CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	· · · · · · · · · · · · · · · · · · ·		
The C/OH Instruction		ACCOUNT # Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS MP FIRST	MI	OFFICE USE ONLY
NAME	JASON NICKNAME LAST		Date Received
	Meeker	SUFFIX	AUS:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	POBOX 201802 Austin	STATE; ZIP CODE TX 78720	Date Hand-delivered or Postmark (1)
change of address		,	Receipt # DumoumD 2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 982-0501	EXTENSION	Date Processed RR
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST ALLAH NICKNAME LAST ME MURTRY	MI E, SUFFIX	Date I maged
7 CAMPAIGN TREASURER ADDRESS (residence or business)		CITY: STATE: PARKWAY ANSTIN TO	ZIPCODE EXAS 78757
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 452-9765	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	✓ July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 7014
11 ELECTION	ELECTION DATE Month Day Year Primary Primary	Runaff	Seneral Special
12 OFFICE	1	OFFICE SOUGHT (if known) City Cou	ncil Place 10
	GO TO PAGE 2		

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

FORM C/OH COVER SHEET PG 2

				<u>. </u>
14 C/OH NAME	JASON	Meekea	15 ACC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLE COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPLY CANDIDATE'S OR OFFICEHOLDER'S KNOWLE COMMITTEE(S)				
	COMMITTEE TYPE	COMMITTEE NAME		,
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LE SS, LOANS, OR GUARANTEES OF LOANS),		\$ 1,100
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 10,550
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LES	SS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES		\$ 3,267.04
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED A DRTING PERIOD	S OF THE LAST DAY	\$ 10,550
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING AY OF THE REPORTING PERIOD	LOANS AS OF THE	\$ 3,267,04
18 AFFIDAVIT			t and includes all inform	r, that the accompanying report ation required to be reported by
AFFIX NOTARY STAM		Tream	Meeker	
Sworn to and subs	T 1	116		, this the
Juna H.	nistering oath	Printed name of officer administrative	Notary Public, State	e of Texas (
www.ethics.state.tx.us			My Commission March 28, 2	Expires

(K=

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sanedule A:
FILER NAME	JASON Meeker	3 ACCOUNT# (Ethics Commission Filers)
Date	Thomas & Edna Mast	7 Amount of contribution (\$) description (if applicable
6-23-201	6 Contributor address, City; State; Zip Code 5714 PAINTED VALLEY	35.00
	Austin, TX 78759	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) 10 Employer (S	
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable
5-23-2014	Contributor address; City; State: Zip Code 4003 GREYSTONE DR	50.00
	Austin, TX 78731	(If travel outside of Texas, complete Schedule T)
Principal occupa	Alice Clab (A) (C)	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable
-23-2014	Contributor address: City: State: Zip Code 1816 TREAdwell 5T	350.00
Dein eine I	Austin, TX 7870	(If travel outside of Texas, complete Schedule T)
Filincipal occupa	tion / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor. Out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable
-23-2014	Contributor address: City: State: Zip Code 6505 RAIN CREEK PKWY	100.00
Delania	Austin, TX 78750	(if travel outside of Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions) Employer (Se	ee Instructions)
	Full name of contributor ut-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
73-7014	JAMES & KATY DUNCAN	contribution (\$) description (if applicable)
-33-3014	JAMES & KATY DUNCAN Contributor address; City: State: Zip Code 360 Nueces ST, Apt 2701	700.00
-33-2014	JAMES & KATY DUNCAN Contributor address: City: State: Zip Code 360 Nueces ST, Apt 2701 Austin, TX 78701	

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	JASON Meeker	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC(ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable
6-23-14	10207 DAUSA)170 WR	350.00
Principal and	Hustin, TX 78759	(If travel outside of Texas, complete Schedule T)
	pation / Job title (See Instructions) 10 Employer (See	Instructions)
Date	Full name of contributor Dul-of-state PAC (ID#:)	Amount of In-kind contribution
6-23-14	JAMES JACK	contribution (\$) description (if applicable)
6-6-	Contributor address; City; State: Zip Code 7008 B RAbb Glew	350.DD
	· Austin TX 78704	
Principal occup	pation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date	Full name of contributor ut-of-state PAC (ID#:	Amount of In-kind contribution
2-14	Dong Young	Amount of In-kind contribution contribution (\$) description (if applicable)
6-73-14	Contributor address: City: State; Zip Code 2904 KASSARINE PASS	200.00
	Austin, TX 78704	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor	Amount of In-kind contribution
6-23-14	ANNEMARIE ME CRACKEN Contributor address: City; State: Zip Code	contribution (\$) description (if applicable)
7 *	6520 Comanche Da	50.00
	Chevenne, WY 87.009	(If travel outside of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
3-23-14	Jim & Shirley Meeter	Amount of In-kind contribution contribution (\$) description (if applicable)
,- /, -	Contributor address: City: State: Zip Code	500.00
	Humble, TX 77396	
Principal occup	ation / Job title (See Instructions) Employer (See In	(If travel outside of Texas, complete Schedule T) instructions)

