

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |  |   |  |  |                                  |  |  |  |
|---|---|---|--|--|---|--|--|----------------------------------|--|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00069649 | <b>2</b> Total pages filed:<br>66  |  |   |  |  |                                  |  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>The Honorable</td> <td style="width: 30%;">FIRST<br/>Thresa A.</td> <td style="width: 40%;">MI<br/>MI</td> </tr> </table>   |   | MS / MRS / MR<br>The Honorable   | FIRST<br>Thresa A.   | MI<br>MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/15/2026 |  |                                  |  |  |  |
|   | MS / MRS / MR<br>The Honorable  | FIRST<br>Thresa A.  | MI<br>MI   |  |   |  |  |                                  |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME<br/>Terry</td> <td style="width: 30%;">LAST<br/>Meza</td> <td style="width: 40%;">SUFFIX</td> </tr> </table> |   | NICKNAME<br>Terry   | LAST<br>Meza   | SUFFIX   |   |  |  |                                  |  |  |  |
| NICKNAME<br>Terry   | LAST<br>Meza  | SUFFIX  |  |  |   |  |  |                                  |  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address   | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>P. O. Box 155076<br><br>Irving, TX 75015   |   | Date Hand-delivered or Date Postmarked   |  |   |  |  |                                  |  |  |  |
|   |   |   | <table style="width: 100%;"> <tr> <td style="width: 60%;">Receipt #</td> <td style="width: 40%;">Amount</td> </tr> </table>  | Receipt #  | Amount  |  |  |                                  |  |  |  |
|   | Receipt #   | Amount  |  |  |   |  |  |                                  |  |  |  |
|   |   |   | Date Processed   |  |   |  |  |                                  |  |  |  |
|   |   | Date Imaged   |  |  |   |  |  |                                  |  |  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>Ms.</td> <td style="width: 30%;">FIRST<br/>Gloria</td> <td style="width: 40%;">MI<br/>MI</td> </tr> </table>  |   |  | MS / MRS / MR<br>Ms.   | FIRST<br>Gloria                                   | MI<br>MI   |  |                                  |  |  |  |
|   | MS / MRS / MR<br>Ms.  | FIRST<br>Gloria   | MI<br>MI   |  |   |  |  |                                  |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Carrillo</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>       |   |   | NICKNAME   | LAST<br>Carrillo   | SUFFIX  |  |  |                                  |  |  |  |
| NICKNAME  | LAST<br>Carrillo  | SUFFIX  |  |  |   |  |  |                                  |  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>4536 Friars Ln.<br><br>Grand Prairie, TX 75052-3605  |   |  |  |   |  |  |                                  |  |  |  |
|   |   |   |  |  |   |  |  |                                  |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(214) 543-5217  |   |  |  |   |  |  |                                  |  |  |  |
| <b>8</b> REPORT TYPE  | <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> |   |  | <input checked="" type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff  | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
|   | <input checked="" type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Runoff  | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |                                  |  |  |  |
| <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded modified reporting limit  | <input type="checkbox"/> Final Report (Attach C/OH-FR)   |  |   |  |  |                                  |  |  |  |
| <b>9</b> PERIOD COVERED   | Month Day Year<br>07/01/2025  |   |  |  |   |  |  |                                  |  |  |  |
|   | THROUGH Month Day Year<br>12/31/2025  |   |  |  |   |  |  |                                  |  |  |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>03/03/2026   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |   |  |  |                                  |  |  |  |
|   |   |   |  |  |   |  |  |                                  |  |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>State Representative District 105   |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 105  |  |   |  |  |                                  |  |  |  |
|   |   |   |  |  |   |  |  |                                  |  |  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|                |                                 |             |                            |
|----------------|---------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Meza, Thresa A. (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
|                |                                 | 00069649    |                            |

|  |  |                                      |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|  | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |              |
|-------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00      |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 17,977.43 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 11,387.86 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 25,961.74 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 28,000.00 |

