overnead/Nerital Expense		de of Texas. Com , officeholder living	plete Schedule T.	
		Renters insu			у схропос	
			-			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH					
	Date	Payee name				
	01/21/2025	MetroPCS				
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 510 N O'Connor Rd				
	Φ40.00	SION O COIIIOI Ru				
		Irving, TX 75061				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Onice Overneau/Nental Expense		de of Texas. Com officeholder living	plete Schedule T.	
		Phone	i, I / .	onicendidei iiving	g expense	
		T Hone				
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	əld	
	expenditure to benefit C/OI			200 110		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 12/26 Rpt: 16/33	Meza, Thresa A. (The Honorable) 00069649			
4	Date	5 Payee name			
	02/18/2025	MetroPCS			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$30.00	510 N O'Connor Rd			
		Irving, TX 75061			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	LAFLINDITORE	Check if Austin, TX, officeholder living expense			
		Phone			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	Data				
	Date 03/14/2025	Payee name MetroPCS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$199.95	510 N O'Connor Rd			
	Irving, TX 75061				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		New phone			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				
	Date	Payee name			
	03/17/2025	MetroPCS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$47.63	510 N O'Connor Rd			
		Irving, TX 75061			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Phone			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/O				
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Mexican American Legislative Caucus 6 Amount (\$) 7 Payee address; City; State; Zip Code 1122 Colorado Street Suite 107 Austin, TX 78701 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fees					
4 Date 01/09/2025 5 Payee name Mexican American Legislative Caucus 6 Amount (\$) \$750.00 7 Payee address; City; State; Zip Code 1122 Colorado Street Suite 107 Austin, TX 78701 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fees 9 Complete ONLY if direct expenditure to benefit C/OH Date 02/12/2025 Payee name ParkWhiz Amount (\$) Payee address; City; State; Zip Code 910 Brazos St					
Mexican American Legislative Caucus Amount (\$)					
Samount (\$) Fees					
\$750.00 1122 Colorado Street Suite 107 Austin, TX 78701 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fees Office sought Office held Date O2/12/2025 Payee name ParkWhiz Amount (\$) Payee address; City; State; Zip Code 910 Brazos St					
Austin, TX 78701 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fees 9 Complete ONLY if direct expenditure to benefit C/OH Date 02/12/2025 Payee name ParkWhiz Amount (\$) Payee address; City; State; Zip Code 910 Brazos St					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fees Office sought Date O2/12/2025 ParkWhiz Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fees Office sought Date O2/12/2025 ParkWhiz Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
Fees Fees Complete ONLY if direct expenditure to benefit C/OH Date 02/12/2025 Amount (\$) Payee address; City; State; Zip Code \$12.99 Payee address State it it to bit in a state of a little to be a state of a little to be a state of a little to be a littl					
Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fees Office held Date					
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name ParkWhiz Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
9 Complete ONLY if direct expenditure to benefit C/OH Date O2/12/2025 Amount (\$) Payee address; City; State; Zip Code \$12.99 Page address St Office sought Office held Office held Office held State; Zip Code					
Date Payee name O2/12/2025 ParkWhiz Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
Date Payee name O2/12/2025 ParkWhiz Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
O2/12/2025 ParkWhiz Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
02/12/2025 ParkWhiz Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
Amount (\$) Payee address; City; State; Zip Code \$12.99 910 Brazos St					
\$12.99 910 Brazos St					
Austin, TX 78701					
Austin, TX 78701					
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense Parking					
T diking					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH					
Date Payee name					
01/22/2025 Pressable					
Amount (\$) Payee address; City; State; Zip Code \$16.00 110 E Houston St F8					
\$10.00 110 E Houston St Fo					
Con Antonio TV 7020F					
San Antonio, TX 78205					
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) OF Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Website					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/26 Rpt: 18/33	Meza, Thresa A. (The Honorable) 00069649
4 Date	5 Payee name
02/24/2025	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2025	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/22/2025	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 15/26 Rpt: 19/33	Meza, Thresa A. (The Honorable)	00069649
4	Date	5 Payee name	•
l	05/22/2025	Pressable	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.00	110 E Houston St F8	
l			
l		San Antonio, TX 78205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
l	OF		f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check i	f Austin, TX, officeholder living expense
l		Website	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	'	1	
l	Date	Payee name	
L	06/23/2025	Pressable	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$16.00	110 E Houston St F8	
l			
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
l	OF EXPENDITURE	Navertising Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
l		Under Website	
		The series	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	01/06/2025	QuickTrip	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$40.00	2350 S New Rd.	