2 FILER NAME 4 Date 6-23-14	JASON Meeker	1 Total pages Sch	7/14/
4 Date	JASON Mecker	3 4000	3/ / /
		ACCOUNT # (E	thics Commission Filers)
6-4-	5 Full name of contributor Out-of-state PAC (ID#: DURWARD ME CRACKEN	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City, State; Zip Code 6403 Edin No Rough	100,00	[
	SAN ANTONIO, TX T82.	38	of Texas, complete Schedule T
9 Principal occup	pation / Job title (See Instructions) 10 Employer (S	See Instructions)	or rexas, complete scrieduje
Date	Full name of contributor	Amount of	In-kind contribution
6.23-14	Bob Conkright	contribution (\$)	description (if applicab
P. V.	Contributor address: City: State: Zip Code	40.00	<u> </u>
	Austin, TX 78759	/If tenual autoids	
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)	of Texas, complete Schedule T
Date	Full name of contributor out-of-state PAC (IC#) Amount of	In-kind contribution
6-23-14	Contributor address: City: State: Zip Code 10306 QUAI VALLEY Blvd	contribution (\$)	description (if applicab
<i>b</i> .	to or a definity by the	50.00	 -
<u>_</u>	Austin, TX 78758	(If travel outside o	of Texas, complete Schedule T
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)	
Date 1	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicabl
6-30-14	Contributor address; City; State; Zip Code 6207 AVERY IS/AND AVE	25.00	
	Austin, TX 78727		
Principal occupa	ation / Job title /See Jest-self-self-self-self-self-self-self-self	(If travel outside of ee Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	le bied easyly at
6-30-14	Hope MORRISON	contribution (\$)	In-kind contribution description (if applicable
6	Contributor address: City State: Zip Code 8109 ASMARA DR	100.00	
	Austin Tx 78750		
Principal occupa	tion / Joh title (Can Inches)	(if travel outside of se Instructions)	Texas, complete Schedule T)

SCHEDULE A

	Instruction Guide explains how to complete the	nis form.	1 Total pages Sch	nedyłe A:
2 FILER NAME	JASON Meeker		3 ACCOUNT # (E	thics Commission Filers)
4 Date 6-30-14	PON CLINCHY		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6-7	1409 Belliver Ave		50.00	!
9 Principal occu	Austin, T			of Texas, complete Schedule T)
J Timelpar occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
6-30-14	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6	7804 GANIT ST		50.00	
	Austin, TX	78757	(If traval outside o	of Tours
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
6-30-14	Tom FORNOFF Contributor address: City: State: Zin Code		contribution (\$)	description (if applicable)
<i>b.</i> •	2601 BRIDLE PATH		350.00	
	Austin, Tx	18 103	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date 6-30-14	Full name of contributor cut-of-state PAC (ID#: Kim HAMMONA Contributor address City State _ 7 in Contributor Contributor City State _ 7 in Contributor City State City		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-1	Contributor address: City, State: Zip Code 5711 Glade Will DR		250.00	
	Kinewood,	TX 77345	/if travel outside of	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	r rexas, complete schedule 1)
6-30-14	Full name of contributor out-of-state PAC (ID#)	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-0	Contributor address: City: State: Zip Code 24262 TAhoe Ct		75.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of nstructions)	Texas, complete Schedule T)
·				
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	3