## 17 AFFIDAVIT

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

The Honorable Thresa A. Meza

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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|   |  |                                |                            |
|---|--|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Meza, Thresa A. (The Honorable) |  | <b>19 Filer ID</b><br>00069649 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE        |  | SUBTOTAL AMOUNT                |                            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                             | 17,977.43                  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                   | \$                             |                            |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                             |                            |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$                             | 28,000.00                  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                             | 11,387.86                  |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                             |                            |
| 7.  | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                             | 50,000.00                  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                             |                            |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  | \$                             |                            |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                             |                            |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                             |                            |
| 12.   | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             | 9.83                       |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/23 Rpt: 4/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)              |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649 |
| <b>4</b> Date<br>10/03/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Active Ballot Club General Fund<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Washington, DC 20006 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)        |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/13/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arky, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Manalapan, NJ 07726-8964                                  | Amount of Contribution (\$)<br><br>\$1.00                |
| Principal occupation / Job title (See Instructions)<br>Retired      |  | Employer (See Instructions)<br>Retired                   |
| Date<br>08/06/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bailey, Gary<br><hr/> Contributor address; City; State; Zip Code<br><br>Sunnyvale, CA 94087                                       | Amount of Contribution (\$)<br><br>\$1.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/13/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bailey, Gary<br><hr/> Contributor address; City; State; Zip Code<br><br>Sunnyvale, CA 94087                                       | Amount of Contribution (\$)<br><br>\$1.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/06/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barnes, Gerald<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75060  | Amount of Contribution (\$)<br><br>\$28.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed |  | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/23 Rpt: 5/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649 |
| <b>4</b> Date<br>08/07/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barrows, Cynthia<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Irving, TX 75061 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bean, Nancy<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76006                     | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Educator              |   | Employer (See Instructions)<br>Arlington ISD             |
| Date<br>10/08/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ben E. Keith Company Texas PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76102 | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)                          |   | Employer (See Instructions)                              |
| Date<br>08/21/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blair, Ann<br><hr/> Contributor address; City; State; Zip Code<br><br>Flower Mound, TX 75028                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>12/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blair, Ann<br><hr/> Contributor address; City; State; Zip Code<br><br>Flower Mound, TX 75028                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/23 Rpt: 6/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649 |
| <b>4</b> Date<br>10/28/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bogner, Eleanor<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Irving, TX 75038                                | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed             |   | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bohr, Eric<br><hr/> Contributor address; City; State; Zip Code<br><br>Castro Valley, CA 94552  | Amount of Contribution (\$)<br><br>\$3.00                |
| Principal occupation / Job title (See Instructions)<br>Consultant                        |   | Employer (See Instructions)<br>Self                      |
| Date<br>08/04/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bonilla, Eva<br><hr/> Contributor address; City; State; Zip Code<br><br>FORT WORTH, TX 76107   | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed                      |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bradley, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75062   | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Accounting/Collections Supervisor |   | Employer (See Instructions)<br>The Dallas Morning News   |
| Date<br>10/09/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brotherhood of Locomotive Engineers & Trainmen Texas PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Richland Hills, TX 76118 | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)                                      |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/23 Rpt: 7/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649 |
| <b>4</b> Date<br>08/13/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burton, Ginger<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Spartanburg, SC 29301 | <b>7</b> Amount of Contribution (\$)<br><br>\$1.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |  | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Callaway, Terry<br><hr/> Contributor address; City; State; Zip Code<br><br>Bedford, TX 76021                      | Amount of Contribution (\$)<br><br>\$105.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cano, Wendy<br><hr/> Contributor address; City; State; Zip Code<br><br>Pasadena, CA 91104                         | Amount of Contribution (\$)<br><br>\$1.00                |
| Principal occupation / Job title (See Instructions)<br>bookkeeper            |  | Employer (See Instructions)<br>oak crest                 |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carlson, Elizabeth<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75060                    | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chamberlain, Sarah<br><hr/> Contributor address; City; State; Zip Code<br><br>Laguna Niguel, CA 92607             | Amount of Contribution (\$)<br><br>\$1.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/23 Rpt: 8/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649 |
| <b>4</b> Date<br>08/04/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chipman, Ernestine<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>IRVING, TX 75060 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chirlin, Gary<br><hr/> Contributor address; City; State; Zip Code<br><br>Derwood, MD 20855                       | Amount of Contribution (\$)<br><br>\$1.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cozad, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                      | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>07/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cozad, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                      | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cozad, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                      | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/23 Rpt: 9/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649 |
| <b>4</b> Date<br>09/15/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cozad, David<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |  | <b>9</b> Employer (See Instructions)<br>Not Employed     |
| Date<br>10/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cozad, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>11/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cozad, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>12/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cozad, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>10/04/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dallas County Tejano Democrats<br><hr/> Contributor address; City; State; Zip Code<br><br>Mesquite, TX 75150  | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)                          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/23 Rpt: 10/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>08/07/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dixon, Cynthia<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Irving, TX 75061 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Personal Assistant |   | <b>9</b> Employer (See Instructions)<br>Self              |
| Date<br>08/02/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dobson, Christine<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75061                | Amount of Contribution (\$)<br><br>\$105.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed                |   | Employer (See Instructions)<br>Not Employed               |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dobson, Christine<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75061                | Amount of Contribution (\$)<br><br>\$105.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed                |   | Employer (See Instructions)<br>Not Employed               |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Donovan, Carol<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214                   | Amount of Contribution (\$)<br><br>\$1,000.00             |
| Principal occupation / Job title (See Instructions)<br>Not Employed                |   | Employer (See Instructions)<br>Not Employed               |
| Date<br>08/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dover, Gabriel<br><hr/> Contributor address; City; State; Zip Code<br><br>San Francisco, CA 94131            | Amount of Contribution (\$)<br><br>\$25.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed                |   | Employer (See Instructions)<br>Not Employed               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/23 Rpt: 11/66          |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649           |
| <b>4</b> Date<br>08/05/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duman, Jo Ann<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Texarkana, TX 75503 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed               |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duncan Diaz, Parker & Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Santa Rosa, CA 95404    | Amount of Contribution (\$)<br><br>\$1.00                          |
| Principal occupation / Job title (See Instructions)<br>Physician             |   | Employer (See Instructions)<br>Santa Rosa Community Health Centers |
| Date<br>09/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fleck, Deborah<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75062                     | Amount of Contribution (\$)<br><br>\$50.00                         |
| Principal occupation / Job title (See Instructions)<br>Retired               |   | Employer (See Instructions)<br>Retired                             |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flores, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75204                      | Amount of Contribution (\$)<br><br>\$200.00                        |
