FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065943 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amy C. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Meachum CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Dan NAME NICKNAME LAST **SUFFIX** Richards **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 476-0005 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 201 Travis District Judge District 201

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME Meachum, Amy C. (The Honorable) 14 Filer ID 00065943					(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without to quired to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBUT		9)	\$	0.00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00	
101/120	4. TOTAL POLIT	ICAL EXPENDITU	RES		\$	8,881.83
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	56,912.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		tı	swear, or affirm, under penalty rue and correct and includes al Inder Title 15, Election Code.	of perjury, that the Il information require	accompanying ed to be reporte	report is ed by me
			The Honor	able Amy C. Mea	chum	
		_	Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			ny hand and seal of office.			
		D.:	f afficance do 1111 in 1111			
Signature of offi	cer administering oath	Printed name o	f officer administering oath	litle of off	icer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 21

				3 01 21	
18 FILER NAI Meachum	ME n, Amy C. (The Honorable)	19 Filer ID 00065943	(Ethics Com	nmission Filers)	
20 SCHEDUL	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00	
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00	
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			4,968.06	
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,913.77	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

PLEDGI	ED CONTRIBUTIONS (JUDICI	AL)		SCHED	OULE B(J)
The Ir	nstruction Guide explains how to comple	te this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Meachum, Ar	my C. (The Honorable)		3 Filer ID (Ethics Commissi	on Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		•	\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip		8 Amount of pledge (\$)	9 In-kind (If a	description oplicable)
			Check if travel of	i outside of Texas	. Complete Schedule T.
10 Pledgor's princ	ipal occupation	11 Pledgor's job title			
12 Pledgor's emp	oyer/law firm	13 Law firm of pledgo	r's spouse (if any)		
14 If pledgor is a	child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHE	OULE E	(J)
	The Instruction	on Guide explains how to complete this	form.	1		ges Schedule 1 Rpt: 5/21	e E(J):	
2	FILER NAME Meachum, Amy	C. (The Honorable)		1	Filer ID	(Ethics Cor	nmission Fi	ilers)
4	TOTAL OF UN	IITEMIZED LOANS		1		\$		0.00
5	Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan An	nount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title			•		
14	1 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	<u>l</u>					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	leposited		account tructions)	
19	19 GUARANTOR INFORMATION 20 Name of guarantor				22 Amount	Guarantee	d (\$)	
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	ากแร	e (if any)			
			20 24.1		· (a)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

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 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 Travel Out of District

	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: 1/2 Rpt: 6/21	Meachum, Amy C. (The Honorable) 00065943
4	Date	5 Payee name
	01/06/2025	Chase Card Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$163.09	PO Box 15123
		Wilmington, DE 19850-5123
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign credit card payment
		Campaigh credit card payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/06/2025	Chase Card Services
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,646.51	PO Box 15123
		Wilmington, DE 19850-5123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign credit card payment
		Campaigh create out a payment
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/06/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$346.79	PO Box 15123
	Ψ040.79	1 O BOX 13123
		Wilmington, DE 19850-5123
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if Austin, TX, officeholder living expense
		Campaign credit card payment
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		
ı		