SCHEDULE A

The	Instruction Guide explains how to complete this fo	orm. 1 Total pages Sci	nedule A: 5/14
! FILER NAME	JASON Mecken	3 ACCOUNT # (E	Ethics Commission Filers)
_30-14	5 Full name of contributor Out-of-state PAC (ID# BROOKS	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
,30	6 Contributor address; City: State; Zip Code	50.00	!
Principal occup	Austin, TX pation / Job title (See Instructions)	79704 (If travel outside	of Texas, complete Schedule T)
	adott / 300 tide (See instructions) 10	Employer (See Instructions)	
Date 3D - 14	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
- 7 ^y	Contributor address: City; State; Zip Code 5710 PRINTED VALLEY &		i
Principal occupa	ation / Job title (See Instructions)		of Texas, complete Schedule T)
		Employer (See Instructions)	
30-14	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address, City: State: Zip Code 1424 No. 57+k 5+	50.00	
Principal popular	Milwaukee, WI		of Texas, complete Schedule T)
- ппыраг оссира	ation / Job title (See Instructions)	Employer (See Instructions)	
-30-14	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City: State; Zip Code 1424 No 57th 5	50.00	
Principal occupa	Milwaukee, W.		f Texas, complete Schedule T)
		Employer (See Instructions)	
-30-14	Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address City: State: Zip Code		
Principal occupat	Johnson City Titon / Job title (See Instructions)		Texas, complete Schedule T)
•	ion / oob tide (ood madactions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Sharp Isly the Contributor address; City, State; Zip Code RROB Brig Adoun Cove Audin TX 78750 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address, City, State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address, City, State; Zip Code Audin TX 78731 (If travel outside of Texas, complete Schedule: Employer (See Instructions) Date Full name of contributor Contributor address, City, State; Zip Code Audin TX 78731 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Employer (See Instructions) Date Full name of contributor Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address, City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address. City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address. City, State; Zip Code Audin TX 78703 (If travel outside of Texas, complete Schedule: Contributor address. City, State; Zip Code Audin TX 78703 (If travel outside of Texas	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	ledule A: //4
Sharon Bly the 6 Contributor address. City. State: Zip Code 9706 Bright Adon Cove Audin TX 78750 (If ravel outside of Texas, complete Schedule 100,00 Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Ontributor address: City: State: Zip Code Amount of Contributor (3) Amount of Contributor (3) In-kind contribution Contribution (3) In-kind contribution Contribution (3) In-kind contributor Contributor In-kind contributor Contributor In-kind contributor Contributor In-kin	FILER NAME	JASON Meeter		3 ACCOUNT # (E	thics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address. City: State: Zip Code 386 Nucces April April April April April Contribution (I applications) Date Full name of contributor Contributor address. City: State: Zip Code 386 Nucces April April Code Contributor address. City: State: Zip Code 386 Nucces April April Code Contributor address. City: State: Zip Code 386 Nucces April April Code Contributor address. City: State: Zip Code 386 Nucces April April Code Contributor address. City: State: Zip Code 387 Nucces April April Code Contributor Contributor					8 In-kind contribution description (if applicab
Principal occupation / Job title (See Instructions) Date Full name of contributor Ontributor address; City: State: Zip Code HODS GREWSTONE DR Apt 2701 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code HODS GREWSTONE DR Apt 2701 Full name of contributor Ontributor address; City: State: Zip Code Date Full name of contributor Contributor address; City: State: Zip Code Awath IX TRADI (If travel outside of Texas, complete Schedule: Contributor address; City: State: Zip Code Awath IX TRADI Contributor address; City: State: Zip Code Arount of Contributor Contributor address; City: State: Zip Code Arount of Contributor Contributor address; City: State: Zip Code Arount of Contributor (if applicated to Texas, complete Schedule: Full name of contributor Contributor address; City: State: Zip Code Arount of Contribution (if applicated to Texas, complete Schedule: Contributor address: City: State: Zip Code Arount of Contribution (if applicated to Texas, complete Schedule: Full name of contributor Contributor address: City: State: Zip Code Arount of Contribution (if applicated to Texas, complete Schedule: Full name of contributor Contributor address: City: State: Zip Code Arount of Contribution (if applicated to Texas, complete Schedule: Full name of contributor Contributor address: City: State: Zip Code Arount of Contribution (if applicated to Texas, complete Schedule: Arount of Contributor (if applicated to Texas, complete Schedule: Full name of contributor Contributor address: City: State: Zip Code Arount of Contribution (if applicated to Texas, complete Schedule: Contributor address: City: State: Zip Code Arount of Contributor (if applicated to Texas, complete Schedule: Contributor address: City: State: Zip Code Arount of Contributor (if applicated to Texas, complete Schedule: Contributor address: City: State: Zip Code Arount of Contributor (if applicated to Texas, complete Schedule: City: State: Zip	, 70°	6 Contributor address; City; State; Zip Code 9806 BRISAGON COV	e	100.00	
Date Full name of contributor out-of-state PAC(DM Amount of contribution (s) In-kind contribution (s)	Principal occur	option / leb title (O			of Texas, complete Schedule 1
Amount of contribution (s) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address. City: State: Zip Code Austin, TX 78731 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address. City: State: Zip Code 350.00 Amount of contribution (s) Contributor address. City: State: Zip Code 3405 Dorman Name Contributor (s) Contributor (s) Contributor address. City: State: Zip Code 3405 Dorman Name Contributor (s) Contributor (s		Selection of the Cope managements)	10 Employer (See i	instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address. City: State: Zip Code 340 Austria Contributor out-of-state PAC(IDM: Amount of contribution (S) Contributor address: City: State: Zip Code 340 DR MARTIN Contributor address: City: State: Zip Code 340 DR MARTIN Contributor address: City: State: Zip Code 340 DR MARTIN Contributor address: City: State: PAC(IDM: Amount of contribution (S) Contributor address: City: State: Zip Code 340 DR MARTIN Contributor address: City: State: PAC(IDM: Amount of contribution (S) Contributor address: City: State: Zip Code 340 DR MARTIN Contributor Out-of-state PAC(IDM: Amount of contribution (S) Contributor address: City: State: Zip Code 340 DR MARTIN Amount of contributor Out-of-state PAC(IDM: Amount of contribution (S) Contributor address: City: State: Zip Code 340 DR MARTIN Amount of contribution (S) Amount of contribution (S) Contributor address: City: State: Zip Code 340 DR MARTIN Amount of contribution (S) Amount of contribution (S) Contributor address: City: State: Zip Code 340 DR MARTIN Amount of contribution (S) Amount of contribution (S) Contribution (S) Contribution (S) Contributor (S) Co		Full name of contributor out-of-state PAC (ID#:		,	In-kind contribution description (if applicab
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if applicated for the following forms of the first of the following forms of the first of the f	1901P	The state of the s	Apt 2701	50.00	Duplica
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if applicated to the contribution (\$) description		· Austin, TX:	78731		
Contributor address: City: State: Zip Code 350.00 Duplicat Contributor address: City: State: Zip Code 350.00 Duplicat Amount of contributor Contributor Amount of contributor Contributor Oul-of-state PAC (IDS) Contributor address: City: State: Zip Code 350.00 Contributor Oul-of-state PAC (IDS) Contributor address: City: State: Zip Code 350.00 Contributor address: City: State: Zip Code AMOUNT of Contributor Amount of contribution (\$) Contributor address: City: State: Zip Code AMOUNT of Contribution (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code AMOUNT of Contributor (\$) Contributor address: City: State: Zip Code Contributor (\$) Contrib	Principal occup		Employer (See I.	(If travel outside of nstructions)	f Texas, complete Schedule T
Contributor address: City: State; Zip Code Austral TX T9701 Contributor address: City: State; Zip Code Austral TX T9701 Contributor address: City: State; Zip Code Austral TX T9701 (If travel outside of Texas, complete Schedule: Contributor (fi applicate: City: State: Zip Code A 405 DORMARION LAX Contributor Address: City: State: Zip Code A 405 DORMARION LAX Contributor Address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: State: Zip Code A 405 DORMARION LAX Contributor address: City: A 405 DORMARION LAX Contributor address: City: A 405 DORMARION LAX Contributor address: City:	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	la kind contribution
Austin TX T8701 Contributor address: City: State: Zip Code Austin TX T8703 Full name of contributor Out-of-state PAC (ID# Amount of contribution (If travel outside of Texas, complete Schedule Texas, contribution (In-kind contribution (In	pois	Contributor address, City: State; Zip Code			description (if applicab
Full name of contributor out-of-state PAC (ID#: 30-14	!	7 / C . Al	701	350.00	Duplica
Full name of contributor out-of-state PAC (ID#: 30-14		Austin IX	J8701	If second outside o	
Amount of contribution (if applicable contribution (if app	rincipal occup	ation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T
Contributor address: City: State: Zip Code 3405 DORMARION LA Principal occupation / Job title (See Instructions) Full name of contributor ANATIN Contributor address: City: State: Zip Code The state PAC(ID#	Date	Full name of contributor		Amount of	In-kind contribution
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Amount of contribution (if applicable and the part of the pa	30-14	GARRETT MARTIN Contributor address; City: State: Zip Code		contribution (\$)	description (if applicab
Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution description (if applicable 2405 DOAMARION Low AUSTIN, TX 78703 (If travel outside of Texas, complete Schedule T		1909 DORMARION L	70703	350.00	
Amount of Contribution (\$) Alustin, TX 78703 Amount of Contribution (\$) Amount of C	Principal occupa		Fmployer (See In	(If travel outside of astructions)	Texes, complete Schedule T)
Alustin, TX 78703 (If travel outside of Texas, complete Schedule T	Date	Full name of contributor out-of-state PAC (/D#		Amount of	
A409 BORMARION LON 350.00 AUSTIN, TX 78703 (If travel outside of Texas, complete Schedule T	-30-14	Alussa Martin Contributor address; City: State: Zip Code			In-kind contribution description (if applicable
FINSIN, X 16/D3 (If travel outside of Texas, complete Schedule T			N -	350.DD	
Employer (See Instructions)	r e	AUSIIN IX	7/57 かる [()5 4	7