| Principal occupation / Job title (See Instructions)<br>Factory worker        |   | Employer (See Instructions)<br>General Motors                      |
| Date<br>08/09/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ford, Y<br><hr/> Contributor address; City; State; Zip Code<br><br>Del Rio, TX 78840                           | Amount of Contribution (\$)<br><br>\$1.00                          |
| Principal occupation / Job title (See Instructions)<br>Not employed          |   | Employer (See Instructions)<br>Not employed                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/23 Rpt: 12/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>08/14/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gardner Sr, Richard<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CHICAGO, IL 60620 | <b>7</b> Amount of Contribution (\$)<br><br>\$1.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed      |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Irene<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75061                           | Amount of Contribution (\$)<br><br>\$150.00               |
| Principal occupation / Job title (See Instructions)<br>Retired               |   | Employer (See Instructions)<br>Retired                    |
| Date<br>08/04/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gifford, Greg<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75212                          | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>Human Resources       |   | Employer (See Instructions)<br>Regions Bank               |
| Date<br>08/02/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gifford, Greg<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75212                          | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>Human Resources       |   | Employer (See Instructions)<br>Regions Bank               |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Greenberg, Don<br><hr/> Contributor address; City; State; Zip Code<br><br>Sebastopol, CA 95472                     | Amount of Contribution (\$)<br><br>\$1.00                 |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 10/23 Rpt: 13/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>08/01/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Grinter, Alison<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75236 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney |  | <b>9</b> Employer (See Instructions)<br>Self               |
| Date<br>08/02/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gutierrez, Dee<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75061                    | Amount of Contribution (\$)<br><br>\$105.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed      |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hammond, Dosier<br><hr/> Contributor address; City; State; Zip Code<br><br>Princeton, NJ 08542-3148           | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed      |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Haygood, Leah<br><hr/> Contributor address; City; State; Zip Code<br><br>Silver Spring, MD 20902              | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Consultant        |  | Employer (See Instructions)<br>BuzzWord, Inc.              |
| Date<br>09/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Heller, Paul<br><hr/> Contributor address; City; State; Zip Code<br><br>Farmers Branch, TX 75244              | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed      |  | Employer (See Instructions)<br>Not Employed                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/23 Rpt: 14/66    |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649      |
| <b>4</b> Date<br>08/13/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hornung, Clarence<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Louisville, KY 40219 | <b>7</b> Amount of Contribution (\$)<br><br>\$3.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |  | <b>9</b> Employer (See Instructions)<br>Not Employed          |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Huff, Stephanie<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75222                         | Amount of Contribution (\$)<br><br>\$100.00                   |
| Principal occupation / Job title (See Instructions)<br>District Judge        |  | Employer (See Instructions)<br>State of Texas                 |
| Date<br>08/14/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hulse, Donald<br><hr/> Contributor address; City; State; Zip Code<br><br>Shelton, WA 98584                          | Amount of Contribution (\$)<br><br>\$1.64                     |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed                   |
| Date<br>08/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Irvin, Laura<br><hr/> Contributor address; City; State; Zip Code<br><br>Oberlin, OH 44074                           | Amount of Contribution (\$)<br><br>\$100.00                   |
| Principal occupation / Job title (See Instructions)<br>Owner                 |  | Employer (See Instructions)<br>Happy Trails Bed and Breakfast |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Isis, Melanie<br><hr/> Contributor address; City; State; Zip Code<br><br>Silver Spring, MD 20910                    | Amount of Contribution (\$)<br><br>\$2.05                     |
| Principal occupation / Job title (See Instructions)<br>Gardener              |  | Employer (See Instructions)<br>Self                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 12/23 Rpt: 15/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>08/02/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jablonski, Carol<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed       |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jablonski, Carol<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248                   | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Jacalyn<br><hr/> Contributor address; City; State; Zip Code<br><br>Eugene, OR 97404                   | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                |
| Date<br>07/30/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kafele, Linda<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75060                      | Amount of Contribution (\$)<br><br>\$50.00                 |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/08/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kerr, Mary<br><hr/> Contributor address; City; State; Zip Code<br><br>Minneapolis , MN 55404                   | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>House Cleaning        |   | Employer (See Instructions)<br>Two Bettys Green Cleaning   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/23 Rpt: 16/66    |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649      |
| <b>4</b> Date<br>08/07/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lawler, Martha<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>La Pine, OR 97739        | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>not employed   |   | <b>9</b> Employer (See Instructions)<br>none                  |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laycock, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Chester, NJ 07930                          | Amount of Contribution (\$)<br><br>\$1.00                     |
| Principal occupation / Job title (See Instructions)<br>Driver                  |   | Employer (See Instructions)<br>UPS                            |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lee, Martha<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75061                              | Amount of Contribution (\$)<br><br>\$50.00                    |
| Principal occupation / Job title (See Instructions)<br>Not Employed            |   | Employer (See Instructions)<br>Not Employed                   |
| Date<br>10/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linebarger Goggan Blair and Sampson, LLP<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78746 | Amount of Contribution (\$)<br><br>\$1,000.00                 |
| Principal occupation / Job title (See Instructions)                            |   | Employer (See Instructions)                                   |
| Date<br>08/11/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin, Colleen<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248                          | Amount of Contribution (\$)<br><br>\$25.00                    |
| Principal occupation / Job title (See Instructions)<br>Administrative Director |   | Employer (See Instructions)<br>Dallas County Democratic Party |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14/23 Rpt: 17/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>08/09/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Masterson, James<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Aurora, CO 80016 | <b>7</b> Amount of Contribution (\$)<br><br>\$1.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |   | <b>9</b> Employer (See Instructions)<br>Not Employed       |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mathur, Vinod<br>Contributor address; City; State; Zip Code<br><br>Flower Mound, TX 75022                | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/04/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mavankal, Gopinath<br>Contributor address; City; State; Zip Code<br><br>Plano, TX 75024                  | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>IT Consultant         |   | Employer (See Instructions)<br>Insight Global              |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McDowell, Jan<br>Contributor address; City; State; Zip Code<br><br>Carrollton, TX 75007                  | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                |
| Date<br>09/21/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McGarrahan, Andy<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248                   | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Psychologist          |   | Employer (See Instructions)<br>Self                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 15/23 Rpt: 18/66    |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649      |
| <b>4</b> Date<br>08/13/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McKeehan, Jack<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77036 | <b>7</b> Amount of Contribution (\$)<br><br>\$1.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Civil Engineering Tech |  | <b>9</b> Employer (See Instructions)<br>Benchmark Engineering |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mealy, Patti<br><hr/> Contributor address; City; State; Zip Code<br><br>Trenton, NJ 08628                     | Amount of Contribution (\$)<br><br>\$1.00                     |
| Principal occupation / Job title (See Instructions)<br>Administrative Assistant        |  | Employer (See Instructions)<br>Capital Health                 |
| Date<br>09/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Medrano, Pauline<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75219                  | Amount of Contribution (\$)<br><br>\$200.00                   |
| Principal occupation / Job title (See Instructions)<br>County Treasurer                |  | Employer (See Instructions)<br>Dallas County                  |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Michaud, John-Paul<br><hr/> Contributor address; City; State; Zip Code<br><br>Hays, KS 67601                  | Amount of Contribution (\$)<br><br>\$1.66                     |
| Principal occupation / Job title (See Instructions)<br>Professor                       |  | Employer (See Instructions)<br>K-State U                      |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miller, Shanley<br><hr/> Contributor address; City; State; Zip Code<br><br>San Diego, TX 92116                | Amount of Contribution (\$)<br><br>\$1.00                     |
| Principal occupation / Job title (See Instructions)<br>Management                      |  | Employer (See Instructions)<br>UC San Diego                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 16/23 Rpt: 19/66         |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649           |