l	, , , , ,		
l		Waco, TX 76711	
⊢	PURPOSE		
l	OF		orr f travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		f Austin, TX, officeholder living expense
		Gas	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientale to beliefft G/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 20/33	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	01/21/2025	QuickTrip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.00	2350 S New Rd.
		Waco, TX 76711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Gas
<u>_</u>	Operation Objects "	On didn't 10 ff a halden name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	QuickTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2350 S New Rd.
		Waco, TX 76711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas
		- Cus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	<u> </u>	
	Date	Payee name
	01/18/2025	QuickTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.01	2350 S New Rd.
		Waco, TX 76711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	- · · · · · · · · · · · · · · · · · · ·		
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)		
	Sch: 17/26 Rpt: 21/33	Meza, Thresa A. (The Honorable)	00069649		
4	Date	5 Payee name			
	03/10/2025	QuickTrip			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$40.04	2350 S New Rd.			
		Waco, TX 76711			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel ou	tside of Texas. Complete Schedule T.		
	EXI ENDITORE	,	X, officeholder living expense		
		Gas			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
9	expenditure to benefit C/O		Office field		
_	D :	ı			
	Date	Payee name			
	03/17/2025	QuickTrip			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$40.04	2350 S New Rd.			
	Waco, TX 76711				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Traver out or District	tside of Texas. Complete Schedule T. X, officeholder living expense		
		Gas	A, officerolaer living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				
-	Date	Payee name			
	03/21/2025	QuickTrip			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$40.00	2350 S New Rd.			
	Ţ.3.00				
		Waco, TX 76711			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		tside of Texas. Complete Schedule T.		
	EXPENDITURE	,	X, officeholder living expense		
l		Gas			
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
		Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/26 Rpt: 22/33	Meza, Thresa A. (The Honorable) 00069649
4	Date	5 Payee name
	03/24/2025	QuickTrip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.02	2350 S New Rd.
		Waco, TX 76711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
L		
	Date	Payee name
	04/07/2025	QuickTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2350 S New Rd.
		Waco, TX 76711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas
		- Cus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	04/07/2025	QuickTrip
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2350 S New Rd.
		Waco, TX 76711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Cook
		Gas
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

nse Travel in District
rinse Travel Out of Dist
es/Contract Labor OTHER (enter a c

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
l	Sch: 19/26 Rpt: 23/33	Meza, Thresa A. (The Honorable) 00069649				
4	Date	5 Payee name				
l	04/18/2025	QuickTrip				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$30.00	2350 S New Rd.				
l						
l		Waco, TX 76711				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
ľ	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Gas				
L						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
┕						
l	Date	Payee name				
	04/21/2025	QuickTrip				
l	Amount (\$)	Payee address; City; State; Zip Code				
l	\$30.00	2350 S New Rd.				
l						
		Waco, TX 76711				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Gas				
l						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
l	expenditure to benefit C/OH					
H	Date	Payee name				
l	05/05/2025	QuickTrip				
┝	Amount (\$)	Payee address; City; State; Zip Code				
l	\$30.00	2350 S New Rd.				
	+ 23.30					
l		Waco, TX 76711				
⊢	PURPOSE					
l	OF	(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.				
l	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Gas				
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	7				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	•	The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 24/33	Meza, Thresa A. (The Honorable)		00069649
4	Date	5 Payee name		
	05/30/2025	QuickTrip		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$30.00	2350 S New Rd.		
		Wess TV 70744		
Ļ		Waco, TX 76711	1	
8	PURPOSE OF	(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.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Gas
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	·			
	Date	Payee name		
	06/06/2025	QuickTrip		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$40.00	2350 S New Rd.		