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOAN	IS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sc	A //W
FILER NAME	Jason Meeker	3 ACCOUNT # (I	Ethics Commission Filers)
6-30-14	5 Full name of contributor out-of-state PAC (ID#: CINDY FISHER 6 Contributor address; City; State; Zip Code 1912 VAILESO ST	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
ь	1812 VAllejo St Austin, TX 787	7.50.0D	!
Principal occur	action that the contract of	oyer (See Instructions)	of Texas, complete Schedule T)
6-30-14	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable
6.30	DIOU AMBERIA PIACE	50.00	
Principal occup	eation / Job title (See Instructions) Employee	(If travel outside oper (See Instructions)	of Texas, complete Schedule T)
Date 6-30-14	Full name of contributor out-of-state PAC (1D#	Amount of contribution (\$)	In-kind contribution description`(if applicable
6-20	6909 Jester Wild Dy	750.00	
Principal occup	Austin, TX 787	(If travel outside oper (See Instructions)	of Texas, complete Schedule T)
6-30-14	Full name of contributor out-of-state PAC (ID# Elisha Moore Contributor address; City; State; Zip Code 1217 W 54 Johns Ave	Amount of contribution (\$)	In-kind contribution description (if applicable)
b	· 11	350.00	
Principal occupa	HUSTIN, IX 787	(If travel outside o	Texas, complete Schedule T)
		ŕ	
6-30-14	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)	In-kind contribution description (if applicable)
6	Contributor address; City; State; Zip Code	100.00	
Principal accupa	Austin, TX 787;	(If travel outside of yer (See Instructions)	Texas, complete Schedule T)
Timespar occupa			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	instruction Guide explains how to complete t	his form.	1 Total pages Sch	nedule/A:
FILER NAME	JASON Meeker		3 ACCOUNT # (E	ithics Commission Filers)
6-30-14	5 Full name of contributor Out-of-stale PAC (ID)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	6 Contributor address; City; State: Zip Cool 12402 Coppenfield		10.00	
Principal occup	Austin, T) pation / Job title (See Instructions)	78753	(If travel outside	of Texas, complete Schedule T)
		10 Employer (See	Instructions)	
6-30-14	Full name of contributor out-of-state PAC (ID# PATAICIA Seegen Contributor address: City: State: Zip Cod 6705 Winter berry		Amount of contribution (\$)	In-kind contribution description (if applicable
	6705 Winterberry		100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See	(If travel outside o	f Texas, complete Schedule T)
		Employer (See	instructions)	
6-30-14	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6	1112 W. 472 ST		350,00	
Principal	Austin, To	18703	(If travel outside o	f Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date 6-30-14	Full name of contributor out-of-state PAC (ID#) TIM HAY DEN Contributor address: City: State: Zip Code 670 2 HARAY DR		Amount of contribution (\$)	In-kind contribution description (if applicable)
			100.00	
Principal occupa	tion / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
		Employer (See I	instructions)	
Date 7-30-14	Full name of contributor out-of-state PAC (ID#: Allan MS Mux Try Contributor address: City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	5901 CAAY Dy		350.00	
Principal occupat	Austin, TX tion / Job title (See Instructions)	78757	(If travel outside of	Texas, complete Schedule T)
, and a sample	and (obe manucuous)	Employer (See In	nstructions)	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298) SCHEDULE A
	THAN PLEDGES OR LUA	NS		GONEDOLE A
	instruction Guide explains how to complete th	ls form.	1 Total pages Scr	neddle A:
2 FILER NAME	JASON Meeker		3 ACCOUNT # (E	thics Commission Filers)
6-30-14	5 Full name of contributor Out-of-state PAC(ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0	275 SO DAKIAND #10		100.00	
9 Principal occup	PASAGENA, Contractions / Job title (See Instructions)	A 9101 10 Employer (See	(If travel outside	of Texas, complete Schedule T)
Date		To Employer (38e	instructions)	
6-30-14	John B. Stokes		Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9</i>	1106 reacotul Hill L	N	100.00	
Principal occup	ation / Job title (See Instructions)		(If travel outside o	f Texas, complete Schedule T)
	addity sob title (see instructions)	Employer (See I	nstructions)	
Date 6-3D-14	Full name of contributor out-of-slate PAC (ID#:_ Charles Walton		Amount of contribution (\$)	In-kind contribution description (if applicable)
p. 50	Contributor address: Gity: State: Zip Code		100.00	
	Austin, TX	78704	(If travel outside o	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		onipiete defiedate 1)
6-30-14	Full name of contributor out-of-state PAC (ID#_ CARRIE Weitert		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-7	CARRIE Weikert Contributor address: City State Zip Code 11003 GRAPEVINE L	-k)	75.00	
Principal occupa	tion / Job title (See Instructions)	78759 Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor	1	Amount of	In-kind contribution
6-30-14	SWANNON Schulz Contributor address: City: State; Zip Code		contribution (\$)	description (if applicable)
	6200 Quail Hollow Austin TX	78750	100.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See In:	(If travel outside of structions)	Texas, complete Schedule T)
if co	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE A	S NEEDED	aguirements