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 Comm

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 Travel Out of District

	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: 2/2 Rpt: 7/21	Meachum, Amy C. (The Honorable) 00065943
4	Date	5 Payee name
	04/06/2025	Chase Card Services
6	Amount (\$) \$1,366.79	7 Payee address; City; State; Zip Code PO Box 15123
		Wilmington, DE 19850-5123
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign credit card payment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2025	Chase Card Services
	Amount (\$) \$421.79	Payee address; City; State; Zip Code PO Box 15123 Wilmington, DE 19850-5123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign credit card payment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2025	Chase Card Services
	Amount (\$) \$1,023.09	Payee address; City; State; Zip Code PO Box 15123
		Wilmington, DE 19850-5123
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign credit card payment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 1/14 Rpt: 8/21	Meachum, Amy C.	(The Honorable)			00065943		
4	CREDIT CARD ISSUER		ncial institution rd Services	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	0.0	00
6	PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 01/01/2025	(c) Date(s) 02/06/20	Credit Card Issuer 25	^r Paid		
7	PAYEE	(a) Payee name Google			address; phitheatre Parkw ı View, CA 94043	•	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descrip Campaig	otion n phone number	and G-Suite fr	om Goog	le
				officeholder living exp	ense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Ľ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(s)	Credit Card Issuer	· Daid		
	FAIMENT	\$48.72	01/01/2025	02/06/20		Faiu		
	PAYEE	(a) Payee name Google			address; phitheatre Parkw ı View, CA 94043		State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign phone number and G-Suite from Google			le	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 02/01/2025	(c) Date(s) 03/06/20	Credit Card Issuer 25	^r Paid		
	PAYEE	(a) Payee name Google			address; phitheatre Parkw ı View, CA 94043	•	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Campaig	n phone number			le
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0.001:004	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 2/14 Rpt: 9/21	Meachum, Amy C.	(The Honorable)		00065943		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$49.00	02/01/2025	03/06/2025			
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Z			
	Google		1600 Amphitheatre Parkway			
	(-) O-t		Mountain View, CA 94043			
8 PURPOSE OF EXPENDITURE				and C Suita from Casala		
X Political	Office Overhead/Rent		Campaign phone number	and G-Suite from Google		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 04/06/2025	Paid		
	\$49.00	03/01/2025	04/06/2025			
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code		
	Google		1600 Amphitheatre Parkway			
			Mountain View, CA 94043			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
EXPENDITURE	Office Overhead/Rent		Campaign phone number and G-Suite from Google			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH		1	14 4 11 - 11			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$49.06	06/01/2025				
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code		
	O I		1600 Amphitheatre Parkw	ay		
	Google					
			Mountain View, CA 94043			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodula)	(b) Description			
EXPENDITURE	Office Overhead/Rent		Campaign phone number	and G-Suite from Google		
X Political		•				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 3/14 Rpt: 10/21	Meachum, Amy C.	(The Honorable)		00065943					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$26.60	06/19/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	The New York Time	es	620 Eighth Avenue						
			New York, NY 10018						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Office Overhead/Rent		Subscription to the NYT						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense				
9 Complete ONLY if direct Candidate/Officeholder name Officeholder			e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$26.60	01/02/2025	02/06/2025						
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code			
	The New York Time	es	620 Eighth Avenue						
			New York, NY 10018						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Subscription to the NYT						
X Political		<u>_</u> ,,pooo							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$26.60	01/30/2025	03/06/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	The New York Time		620 Eighth Avenue						
	The New York Time	es							
			New York, NY 10018						
PURPOSE OF	(a) Category	(d): 1 11)	(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Subscription to the NYT						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethics	Commiss	sion Filers)
Sch: 4/14 Rpt: 11/21	Meachum, Amy C.	(The Honorable)		00	0065943		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S \$		0.0	00
6 PAYMENT	(a) Amount Charged \$26.60	(b) Date of Charge 02/27/2025	(c) Date(s) Credit C 04/06/2025	ard Issuer Pa	aid		
7 PAYEE	(a) Payee name The New York Time	es	(b) Payee address; 620 Eighth Avenu New York, NY 10	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Subscription to the NYT				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, offic	ceholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH				C	Office held		
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 01/17/2025	(c) Date(s) Credit Card Issuer Paid 03/06/2025				
PAYEE	(a) Payee name Action Network		(b) Payee address; 1900 L St. NW #9 Washington, DC	900	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Monthly fee for campaign email distribution				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, offic	ceholder living exper	ise	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought	C	Office held		
PAYMENT	(a) Amount Charged \$15.14	(b) Date of Charge 04/22/2025	(c) Date(s) Credit C 06/06/2025	ard Issuer Pa	aid		
PAYEE	(a) Payee name Hewlett Packard		(b) Payee address; 6280 America Ce San Jose, CA 950	enter Drive	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Description Ink for campaign	printer			
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.			ceholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/14 Rpt: 12/21	Meachum, Amy C.	(The Honorable)			00065943		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	\$ 0.00	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$17.31	06/21/2025					