		Wasa TV 76711		
	DUDDOCE	Waco, TX 76711	1/5	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Gas
			L	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date 06/09/2025	Payee name		
		QuickTrip	odo	
	Amount (\$) \$40.00	Payee address; City; State; Zip C 2350 S New Rd.	bue	
	Ψ+0.00	2000 O INCAN INC.		
		Waco, TX 76711		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Travel Out of District	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Gas
_	Complete ONLY if direct	Candidate/Officeholder name Office so	Ight	Office held
	expenditure to benefit C/OI		ayııı	Onice field
-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 21/26 Rpt: 25/33	Meza, Thresa A. (The Honorable)	00069649	
4	Date	5 Payee name	-	
	06/16/2025	QuickTrip		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$38.06	2350 S New Rd.		
		Waco, TX 76711		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription	
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE		Check if Austin, TX, officeholder living expense	
		Ga	is	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office held	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office neid	
_				
	Date	Payee name		
	06/16/2025	QuickTrip		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$30.00	2350 S New Rd.		
		Waco, TX 76711		
	PURPOSE	· · · · · · · · · · · · · · · · · · ·	scription	
OF Check if travel outside of Texas. Complete Schedule T.				
Check if Austin, TX, officeholder living expense Gas				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	ı		
	Date	Payee name		
	06/20/2025	QuickTrip		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$20.00	2350 S New Rd.		
	,			
		Waco, TX 76711		
	DUDDOCE		- order at a co	
	PURPOSE OF		SCription Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Traver out or District	Check if Austin, TX, officeholder living expense	
		Ga	as	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/Ol	I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 22/26 Rpt: 26/33	Meza, Thresa A. (The Honorable) 00069649	
4	Date	5 Payee name	_
l	06/23/2025	QuickTrip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$30.00	2350 S New Rd.	
l			
l		Waco, TX 76711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Gas	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	'		_
l	Date	Payee name	
L	06/30/2025	QuickTrip	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$40.00	2350 S New Rd.	
l			
		Waco, TX 76711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Gas			
		- Cuc	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI		
H	Date	Payee name	-
	06/30/2025	QuickTrip	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	_
	\$61.66	2350 S New Rd.	
	, 		
		Waco, TX 76711	
\vdash	PURPOSE		_
l	OF	(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.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gas	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientale to beliefft G/OI	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		ense ges/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	
	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
_	Sch: 23/26 Rpt: 27/33		esa A. (The Honora	adie) ————			00069649	
	Date 06/30/2025	5 Payee name Racetrac	•					
			ee. Cit.	Ctoto	7in Cod			
6	Amount (\$) \$40.00	7 Payee addre	ess; City; oper Street	siale;	Zip Code	·		
	Ψ-0.00							
		Arlington, T	X 76015					
8	PURPOSE	(a) Category (S	See Categories listed at the	top of this sched	dule) (I	b) Description		
	OF EXPENDITURE	Travel Out					l outside of Texas. Comp	
						Gas Check if Austir	n, TX, officeholder living	, expense
						-		
	Complete ONLY if direct		iceholder name	Of	ffice sough	ht	Office he	eld
	expenditure to benefit C/OF	п						
	Date	Payee name		_ 				
	02/04/2025		ge Apartments					
-	Amount (\$)	Payee addre		State;	Zip Code	e		
	\$1,267.43	3200 S 1st	St					
			70704					
		Austin, TX						
	PURPOSE OF		See Categories listed at the		dule) (i	b) DescriptionCheck if travel	I outside of Texas. Com	plete Schedule T
	EXPENDITURE	Uffice Over	rhead/Rental Expe	ense		=	n, TX, officeholder living	
						Rent		
			 					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							eld
	· .	1						
	Date	Payee name						
	03/04/2025		ge Apartments					
·	Amount (\$)	Payee addre		State;	Zip Code	e		
	\$1,304.28	3200 S 1st	ા					
		Austin, TX	78704					
	PURPOSE		See Categories listed at the		_{dule)} (i	b) Description		
	OF EXPENDITURE		rhead/Rental Expe			<u> </u>	I outside of Texas. Comp n, TX, officeholder living	
						X Check if Austir	,, onicendaer living	, скропас
	Complete ONLY if direct		iceholder name	Of	ffice sough	ht	Office he	eld .