| <b>4</b> Date<br>08/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell, Carlos<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>Anaheim, CA 92806  | <b>7</b> Amount of Contribution (\$)<br>\$5.00                     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed     |   | <b>9</b> Employer (See Instructions)<br>Not Employed               |
| Date<br>08/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell, Elise<br><hr/> Contributor address; City; State; Zip Code<br>Irving, TX 75061                      | Amount of Contribution (\$)<br>\$25.00                             |
| Principal occupation / Job title (See Instructions)<br>Educator                  |   | Employer (See Instructions)<br>Kindercare                          |
| Date<br>08/08/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moilanen, Erin<br><hr/> Contributor address; City; State; Zip Code<br>Santa Rosa , CA 95404                  | Amount of Contribution (\$)<br>\$1.00                              |
| Principal occupation / Job title (See Instructions)<br>Family Nurse Practitioner |   | Employer (See Instructions)<br>Santa Rosa Community Health Centers |
| Date<br>08/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Murphy, Debbie<br><hr/> Contributor address; City; State; Zip Code<br>Charlotte, NC 28277                    | Amount of Contribution (\$)<br>\$1.67                              |
| Principal occupation / Job title (See Instructions)<br>Project Manager           |   | Employer (See Instructions)<br>Microsoft                           |
| Date<br>09/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Muslim Democratic Caucus of Texas<br><hr/> Contributor address; City; State; Zip Code<br>Arlington, TX 76002 | Amount of Contribution (\$)<br>\$250.00                            |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 17/23 Rpt: 20/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>10/07/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>NRG Energy PAC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Princeton, NJ 08540 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)            |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>08/08/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Narey, Jay<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75220                          | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>Flight Attendant |  | Employer (See Instructions)<br>American Airlines           |
| Date<br>08/14/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nelson, Therese<br><hr/> Contributor address; City; State; Zip Code<br><br>Chicago, IL 60615                    | Amount of Contribution (\$)<br><br>\$8.20                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed     |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>10/08/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ONCOR Texas State PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75202               | Amount of Contribution (\$)<br><br>\$1,500.00              |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                                |
| Date<br>08/13/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Owen, Alice<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75062                         | Amount of Contribution (\$)<br><br>\$50.00                 |
| Principal occupation / Job title (See Instructions)<br>Not Employed     |  | Employer (See Instructions)<br>Not Employed                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 18/23 Rpt: 21/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>09/02/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pegues, Johnnie<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Irving, TX 75062 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |  | <b>9</b> Employer (See Instructions)<br>Not Employed       |
| Date<br>08/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Perez, Juan<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107                   | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>07/17/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phariss, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                      | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)<br>Attorney              |  | Employer (See Instructions)<br>Tenet Healthcare            |
| Date<br>08/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Price, Sandra<br><hr/> Contributor address; City; State; Zip Code<br><br>Watauga, TX 76148                    | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richards, Carol<br><hr/> Contributor address; City; State; Zip Code<br><br>Manchester, NH 03104               | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 19/23 Rpt: 22/66    |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649      |
| <b>4</b> Date<br>08/07/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rieger, John<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75207 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sr Recruiter |   | <b>9</b> Employer (See Instructions)<br>Consolidate Analytics |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rodine, Richard<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75201                | Amount of Contribution (\$)<br><br>\$1.00                     |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                   |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rodine, Richard<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75201                | Amount of Contribution (\$)<br><br>\$1.00                     |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                   |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rosen, Barry<br><hr/> Contributor address; City; State; Zip Code<br><br>STORMVILLE, NY 12582-5302          | Amount of Contribution (\$)<br><br>\$2.00                     |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                   |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rothstein, Susan<br><hr/> Contributor address; City; State; Zip Code<br><br>Brookline, MA 02445-7508       | Amount of Contribution (\$)<br><br>\$1.00                     |
| Principal occupation / Job title (See Instructions)<br>Realtor               |   | Employer (See Instructions)<br>Hammond Real Estate            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 20/23 Rpt: 23/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>08/13/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Saadati, Sylvia<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Oak Island, NC 28465 | <b>7</b> Amount of Contribution (\$)<br><br>\$1.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Not Employed |  | <b>9</b> Employer (See Instructions)<br>Not Employed       |
| Date<br>08/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shaw, Tom<br><hr/> Contributor address; City; State; Zip Code<br><br>San Jose, CA 95126                           | Amount of Contribution (\$)<br><br>\$5.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/04/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sheaks, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75060                        | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Lab Tech              |  | Employer (See Instructions)<br>Electro Plate Circuitry     |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sheaks, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75060                        | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Lab Tech              |  | Employer (See Instructions)<br>Electro Plate Circuitry     |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Siegel, Naomi<br><hr/> Contributor address; City; State; Zip Code<br><br>Pittsburgh, PA 15238                     | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not employed          |  | Employer (See Instructions)<br>Not employed                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 21/23 Rpt: 24/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>08/03/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Simon, Yasmin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney |  | <b>9</b> Employer (See Instructions)<br>Morgan Lewis       |
| Date<br>08/09/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Slagg, Barbara<br><hr/> Contributor address; City; State; Zip Code<br><br>Eagan, MN 55122                   | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed      |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/09/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Michelle<br><hr/> Contributor address; City; State; Zip Code<br><br>Leesburg, VA 20175               | Amount of Contribution (\$)<br><br>\$6.57                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed      |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stevens, Patricia<br><hr/> Contributor address; City; State; Zip Code<br><br>Oceanside, CA 92054            | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed      |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stockard, Natalie<br><hr/> Contributor address; City; State; Zip Code<br><br>St. Petersburg, FL 33701       | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed      |  | Employer (See Instructions)<br>Not Employed                |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 22/23 Rpt: 25/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>10/01/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Podiatric Medical Association<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)           |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>10/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Trial Lawyers Assoc PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78767                         | Amount of Contribution (\$)<br><br>\$2,500.00              |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                                |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thompson, Truman<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76013                                   | Amount of Contribution (\$)<br><br>\$50.00                 |
| Principal occupation / Job title (See Instructions)<br>Retired         |  | Employer (See Instructions)<br>Retired                     |
| Date<br>09/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vistra Employee PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75039                                   | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                                |
| Date<br>08/09/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Watley, Delia<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75060   | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Program Manager |  | Employer (See Instructions)<br>Irving ISD                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 23/23 Rpt: 26/66 |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>08/23/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Whitaker, Linda<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Irving, TX 76062 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)<br>Retired            |
| Date<br>08/08/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilensky, Sharon<br><hr/> Contributor address; City; State; Zip Code<br><br>San Francisco, CA 94122           | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not Employed     |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/08/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilkerson, D. Karen<br><hr/> Contributor address; City; State; Zip Code<br><br>Tyler, TX 75711                | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)<br>Not Employed     |  | Employer (See Instructions)<br>Not Employed                |
| Date<br>08/13/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Winden, Margaret<br><hr/> Contributor address; City; State; Zip Code<br><br>Portland, OR 97229                | Amount of Contribution (\$)<br><br>\$1.00                  |
| Principal occupation / Job title (See Instructions)<br>Not employed     |  | Employer (See Instructions)<br>Not employed                |
| Date<br>08/13/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wong, Susanne<br><hr/> Contributor address; City; State; Zip Code<br><br>Lafayette, CA 94549                  | Amount of Contribution (\$)<br><br>\$1.64                  |
| Principal occupation / Job title (See Instructions)<br>Manager          |  | Employer (See Instructions)<br>Oil Change International    |