SCHEDULE A

	e instruction Guide explains how to complete this form.	1 Total pages Sch	nedule A:
FILER NAME	M k - 0	3 ACCOUNT # (F	Ethics Commission Filers)
	JASON Meeken	- 11000m = (a	tines Commission Filers)
Date	5 Full name of contributor) 7 Amount of	8 In-kind contribution
6.30-14	FRANK B FALKSTEIN	contribution (\$)	description (if applicable
6.7	6 Contributor address; City; State; Zip Code 6104 AMDERIY PI	100.00	
Principal occi	Austin, TX 78759		of Texas, complete Schedule T)
	10 Employer (See	e Instructions)	
Date	Full name of contributor	J Amount of	In-kind contribution
6-30-14	MARY WRIGHT	contribution (\$)	In-kind contribution description (if applicable
7	Contributor address; City: State; Zip Code 5710 PAINTED VAILEY DR	350.00	
Principal occur	nation / lob title (See lettre stier)	(If travel outside o	of Texas, complete Schedule T)
Pinicipal Cocc	pation / Job title (See Instructions) Employer (See	∍ Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-kind contribution
30-14	DON WADE	contribution (\$)	description' (if applicable
7	Contributor address: City: State: Zip Code 806 Kemp Hills DR	35.00	 -
Principal occu	Pation / Job title (See Instructions) Employer (See		 of Texas, complete Schedule T)
r Inicipal 0000	pation / Job title (See Instructions) Employer (See		
Date	Full name of contributor	Amount of	In-kind contribution
6-30-19	TROY BRUANT Contributor address: City State Zio Code	contribution (\$)	description (if applicable
•	Contributor address; City; State; Zip Code 11606 D-K RANCH	25.00	
	Austin, TX78759	/If travel outside o	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	f Texas, complete Schedule T)
Date	Full come of postals are		
Date .	Full name of contributor Out-of-state PAC(ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
20-14		•	
5-30-14	Contributor address; City; State; Zip Code 6417 YAUPON DA	50.00	
5-30-14	Contributor address: City; State; Zip Code 6417 YANPON DA Austin, TX 78759 Pation / Job title (See Instructions) Employer (See		f Texas, complete Schedule T)