7 PAYEE	(a) Payee name Hewlett Packard		(b) Payee 6280 Am	address; erica Center Driv	City, /e	State,	Zip Code
				e, CA 95002			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Descri	otion ampaign printer			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$200.00	01/14/2025	03/06/20		. r ala		
PAYEE	(a) Payee name		(b) Payee address;			State,	Zip Code
	Travis County Women Lawyers'		PO Box 160334				
			Austin, T				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Sponsorship of TCWLA Luncheon				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought		Office held		
PAYMENT	(a) Amount Charged \$1,010.00	(b) Date of Charge 03/02/2025	(c) Date(s) 04/06/20) Credit Card Issuer 25	r Paid		
PAYEE	(a) Payee name Travis County Dem	ocratic Party	(b) Payee 1311 Eas Austin, T	st 6th Street Suite	City, e B	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descrip Tickets to	otion o a TCDP event			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)	
	Sch: 6/14 Rpt: 13/21	Meachum, Amy C.	(The Honorable)			00065943			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$	0.0	00	
6	PAYMENT	(a) Amount Charged \$26.60	(b) Date of Charge 03/27/2025	(c) Date(s) Cre 05/06/2025	edit Card Issuer Paid				
7	PAYEE	(a) Payee name The New York Time	es	(b) Payee add 620 Eighth A	venue	City,	State,	Zip Code	
Ļ		(-) O-t		New York, N					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Subscription to the NYT							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid			
		\$26.60	05/22/2025						
	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code	
	The New York Times		es	620 Eighth A	venue				
				New York, N	Y 10018				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription					
	Non-Political			<u> </u>					
┡	<u> </u>	· · · —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 03/17/2025	(c) Date(s) Cre 05/06/2025	edit Card Issuer	Paid			
	PAYEE	(a) Payee name Action Network		(b) Payee add 1900 L St. N Washington,	W #900	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description	1	email distributi	ion		
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 7/14 Rpt: 14/21	Meachum, Amy C.	(The Honorable)		00065943		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$10.00	04/17/2025	06/06/2025			
7 PAYEE	(a) Payee name		(b) Payee address; City, St			
	Action Network					
			Washington, DC 20036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	amail diatribution		
X Political	Fees	,	Monthly fee for campaign	emaii distribution		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu		(c) Date(s) Credit Card Issue	r Paid		
	\$10.00	05/17/2025				
PAYEE	PAYEE (a) Payee name (b) Payee address;			City, State, Zip Code		
	Action Network		1900 L St. NW #900			
			Washington, DC 20036			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Monthly fee for campaign email distribution			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 04/06/2025	r Paid		
	\$15.14	02/22/2025	04/00/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	l lie less Beeteres		6280 America Center Driv	/e		
	Hewlett Packard					
			San Jose, CA 95002			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Printing Expense	or tris scriedule)	Ink for campaign printer			
X Political						
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
· · · · · · · · · · · · · · · · · · ·		·				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 8/14 Rpt: 15/21	Meachum, Amy C.	(The Honorable)		00065943			
4 CREDIT CARD ISSUER	Name of financial institution See previous See previous See previous TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$15.14	03/22/2025	05/06/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address; City, State,				
	Hewlett Packard		6280 America Center D	prive			
			San Jose, CA 95002				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	_			
X Political	Printing Expense	· · · · · · · · · · · · · · · · · · ·	Ink for campaign printer				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$120.00	05/14/2025					
PAYEE	(a) Payee name	name (b) Payee address;		City,	State,	Zip Code	
	Domino's Pizza		1900 Guadalupe				
			Austin, TX 78705				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	·	Lunch for courthouse staff				
X Political	1 Ood/Develage Expe	1130					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$135.55	06/11/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			1900 Guadalupe			·	
	Domino's Pizza		'				
			Austin, TX 78705				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Lunch for summer inter	ns			
X Political	- Journal Reserve Layer	1100					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	ges Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 9/14 Rpt: 16/21	Meachum, Amy C.	(The Honorable)			00065943		
4 CREDIT CARD ISSUER	Name of financial institution See previous See previous STOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged \$210.00	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issuer Paid 04/06/2025				
7 PAYEE	(a) Payee name (b) Payee address; 3575 Far West Blvd. USPS -Chimney Corners Station Austin, TX 78731			City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Campaign PO Box Rental				
Non-Political	• •	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	() ((1)	143544				
PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 03/01/2025	(c) Date(s) 04/06/202	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name Google	(b) Payee address; 1600 Amphitheatre Parkw Mountain View, CA 94043				State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip			om Goog	ile
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	x, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 04/01/2025	(c) Date(s) 05/06/202	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name Google			address; bhitheatre Parkw View, CA 94043		State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaigr	tion n phone number	and G-Suite fr	om Goog	lle
Non-Political	`	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 10/14 Rpt: 17/21	Meachum, Amy C.	(The Honorable)		00065943		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00		
6 PAYMENT	(a) Amount Charged \$49.00	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuel 05/06/2025	r Paid		