# LOANS

## SCHEDULE E

|   |   |   |  |
|---|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 27/66   |  |
| <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)                                    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   |   | <b>\$</b>                                |
| <b>5</b> Date of loan<br>08/22/2025   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Meza, Terry |   | <b>9</b> Loan Amount (\$)<br>\$20,000.00 |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Irving, TX 75015                        |   | <b>10</b> Interest Rate                  |
|   |   |   | <b>11</b> Maturity Date                  |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>State Representative     |   | <b>13</b> Employer (See Instructions)<br>State of Texas   |  |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |  |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor   |   | <b>19</b> Amount Guaranteed (\$)         |
|   | <b>18</b> Guarantor address; City; State; Zip Code  |   |  |
| <b>20</b> Principal occupation  |   | <b>21</b> Employer (See Instructions)   |  |
| Date of loan<br>08/25/2025  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Meza, Terry          |   | Loan Amount (\$)<br>\$8,000.00           |
| Is lender a financial institution?<br>No  | Lender address; City; State; Zip Code<br><br>Irving, TX 75015                                 |   | Interest Rate                            |
|   |   |   | Maturity Date                            |
| Principal occupation / Job title (See Instructions)<br>State Representative               |   | Employer (See Instructions)<br>State of Texas   |  |
| Description of Collateral<br><input checked="" type="checkbox"/> None                     |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>                      |  |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable           | Name of guarantor   |   | Amount Guaranteed (\$)                   |
|   | Guarantor address; City; State; Zip Code  |   |  |
| Principal occupation  |   | Employer (See Instructions)   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/36 Rpt: 28/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>07/20/2025   | <b>5</b> Payee name<br>ActBlue  |   |
| <b>6</b> Amount (\$)<br>\$10.87                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/03/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$94.64  | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/10/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$67.97  | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/36 Rpt: 29/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>08/17/2025   | <b>5</b> Payee name<br>ActBlue  |   |
| <b>6</b> Amount (\$)<br>\$5.48                                      | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/24/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$40.49  | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/07/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$3.95   | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/36 Rpt: 30/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>09/21/2025   | <b>5</b> Payee name<br>ActBlue  |   |
| <b>6</b> Amount (\$)<br>\$1.03                                      | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/19/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$0.99   | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/02/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$0.99   | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/36 Rpt: 31/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>11/16/2025   | <b>5</b> Payee name<br>ActBlue  |   |
| <b>6</b> Amount (\$)<br>\$0.99                                      | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/14/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$0.99   | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/21/2025  | Payee name<br>ActBlue   |   |
| Amount (\$)<br>\$0.99   | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144-0031          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/36 Rpt: 32/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>10/01/2025   | <b>5</b> Payee name<br>Angelo's Spaghetti  |   |
| <b>6</b> Amount (\$)<br>\$46.90                                     | <b>7</b> Payee address; City; State; Zip Code<br>1330 W Pioneer Dr<br><br>Irving, TX 75061       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Volunteers |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/10/2025  | Payee name<br>Applebee's   |   |
| Amount (\$)<br>\$15.00  | Payee address; City; State; Zip Code<br>1901 N Belt Line Rd<br><br>Irving, TX 75061              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food at Meeting     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/17/2025  | Payee name<br>Applebee's   |   |
| Amount (\$)<br>\$15.00  | Payee address; City; State; Zip Code<br>1901 N Belt Line Rd<br><br>Irving, TX 75061              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food at Meeting     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/36 Rpt: 33/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>07/24/2025   | <b>5</b> Payee name<br>Applebee's  |   |
| <b>6</b> Amount (\$)<br>\$15.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1901 N Belt Line Rd<br><br>Irving, TX 75061     |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food at Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |
| Date<br>10/09/2025  | Payee name<br>Applebee's   |   |
| Amount (\$)<br>\$45.00  | Payee address; City; State; Zip Code<br>1901 N Belt Line Rd<br><br>Irving, TX 75061              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food at Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
| Date<br>10/30/2025  | Payee name<br>Applebee's   |   |
| Amount (\$)<br>\$48.00  | Payee address; City; State; Zip Code<br>1901 N Belt Line Rd<br><br>Irving, TX 75061              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food at meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/36 Rpt: 34/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>11/19/2025   | <b>5</b> Payee name<br>Billy Bob's Texas  |  |
| <b>6</b> Amount (\$)<br>\$10.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2520 Rodeo Plaza<br><br>Fort Worth, TX 76164   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Date<br>09/30/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Payee name<br>Cafe Y Tequila Mexican Restaurant                     |   |  |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>422 W Pioneer Dr<br><br>Irving, TX 75061  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Staff                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |
| Date<br>10/17/2025  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Payee name<br>Cattanach, Joanna                                     |   |  |
| Amount (\$)<br>\$114.57   | Payee address; City; State; Zip Code<br><div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div><br>Carrollton, TX 75007 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Promotional Advertising Expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/36 Rpt: 35/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>07/23/2025   | <b>5</b> Payee name<br>Central Texas Regional Mobility Authority   |  |
| <b>6</b> Amount (\$)<br>\$1.98                                      | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 734182<br><br>Dallas, TX 75373-4182  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Toll                   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/15/2025  | Payee name<br>Chris Turner Campaign  |  |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>P.O. Box 182093<br><br>Arlington, TX 76096   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/07/2025  | Payee name<br>City of Austin   |  |
| Amount (\$)<br>\$4.75   | Payee address; City; State; Zip Code<br>721 Barton Springs Road<br><br>Austin, TX 78704  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Electricity |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/36 Rpt: 36/66           | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>07/18/2025   | <b>5</b> Payee name<br>City of Austin  |  |
| <b>6</b> Amount (\$)<br>\$23.36                                     | <b>7</b> Payee address; City; State; Zip Code<br>721 Barton Springs Road<br><br>Austin, TX 78704   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Electricity |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/28/2025  | Payee name<br>Clayton Tucker Campaign  |  |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>PO Box 10399<br><br>Killeen, TX 76547  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/29/2025  | Payee name<br>Dallas AFL-CIO   |  |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>1408 N Washington Ave<br>#240<br>Dallas, TX 75204  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Labor Day Event        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/36 Rpt: 37/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>10/15/2025   | <b>5</b> Payee name<br>Dallas County Democratic Party  |  |
| <b>6</b> Amount (\$)<br>\$2,500.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>1414 N Washington Ave<br><br>Dallas, TX 75214   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation       |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/14/2025  | Payee name<br>Dallas County Democratic Party   |  |
| Amount (\$)<br>\$750.00   | Payee address; City; State; Zip Code<br>1414 N Washington Ave<br><br>Dallas, TX 75214  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Filing Fee     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/07/2025  | Payee name<br>Di Rosanis   |  |
| Amount (\$)<br>\$45.43  | Payee address; City; State; Zip Code<br>105 S Main St<br><br>Irving, TX 75061  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/36 Rpt: 38/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>07/23/2025   | <b>5</b> Payee name<br>Emmanuel, Lewis   |   |