P.O. Box 12070

SCHEDULE A

The	e Instruction Guide explains how to complete this form.	1 Total pages Sc	hedule A:
FILER NAME	JASON Meeter	3 ACCOUNT# (Ethics Commission Filers)
Date 5-30-14	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
, , , ,	DOG STONE WALL LA	50.00	1 1
Principal occu	pation / Job title (See Instructions) Aug TiN, TX 78746 10 Employer		of Texas, complete Schedule T)
	10 Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of	In-kind contribution
30-14	Lisa Kirsch	contribution (\$)	description (if applicable
, " "	WIND THINCKIORN EN	50.00	
	Austin, TX 78700	(If travel outside	of Texas, complete Schedule T)
Principal occup		(See Instructions)	iexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	
-30-14	BRAD Rockwell Contributor address: City: State: Zip Code 1910 Fageware DR	contribution (\$)	In-kind contribution description (if applicable
		100.00	
	Austin, TX 7870	(If travel outside o	Texas, complete Schedule T)
Principal occup	nation / lob title /Con Instruction -	See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of	In-kind contribution
-30-14	STAKAREN SIRONI	contribution (\$)	description (if applicable
	Contributor address: City: State: Zip Code 6402 Ced Ro Cove	100.00	
	Austin, TX 78731	(If travel outside o	f Texas, complete Schedule T)
Principal occup	SHOP / Joh Nitle (Can Industry)	See Instructions)	rickas, complete schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of	In this description
30-14	Jenni Fer Taylor	contribution (\$)	In-kind contribution description (if applicable
	Contributor address: City: State: Zip Code 14812 AVERY RANCH Bound Apt	73 75.00	
	Austin, TX 78717	/If tenuel autota	•
Principal occupa	ation / Joh title /See Instruction	(if travel outside of See Instructions)	f Texas, complete Schedule T)

SCHEDULE A

The	Instruction Guide explains how to complete thi		1 Total pages Sc	nedule A
2 FILER NAME	motion Guide explains now to complete thi	s form,	12/	W
	JASON Meeter	•	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
6-30-14	JANET Schneider		contribution (\$)	description (if applicable)
6	6 Contributor address; City: State; Zio Code 8413 ASMARA DR		40.00] [
9 Principal occui	Austin, T) pation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
		10 Employer (See	Instructions)	
Date ル	Full name of contributor oul-of-state PAC (ID#:		Amount of	In-kind contribution
6-30-14	KATHY HANSON CORRE	A	contribution (\$)	description (if applicable)
V	1809 GAUTT ST		50.00	
	Austin, Tx	78757		
Principal occup	ation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
			naudelloris)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	
6-30-14	Theophilus Ulmen		contribution (\$)	In-kind contribution description (if applicable)
Ь	Contributor address; City; State; Zip Code		50.00	
Dalasia - I	Austin, TX	78704	(If trave) outside o	f Texas, complete Schedule T)
Enncipal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	
6-30-14	Peter Balinas Contributor address: City: State: Zip Code 7711 O CONNOR DR #1		contribution (\$)	In-kind contribution description (if applicable)
6	7711 O CONNOR DR #	169	50.00	
	Round Rock, T	X 78681		
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of istructions)	Texas, complete Schedule T)
Date	Full name of contributor Dut-of-state PAC#D#			
6-30-14	JASON FRANZ		Amount of contribution (\$)	In-kind contribution description (if applicable)
6	Contributor address: City; State; Zip Code 6803 Rust II'NG DAKS	TRI	350.00	
Principal	Austin, Tx	78759	(If travel outside of	Texas, complete Schedule T)
e inicipal occupa	tion / Job title (See Instructions)	Employer (See In	structions)	
			<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	Austin, Texas 78711-2070 Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
	CAL CONTRIBUTIONS		
OTHER	R THAN PLEDGES OR LOANS		SCHEDULE A
	e Instruction Guide explains how to complete this form.	1 Total pages Sch	redule A:
2 FILER NAME	JASON Meeter	3 ACCOUNT # (E	thics Commission Filers)
4 Date 6-30-14	5 Full name of contributor Out-of-state PAC(ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6-30	6 Contributor address; City; State: Zip Code 7609 Lightfoot TRAil	75.0D	<u> </u> -
Principal occur	Austin, TX 78745	(If travel outside o	 of Texas, complete Schedule T)
	pation / Job title (See Instructions) 10 Employer (See	Instructions)	
Date 14	JASON Shepherd	Amount of contribution (\$)	In-kind contribution description (if applicable)
	103 F MIVERSIDE UK	100.00	
Principal occur	Austin, TX 78704	(If travel outside o	f Texas, complete Schedule T)
- Trincipal occup	pation / Job title (See Instructions) Employer (See	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
6-30-14	William Bunch	contribution (\$)	description (if applicable)
0	Contributor address; City; State: Zip Code	700.00	
	Austin TX 78704	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor Dut-of-state PAC (ID#:	Amount of	In-kind contribution
30-14	Bevery Hoptins Contributor address: City: State; Zip Code 33635	contribution (\$)	description (if applicable)
	Pinehuast TX 37362	700.00	
Principal occup	ation / Job title (See Instructions) Employer (See In	(If travel outside of	Texas, complete Schedule T)
<u> </u>			
1-30-14	Joe Gallehugh	Amount of contribution (\$)	In-kind contribution description (if applicable)
7	7514 SARAH MARIE DR	150.00	
Principal	Summentield, NC 27358	(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions) Employer (See In	structions)	vario, complete schedule ()
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SMEEDED	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission Filers) 4 Date 7 Amount of 8 In-kind contribution BRYAN SMITH 6 Contributor address: City: State; Zip Code 8429 Etienne Cove contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of in-kind contribution AM9 Woodul Contributor address; City; State; Zip Code 8303 LONG RAW contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Megan SMith Contributor address; City; State; Zip Code 8479 Etienne Cove contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: In-kind contribution description (if applicable) LOAT WE Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address: City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