7 PAYEE	(a) Payee name (b) Payee address; 1600 Amphitheatre Parkwa Mountain View, CA 94043					
8 PURPOSE OF	(a) Category		(b) Description	,		
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		1,,	er and G-Suite from Google		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer Paid 06/06/2025			
PAYEE	(a) Payee name (b) Payee address;			City, State, Zip Code		
	Google		1600 Amphitheatre Parkw	<i>r</i> ay		
			Mountain View, CA 94043	3		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign phone number	per and G-Suite from Google		
X Political Non-Political	L. —					
	`	of Texas. Complete Schedule T.		K, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issuer	r Paid		
PAYEE	(a) Payee name Google		(b) Payee address; 1600 Amphitheatre Parkw Mountain View, CA 94043			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Campaign phone number and G-Suite from Google			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 11/14 Rpt: 18/21	Meachum, Amy C.	(The Honorable)			00065943			
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED	4	0.4	20	
	ISSUER	see pi	revious		DITURES ED TO A CREDIT	0.00			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
		\$10.00	02/17/2025	04/06/20	25				
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Action Network			t. NW #900				
					on, DC 20036				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		omoil distribut	ion		
	X Political	Fees	,	I MOTHETIY I	ee for campaign	emaii distribut	ЮП		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$15.00	06/17/2025						
	PAYEE (a) Payee name (b) Payee address;			address;	City,	State,	Zip Code		
		Action Network		1900 L St. NW #900					
				Washingt	on, DC 20036				
	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Monthly fee for campaign email distribution					
	X Political	1 663							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/06/20	Credit Card Issue	Paid			
		\$15.14	01/22/2025	03/00/20	23				
	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code	
				6280 Am	erica Center Driv	re			
		Hewlett Packard							
					, CA 95002				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Descrip					
		Printing Expense	of this schedule)	Ink for ca	mpaign printer				
	X Political								
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 12/14 Rpt: 19/21	Meachum, Amy C.	(The Honorable)			00065943		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$ 0.00		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid		
	\$17.31	05/21/2025					
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip				Zip Code
	Hewlett Packard			rica Center Driv	re		
	(-) 0-4		San Jose,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on npaign printer			
X Political	Printing Expense		link for carr	ipaigii piiitei			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		T	T				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$170.46	06/10/2025					
PAYEE	(a) Payee name		(b) Payee address;			State,	Zip Code
	Zoom Video Comm	nunications Inc.	55 Almade	n Blvd., 6th Flo	oor		
			San Jose,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Yearly subscription fee for Zoom				
X Political	1 000						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	` ' ' ' '	Credit Card Issuer	r Paid		
	\$256.00	04/17/2025	06/06/202	0			
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	T		PO Box 16	0334			
	Travis County Won	nen Lawyers [.]					
			Austin, TX	78716			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Description				
l <u> </u>	Event Expense	or tris scriedule)	Sponsorsh	ip of TCWLA lu	incheon		
X Political	,						
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 13/14 Rpt: 20/21	Meachum, Amy C.	(The Honorable)		00065943		
4 CREDIT CARD ISSUER	Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 0.00		
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card Is: 05/06/2025	suer Paid		
7 PAYEE	(a) Payee name (b) Payee address; RLP 0.128 The University of Texas at A Austin, TX 78712			City, State, Zip Code s at Austin		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Sponsorship of UDems event			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$515.24	(b) Date of Charge 04/26/2025	(c) Date(s) Credit Card Issuer Paid 06/06/2025			
PAYEE	(a) Payee name UT Law School Fou	undation	(b) Payee address; 727 East Dean Keeton Austin, TX 78705	City, State, Zip Code St.		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	v School Foundation				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$105.00	(b) Date of Charge 04/26/2025	(c) Date(s) Credit Card Issuer Paid 06/06/2025			
PAYEE	(a) Payee name UT Law School Fou	undation	(b) Payee address; 727 East Dean Keeton Austin, TX 78705	City, State, Zip Code St.		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 14/14 Rpt: 21/21	Meachum, Amy C. (The Honorable)			00065943				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	\$ 0.00				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer I	Paid			
	\$26.60	04/24/2025	06/06/2025					
7 PAYEE	(a) Payee name		(b) Payee address	City,	State,	Zip Code		
	The New York Time	es	620 Eighth Aven	iue				
			New York, NY 10	0018				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cobody (a)	(b) Description					
EXPENDITURE X Political	Office Overhead/Rent		Subscription to t	he NYT				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX, o	X, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue		Paid			
	\$49.06	05/01/2025	06/06/2025					
PAYEE	PAYEE (a) Payee name (b) Payee address;			,	City,	State,	Zip Code	
	Google	1600 Amphitheatre Parkwa		tre Parkwa	ay			
			Mountain View,	CA 94043				
PURPOSE OF	(a) Category	of this colored (Is)	(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign phone	e number a	per and G-Suite from Google			
X Political		•						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX, o	X, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (05/06/2025	Card Issuer I	Paid			
	\$25.00	03/27/2025	03/00/2023					
PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code	
			RLP 0.128					
	University Democra	ats	The University of Texas at Austin					
			Austin, TX 78712					
PURPOSE OF	(a) Category (See Categories listed at the top	-£4bibdul-)	(b) Description					
EXPENDITURE	Event Expense	or this schedule)	Ticket for UDem	s event				
X Political	, pane							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX, of	fficeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								