| <b>6</b> Amount (\$)<br>\$75.00                                     | <b>7</b> Payee address; City; State; Zip Code<br><br><b>REDACTED PER 254.0401, ELEC. CODE</b><br>Irving, TX 75062  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Work   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/14/2025  | Payee name<br>Feng Shui Fine Asian Cuisine   |   |
| Amount (\$)<br>\$16.00  | Payee address; City; State; Zip Code<br>2355 Olive St<br>#150<br>Dallas, TX 75201  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food at Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/16/2025  | Payee name<br>Gina Hinojosa Campaign   |   |
| Amount (\$)<br>\$100.00   | Payee address; City; State; Zip Code<br>PO Box 300095<br><br>Austin, TX 78703  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/36 Rpt: 39/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>07/25/2025   | <b>5</b> Payee name<br>GoDaddy   |  |
| <b>6</b> Amount (\$)<br>\$13.84                                     | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain hosting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/31/2025  | Payee name<br>GoDaddy  |  |
| Amount (\$)<br>\$22.19  | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain hosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/25/2025  | Payee name<br>GoDaddy  |  |
| Amount (\$)<br>\$13.84  | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/36 Rpt: 40/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>09/25/2025   | <b>5</b> Payee name<br>GoDaddy   |  |
| <b>6</b> Amount (\$)<br>\$13.84                                     | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>09/29/2025  | Candidate/Officeholder name<br>Office sought<br>Office held  |  |
| Payee name<br>GoDaddy   |  |  |
| Amount (\$)<br>\$102.21   | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>10/06/2025  | Candidate/Officeholder name<br>Office sought<br>Office held  |  |
| Payee name<br>GoDaddy   |  |  |
| Amount (\$)<br>\$22.19  | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/36 Rpt: 41/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>10/27/2025   | <b>5</b> Payee name<br>GoDaddy   |  |
| <b>6</b> Amount (\$)<br>\$13.84                                     | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>11/25/2025  | Candidate/Officeholder name Office sought Office held  |  |
| Payee name<br>GoDaddy   |  |  |
| Amount (\$)<br>\$13.84  | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>12/26/2025  | Candidate/Officeholder name Office sought Office held  |  |
| Payee name<br>GoDaddy   |  |  |
| Amount (\$)<br>\$13.84  | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd #219<br><br>Scottsdale, AZ 85260          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/36 Rpt: 42/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>10/27/2025   | <b>5</b> Payee name<br>Irving NAACP  |  |
| <b>6</b> Amount (\$)<br>\$85.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 166253<br><br>Irving, TX 75016   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Freedom Fund Banquet ticket  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/30/2025  | Payee name<br>James Talarico Campaign  |  |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>PO Box 14508<br><br>Austin, TX 78761   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/20/2025  | Payee name<br>Josey Garcia Campaign  |  |
| Amount (\$)<br>\$178.00   | Payee address; City; State; Zip Code<br>PO Box 760578<br><br>San Antonio, TX 78245   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fuerza Latina event expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 16/36 Rpt: 43/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>11/26/2025   | <b>5</b> Payee name<br>La Calle Doce   |   |
| <b>6</b> Amount (\$)<br>\$22.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>415 W Twelfth St<br><br>Dallas, TX 75208        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food at meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/19/2025  | Payee name<br>Lucas Tacos  |   |
| Amount (\$)<br>\$48.70  | Payee address; City; State; Zip Code<br>1150 W Pioneer Dr<br><br>Irving, TX 75061                |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Staff  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/03/2025  | Payee name<br>Luci's Chicken N Rice  |   |
| Amount (\$)<br>\$25.88  | Payee address; City; State; Zip Code<br>1500 W Pioneer Dr<br><br>Irving, TX 75061                |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Staff  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/36 Rpt: 44/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>07/01/2025   | <b>5</b> Payee name<br>MailChimp   |   |
| <b>6</b> Amount (\$)<br>\$191.88                                    | <b>7</b> Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE<br>Suite 5000<br>Atlanta, GA 30308 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |
| Date<br>08/01/2025  | Candidate/Officeholder name  | Office sought   |
| Office held   |  |   |
| Date<br>08/01/2025  | Payee name<br>MailChimp  |   |
| Amount (\$)<br>\$191.88   | Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE<br>Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
| Date<br>09/02/2025  | Candidate/Officeholder name  | Office sought   |
| Office held   |  |   |
| Date<br>09/02/2025  | Payee name<br>MailChimp  |   |
| Amount (\$)<br>\$191.88   | Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE<br>Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
| Date<br>09/02/2025  | Candidate/Officeholder name  | Office sought   |
| Office held   |  |   |
| Date<br>09/02/2025  | Payee name<br>MailChimp  |   |
| Amount (\$)<br>\$191.88   | Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE<br>Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
|   |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/36 Rpt: 45/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>10/01/2025   | <b>5</b> Payee name<br>MailChimp   |   |
| <b>6</b> Amount (\$)<br>\$191.88                                    | <b>7</b> Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE<br>Suite 5000<br>Atlanta, GA 30308 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/03/2025  | Payee name<br>MailChimp  |   |
| Amount (\$)<br>\$191.88   | Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE<br>Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/01/2025  | Payee name<br>MailChimp  |   |
| Amount (\$)<br>\$191.88   | Payee address; City; State; Zip Code<br>675 Ponce de Leon Ave NE<br>Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/36 Rpt: 46/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>09/22/2025   | <b>5</b> Payee name<br>Medrano's Bakery & Salvadoran Food   |   |
| <b>6</b> Amount (\$)<br>\$31.20                                     | <b>7</b> Payee address; City; State; Zip Code<br>3001 W Pioneer Dr<br><br>Irving, TX 75061                |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Volunteers |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/23/2025  | Payee name<br>MetroPCS  |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>510 N O'Connor Rd<br><br>Irving, TX 75061                         |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phone               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/18/2025  | Payee name<br>MetroPCS  |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>510 N O'Connor Rd<br><br>Irving, TX 75061                         |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phone               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/36 Rpt: 47/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>09/17/2025   | <b>5</b> Payee name<br>MetroPCS   |   |
| <b>6</b> Amount (\$)<br>\$40.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>510 N O'Connor Rd<br><br>Irving, TX 75061                |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phone |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>10/17/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>MetroPCS  |   |   |
| Amount (\$)<br>\$30.00  | Payee address; City; State; Zip Code<br>510 N O'Connor Rd<br><br>Irving, TX 75061                         |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phone        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>12/17/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>MetroPCS  |   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>510 N O'Connor Rd<br><br>Irving, TX 75061                         |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phone        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>12/17/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>MetroPCS  |   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>510 N O'Connor Rd<br><br>Irving, TX 75061                         |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Phone        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 21/36 Rpt: 48/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>10/31/2025   | <b>5</b> Payee name<br>Meza, Terry (Rep.)  |   |
| <b>6</b> Amount (\$)<br>\$1,080.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 155076<br><br>Irving, TX 75015   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for Rent |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/23/2025  | Payee name<br>NTTA   |   |
| Amount (\$)<br>\$5.54   | Payee address; City; State; Zip Code<br>5900 W Plano Pkwy<br><br>Plano, TX 75093   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Toll                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/05/2025  | Payee name<br>National Hispanic Caucus of State Legislators  |   |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br>1444 I St NW<br>Suite 900<br>Washington, DC 20005  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dues                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 22/36 Rpt: 49/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649   |
| <b>4</b> Date<br>07/07/2025   | <b>5</b> Payee name<br>National Medal of Honor Museum  |  |