415

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS	SCHEDULE B			
The	Instruction Guide explains how to complete this form.	1 Total pages Scho	edule B:		
2 FILER NAME	ASON Meeker	3 ACCOUNT # (E	thics Commission Filers)		
4 TOT/	AL OF UNITEMIZED PLEDGES: ⇔ ⇔ ⇔	\$ \$	\$ 0		
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#	8 Amount of pledge (\$)	9 In-kind description (if applicable)		
6-1-11	LORI Walls 7 Pledgor address; City; State; Zip Code 8429 Etienne Cove	350.00	Logo Dedign		
	Austin, TX 78746	<u>'</u>	of Texas, complete Schedule T)		
10 Principal occu	pation / Job title (See Instructions) 2RTISING DESIGN 5elf				
Date	Full name of pledgor out-of-state PAC (ID#	Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
		(If travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:) Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
		· 	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	•		
Date	Full name of pledgor out-of-statePAC (iD#:	Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
Principal occu	pation / Job title (See Instructions) Employer (See	_ 	of Texas, complete Schedule T)		
					
Date	Full name of pledgor out-of-state PAC (ID#:) Amount of pledge (\$)	In-kind description (if applicable)		
	Pledgor address; City; State; Zip Code				
-		(If travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions) Employer (See	· Instructions)			
If c	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL contributor is out-of-state PAC, please see instruction guide for a		requirements.		

LOANS		· ·	SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	JASON Meeke	R	3 ACCOUNT # (Ethics Commission Filers)
TOTA	L OF UNITEMIZED LOANS:	→	\$
5 Date of loan 5-28-2014		Out-of-state PAC (ID#:	9 Loan Amount (\$) 3,267.04
6 Is lender a financial Institution?	8 Lender address; City; State; PO Box 20180ス	Zip Code	10 Interest rate
Y (b)	Austin, T	X 78720 13 Employer (See Instructions	11 Maturity date 6-30-2015
	on / Job title (See Instructions) TISING/PR CONSUM	13 Employer (See Instructions, when Meek	er MARCOM
14 Description of Coll	aterai .	15 Check if personal funds wer	e deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	· · · · · · · · · · · · · · · · · · ·
20 Principal Occupat	on (See Instructions)	21 Employer (See Instructions)	·
Date of loan	Name of lender [out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colls	steral	Check if personal funds were	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1.
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEI	