'	expenditure to benefit C/OF	п						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.									
_	T	. = = =		13 110W 10 CO	ШРІС	te una ionni.	_	E''. 15	(Filties 0	- 1
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commission	Filers)
	Sch: 24/26 Rpt: 28/33	Meza, Thresa A. (The Honorable)					00069649			
4	Date	5 Payee name	9							
	04/02/2025	Stoney Rid	lge Apartments							
6	Amount (\$)	7 Payee addre	ess; City; Sta	te; Zip Co	de					
-	\$1,297.49	3200 S 1st	•	,,						
	Ψ1,201.40	0200 0 130	· Ot							
		Austin, TX	78704							
8	PURPOSE	(a) Category (S	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expense			Check if travel of	outsi	de of Texas. Comp	olete Schedule T.	
	LXI LINDITORL					—	, TX,	officeholder living	expense	
						Rent				
9	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	ld	
	expenditure to benefit C/OI	H								
	Date	Payee name	<u> </u>							
	05/06/2025	1	ge Apartments							
			<u> </u>							
	Amount (\$)	Payee addre	•	te; Zip Co	de					
	\$1,291.87	\$1,291.87 3200 S 1st St								
		Austin, TX	78704							
	PURPOSE	(a) Catagony			(h)	Description				
	OF		See Categories listed at the top of this s rhead/Rental Expense	scnedule)	(~)		outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Ove	meau/Nemai Expense			=		officeholder living		
Rent										
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	ld	
	expenditure to benefit C/OI				3					
		<u> </u>								
	Date	Payee name								
	06/03/2025	Stoney Rid	ge Apartments							
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	de					
	\$1,205.61	3200 S 1st	St							
		Austin, TX	78704							
	DUDDOGE				(1-)					
	PURPOSE OF		See Categories listed at the top of this s	schedule)	(D)	Description	outci	de of Texas. Com	aloto Schodulo T	
	EXPENDITURE	Office Ove	rhead/Rental Expense					officeholder living		
						Rent	, .,,,	omoonoider iiviilg	S. Politico	
	Complete ONLY if direct	Condidate/Of	figgholder name	Office	ah+			Office I	.ld	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	gnt			Office he	eiu	
	p = 1 1 12 12 120 3/01									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 25/26 Rpt: 29/33	Meza, Thresa A. (The Honorable)		00069649	
4	Date	Payee name			
	01/07/2025	Texas Chili Parlor			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$52.00	1409 Lavaca St			
		Austin, TX 78701			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		el outs	side of Texas. Com	plete Schedule T.
	Check if Austin, TX, officeholder living expense				
		Food for sta	aff		
_					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	02/03/2025	Texas Chili Parlor			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$70.00	1409 Lavaca St			
		Austin, TX 78701			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 Odd/Beverage Expense		side of Texas. Com	
		Staff lunch	stin, i x	., officeholder living	expense
		Starriumon			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld .
	expenditure to benefit C/O			000 1	
	Date	Payes name			
	04/01/2025	Payee name Texas Chili Parlor			
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 1409 Lavaca St			
	\$40.00	1409 Lavaca St			
		A			
		Austin, TX 78701			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	rol outo	side of Texas. Com	ploto Cohodulo T
	EXPENDITURE	1 000/Develage Expense		aue or rexas. Com , officeholder living	
		Staff lunch	·		•
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	Č			
_					

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 26/26 Rpt: 30/33	Meza, Thresa A. (The Honorable) 00069649				
4	Date	5 Payee name				
	06/10/2025	Texas Chili Parlor				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$26.00	1409 Lavaca St				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Staff lunch				
		Stan functi				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Data					
	Date	Payee name				
	01/27/2025	Texas Progressive Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.00 PO Box 59					
		Lampasas, TX 76550				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Meeting lunch				
		Micetary functi				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data					
	Date	Payee name				
	06/30/2025	U-Haul				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$215.26	2630 W Irving Blvd				
		Irving, TX 75061				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense Check if Austin, TX, officeholder living expense Moving truck				
		INIOVITIQ LIUCK				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment			://wages/Contract Labor		OTHER (enter a category not listed above)			
_	Tatal manage Cabadula Co	1_		<u> </u>	٦	Filan ID (Ethica Commission Filans)			
	Total pages Schedule G: Sch: 1/1 Rpt: 31/33	2 FILER NAME Meza, Thresa A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069649			
4	Date	5	Payee name		_				
		٦							
	04/17/2025		MetroPCS						
6	Amount (\$)	7	Payee address; City; State; Zip C	Code					
	\$30.00		510 N O'Connor Rd						
	Reimbursement from								
	X political contributions intended		Injuga TV 75061						
	Interlaed	L	Irving, TX 75061						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=	check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense	L	C	check if Austin, TX, officeholder living expense			
	EXI ENDITORE			Phone					
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held			
ľ	expenditure to benefit	Oui	ididate/Officeroder name	Office Sought		Cinico ficia			
	C/OH								
	D-t-	Г	_						
	Date		Payee name						
	05/17/2025		MetroPCS						
Amount (\$) Payee address; City; State; Zip Code									
\$30.00 510 N O'Connor Rd									
	Doimhuraamant from								
Reimbursement from political contributions									
	intended		Irving, TX 75061						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description		check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense		C	check if Austin, TX, officeholder living expense			
EXPENDITURE			·	Phone					
_	Complete ONLY if direct	Cal	ndidate/Officeholder name	Office sought		Office held			
	expenditure to benefit	Cai	ididate/Officeriolder flame	Office Sought		Office field			
	C/OH								
H	5.								
	Date		Payee name						
	06/17/2025		MetroPCS						
	Amount (\$)		Payee address; City; State; Zip C	Code					
	\$30.00		510 N O'Connor Rd						
	Reimbursement from								
	X political contributions		In in a. TV 75004						
	intended	L	Irving, TX 75061						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	_	check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense			check if Austin, TX, officeholder living expense			
	EXPENDITORE			Phone					
-	Complete ONLY if direct	<u>C</u>	ndidate/Officeholder name	Office sought		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit	udl	ididate/Officeriolder flame	Office sought		Office field			
	C/OH								
\vdash									
•									

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	
Sci	al pages Schedule K: n: 1/2 Rpt: 32/33
2 FILER NAME 3 File	r ID (Ethics Commission Filers)
Meza, Thresa A. (The Honorable)	069649
4 Date 5 Name of person from whom amount is received	8 Amount (\$)
01/24/2025 Frost Bank	\$2.79
6 Address of person from whom amount is received; City; State; Zip Code	
Address of person from whom amount is received, City, State, Zip Code	
Irving, TX 75062	
	ontribution returned to filer
Interest	
Date Name of person from whom amount is received	Amount (\$)
02/25/2025 Frost Bank	\$2.71
Address of person from whom amount is received; City; State; Zip Code	······ <mark> </mark>
Irving, TX 75062	
	ontribution returned to filer
Interest	
	1
Date Name of person from whom amount is received	Amount (\$)
03/24/2025 Frost Bank	\$2.19
Address of person from whom amount is received; City; State; Zip Code	
Irving, TX 75062	
Purpose for which amount is received Check if political c	ontribution returned to filer
Interest	
Date Name of person from whom amount is received	Amount (\$)
04/28/2025 Frost Bank	\$2.24
Address of person from whom amount is received; City; State; Zip Code	
Irving, TX 75062	
	antilla ution waterway of the files
Interest	ontribution returned to filer
Interest	
Date Name of person from whom amount is received	Amount (\$)
05/22/2025 Frost Bank	\$2.23
Address of person from whom amount is received; City; State; Zip Code	
	I
Irving, TX 75062	
	ontribution returned to filer
	ontribution returned to filer
Purpose for which amount is received	ontribution returned to filer

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 33/33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Meza, Thresa A. (The Honorable) 00069649 5 Name of person from whom amount is received 8 Amount (\$) Date 06/24/2025 \$2.28 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75062 Purpose for which amount is received Check if political contribution returned to filer Interest