| <b>6</b> Amount (\$)<br>\$13.50                                     | <b>7</b> Payee address; City; State; Zip Code<br>1861 AT&T Way<br><br>Arlington, TX 76011      |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Admission  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/29/2025  | Payee name<br>Omni Las Colinas Hotel   |  |
| Amount (\$)<br>\$10.83  | Payee address; City; State; Zip Code<br>221 Las Colinas Blvd E<br><br>Irving, TX 75039         |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/22/2025  | Payee name<br>Pressable  |  |
| Amount (\$)<br>\$16.00  | Payee address; City; State; Zip Code<br>110 E Houston St F8<br><br>San Antonio, TX 78205       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Webhosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 23/36 Rpt: 50/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>08/22/2025   | <b>5</b> Payee name<br>Pressable  |   |
| <b>6</b> Amount (\$)<br>\$16.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>110 E Houston St F8<br><br>San Antonio, TX 78205 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Wes hosting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>09/22/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>Pressable   |   |   |
| Amount (\$)<br>\$16.00  | Payee address; City; State; Zip Code<br>110 E Houston St F8<br><br>San Antonio, TX 78205          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web Hosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>10/22/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>Pressable   |   |   |
| Amount (\$)<br>\$16.00  | Payee address; City; State; Zip Code<br>110 E Houston St F8<br><br>San Antonio, TX 78205          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web Hosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>10/22/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>Pressable   |   |   |
| Amount (\$)<br>\$16.00  | Payee address; City; State; Zip Code<br>110 E Houston St F8<br><br>San Antonio, TX 78205          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web Hosting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 24/36 Rpt: 51/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>11/24/2025   | <b>5</b> Payee name<br>Pressable  |   |
| <b>6</b> Amount (\$)<br>\$16.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>110 E Houston St F8<br><br>San Antonio, TX 78205 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web hosting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>12/22/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>Pressable   |   |   |
| Amount (\$)<br>\$16.00  | Payee address; City; State; Zip Code<br>110 E Houston St F8<br><br>San Antonio, TX 78205          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web hosting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>07/07/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
|   |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 25/36 Rpt: 52/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>07/17/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$60.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>07/22/2025  | Candidate/Officeholder name   | Office sought   |
| Payee name<br>QuickTrip   | Office held   |   |
| Amount (\$)<br>\$30.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>07/25/2025  | Candidate/Officeholder name   | Office sought   |
| Payee name<br>QuickTrip   | Office held   |   |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
|   |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 26/36 Rpt: 53/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>07/30/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$50.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>08/04/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$60.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>08/20/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>08/20/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 27/36 Rpt: 54/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>08/25/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$50.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>08/29/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$30.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>09/03/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$30.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 28/36 Rpt: 55/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>09/05/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$30.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>09/12/2025  | Candidate/Officeholder name   | Office sought   |
| Payee name<br>QuickTrip   | Office held   |   |
| Amount (\$)<br>\$20.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>09/17/2025  | Candidate/Officeholder name   | Office sought   |
| Payee name<br>QuickTrip   | Office held   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
|   |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 29/36 Rpt: 56/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>09/22/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$50.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/02/2025  | Payee name<br>QuickTrip   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/07/2025  | Payee name<br>QuickTrip   |   |
| Amount (\$)<br>\$20.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 30/36 Rpt: 57/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>10/14/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$45.03                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/21/2025  | Payee name<br>QuickTrip   |   |
| Amount (\$)<br>\$60.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/27/2025  | Payee name<br>QuickTrip   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 31/36 Rpt: 58/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>11/03/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$50.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>11/13/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>11/20/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$30.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 32/36 Rpt: 59/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>12/01/2025   | <b>5</b> Payee name<br>QuickTrip  |   |
| <b>6</b> Amount (\$)<br>\$40.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>12/09/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>12/22/2025  | Candidate/Officeholder name Office sought Office held   |   |
| Payee name<br>QuickTrip   |   |   |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>2350 S New Rd.<br><br>Waco, TX 76711                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 33/36 Rpt: 60/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>09/29/2025   | <b>5</b> Payee name<br>Red Lobster   |   |
| <b>6</b> Amount (\$)<br>\$32.45                                     | <b>7</b> Payee address; City; State; Zip Code<br>4205 W Airport Fwy<br><br>Irving, TX 75062      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Volunteers |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/09/2025  | Payee name<br>Rodeo Goat   |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>333 E Division St<br><br>Arlington, TX 76011             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Volunteers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/27/2025  | Payee name<br>San Antonio Marriott   |   |
| Amount (\$)<br>\$282.08   | Payee address; City; State; Zip Code<br>3233 Northwest Loop 410<br><br>San Antonio, TX 78213     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel stay          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 34/36 Rpt: 61/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>07/07/2025   | <b>5</b> Payee name<br>Stoney Ridge Apartments  |   |
| <b>6</b> Amount (\$)<br>\$97.39                                     | <b>7</b> Payee address; City; State; Zip Code<br>3200 S 1st St<br><br>Austin, TX 78704            |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Rent |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/29/2025  | Payee name<br>Stoney Ridge Apartments   |   |
| Amount (\$)<br>\$290.00   | Payee address; City; State; Zip Code<br>3200 S 1st St<br><br>Austin, TX 78704                     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/14/2025  | Payee name<br>TEJANO DEMOCRATS  |   |
| Amount (\$)<br>\$50.00  | Payee address; City; State; Zip Code<br>3330 N Galloway Ave<br><br>MESQUITE, TX 75150             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Convention      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 35/36 Rpt: 62/66          | <b>2</b> FILER NAME<br>Meza, Thresa A. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069649  |
| <b>4</b> Date<br>12/01/2025   | <b>5</b> Payee name<br>Tarrant County Democratic Party   |   |
| <b>6</b> Amount (\$)<br>\$1,250.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>685 John B Sias Memorial Pkwy<br>#400<br>Fort Worth, TX 76134   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation of filing fee for Gabe Rivas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/01/2025  | Payee name<br>Texas Lobby Guide  |   |
| Amount (\$)<br>\$54.13  | Payee address; City; State; Zip Code<br>P.O. Box 461753<br><br>San Antonio, TX 78246   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription                          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/13/2025  | Payee name<br>The Westin Dallas Park Central   |   |
| Amount (\$)<br>\$21.00  | Payee address; City; State; Zip Code<br>12720 Merit Dr<br><br>Dallas, TX 75251   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 36/36 Rpt: 63/66          | 2 FILER NAME<br>Meza, Thresa A. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00069649  |
| 4 Date<br>08/18/2025   | 5 Payee name<br>Tio Carlos Mex-Latin Grill  |  |
| 6 Amount (\$)<br>\$527.85                                    | 7 Payee address; City; State; Zip Code<br>2742 N O'Connor Rd<br>Suite # 104<br>Irving, TX 75062 |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Kickoff Reception |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:  
Sch: 1/1 Rpt: 64/66