POLITICAL EXPENDITURES

SCHEDULE F

		 :			
	EXPENDITURI	E CATEGORIES F	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont		oan Repayment/Reim	bursement
Accounting/Banking	Legal Services	Solicitation/Fundraisi	_		ent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	. с	ontributions/Donation	· ·
Event Expense	Polling Expense	Travel Out Of Distric	t .		Ider/Political Committee
Fees	Printing Expense	Office Overhead/Rer		THER (enter a categ	ory not listed above)
	The Instruction Guid	le explains how to co	mplete this form).	
1 Total pages Schedule F:	2 FILER NAME	1		3 ACCOUNT # (Ethics Commission Filers)
3	JASON Me	eker			
4 Date	5 Payee name	<u> </u>			
06-23-14	Office MAX				
· ····································					
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	764		
87.82	10001 Researc	h wind A	300		
4 · + · · · ·	Δ	in, Tx			
8 PURPOSE OF	(a) Category (See categories listed at the to		b) Description (If	travel outside of Texas, co	omplete Schedule T)
EXPENDITURE	Adventisino	ş			
			0.00		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	9	Office sought		Office held
SAPONARUIG TO DETICITE C/O		- 	·		·
Date	Payee name				
06-28-14	FedEx Kink	5 5			
	· · · · · · · · · · · · · · · · · · ·				
Amount (\$)		tate; Zip Code		4	
108.24	9777 BURNET	Rd			,
100100	Q.,_+	5. TV 74	750		
		IN, TX 79			
PURPOSE OF	Category (See categories listed at the to		Description (II	travel outside of Texas, co	emplete Schedule T)
EXPENDITURE	Advertisina	-			
	 : : : : : : : : : : : : : : : : : : 		045		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	-	Office sought		Office held
		1	<u> </u>		
Date	Payee name				
06-17-14	FASTSIGNS#	11201			
- Amount (\$)					
1	Payee address; City; St 8820 Burnet	tate; Zip Code			ė
149.30	OUAU TOURNO	119			
	Auct	in TX TR	757		
PURPOSE	Category (See categories listed at the to			beautal acutaids of Town	
OF .	11	' /	nescribition (it	travel outside of Texas, co	implete Schedule T)
EXPENDITURE	Advertising	<u>-</u>			
Complete ONLY # direct	Candidate / Officeholder name		Office sought		Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/O		•	Omce sought		Office held
		<u> </u>			
Date	Payee name			····	
06-17-14	Dirt Cheap 5	DONE			
Amount (\$)		1507			
, in our (e)	Payee address; City; St	RANCH R	had		
737.18	7301 BAR K	I THINCK I	V/TV		
, - , , ,	1 AKD	VISTA.	TX		
DURBOSE	Category (See categories listed at the to		Department of the control of the con		
PURPOSE OF	Careflor A forea categories listed at the to	p or mis schedule)	Description (If	travel outside of Texas, co	mplete Schedule T)
EXPENDITURE					
Complete ONLY is discuss	Candidate / Officeholder name		Office south		Office hat
Complete <u>ONLY</u> if direct expenditure to benefit C/C	,	•	Office sought		Office held
				•	
	ATTACH ADDITIONAL C	OPIES OF THIS SO	HEDULE AS NE	EDED	-

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form 1 Total pages Schedule F 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) JASON Meeker Credit Union Payee address; City; State; Zip Code 3305 Steck Ave (a) Category (See categories listed at the lop of this schedule)

(b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Acct/BANK **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/QH 6-11-14 **PURPOSE** OF **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Register. Com

ee address: City: State: Zip Code

7808 GRAN BAY PKWY Amount (\$) 38.00 PURPOSE Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH SASKA HAAgensen Photography
Payor address; City; State; Zip Code

http://saskakaagensen.com Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) PRINTING EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a))		
Advertising Expense	= · · · · · · · · · · · · · · · · · · ·	alaries/Wages/Co		•	ent/Reimbursement	
Accounting/Banking	Legal Services S	olicitation/Fundrai	ising Expense		Equipment & Related Expense	
Consulting Expense	· · · · · · · · · · · · · · · · · · ·	ravel in District			Donations Made By	
Event Expense		ravel Out Of Dist			Officeholder/Political Committee	1
Fees		ffice Overhead/R	•		a category not listed above)	
,,, <u>,</u>	The Instruction Guide ex	plains how to	complete this fo	rm.		
1 Total pages Schedule F:	2 FILER NAME			3 ACCO	UNT # (Ethics Commission Filers	 5)
7	JASON Meet	(er				
4 Date	5 Payee name					
6-1-14	Google Inc					
6 Amount (\$)	7 Payee address; City; State:	Zip Code				
70.00	1600 Amphithe	atre P	Kwy			
	Mountain	View.	CA 94	1043		
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)	
OF EXPENDITURE	Internet					
ZAI ZIIDITONZ			·-··			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/ Officeholder name H		Office sough	nt	Office held	
						_
Date	Payee name	y	ш.		··· ·	
6-25-14	Payee address; City, State, 104 FOUNTAIN	CONSU	UTING-			
Amount (\$)	Payee address; City; State;	Zip Code	ب ا ۱۰	トルフ		
1000 00	104 FOUNTAIN (JAKS LI	incir #	137		
1650.00		amento	~ ^ ^	75831	•	
PURPOSE	Category (See categories listed at the top of t			(If travel outside of	Texas, complete Schedule T)	
OF	(•	,	.,	
EXPENDITURE	CONSULTING					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held	-
expenditure to benefit C/O	H					
Date	Payee name		· · · · · · · · · · · · · · · · · · ·		M	=
	r dy oo Hairid					
Amount (\$)	Payee address; City; State;	Zip Code				
······································						
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description	(If travel outside of	Texas, complete Schedule T)	
OF EXPENDITURE					•	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	it	Office held	
expenditure to benefit C/O	H —					
Date	Payee name					=
	, systems	•				
·	<u> </u>					
Amount (\$)	Payee address; City; State;	Zip Code				
	•					
5115555	Cotogogy (Security					
PURPOSE OF	Category (See categories listed at the top of the	us schedule)	Description	(If travel outside of	Texas, complete Schedule T)	
EXPENDITURE						
	Condidate / Office halds and		0.55			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office sough	it	Office held	
-xponoiture to penent C/C	···					
	ATTACH ADDITIONAL COP	IES OF THIS S	CHEDULE AS	NEEDED		\Box