2 FILER NAME

Meza, Thresa A. (The Honorable)

3 Filer ID (Ethics Commission Filers)

00069649

4 Date

09/16/2025

5 Name of person from whom investment is purchased

Frost Bank

6 Address of person from whom investment is purchased; City; State; Zip Code

2710 Beltline Rd Ste #100

Irving, TX 75062

7 Description of investment

Certificate of Deposit

8 Amount of investment (\$)

50,000.00



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

SCHEDULE K

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule K:<br>Sch: 1/2 Rpt: 65/66  |
| 2 FILER NAME<br>Meza, Thresa A. (The Honorable)           |   | 3 Filer ID (Ethics Commission Filers)<br>00069649 |
| 4 Date<br>07/23/2025                                      | 5 Name of person from whom amount is received<br>Frost Bank   | 8 Amount (\$)<br>\$2.01                           |
|   | 6 Address of person from whom amount is received; City; State; Zip Code<br><br>Irving, TX 75062                               |   |
|   | 7 Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer |   |
| Date<br>08/22/2025  | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$2.03                             |
|   | Address of person from whom amount is received; City; State; Zip Code<br><br>Irving, TX 75062                                 |   |
|   | Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer   |   |
| Date<br>09/23/2025  | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$2.96                             |
|   | Address of person from whom amount is received; City; State; Zip Code<br><br>Irving, TX 75062                                 |   |
|   | Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer   |   |
| Date<br>10/23/2025  | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$1.05                             |
|   | Address of person from whom amount is received; City; State; Zip Code<br><br>Irving, TX 75062                                 |   |
|   | Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer   |   |
| Date<br>11/25/2025  | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$1.08                             |
|   | Address of person from whom amount is received; City; State; Zip Code<br><br>Irving, TX 75062                                 |   |
|   | Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer   |   |

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 66/66

2 FILER NAME

Meza, Thresa A. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00069649

4 Date

12/22/2025

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

\$0.70

6 Address of person from whom amount is received; City; State; Zip Code

Irving, TX 75062

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer