

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 6		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	AUSTIN CITY CLERK RECEIVED AUG 18 PM 1:15		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Processed			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
		THROUGH					

6 EXPLANATION OF CORRECTION

We did not fill out the COMPANY & occupations of
PERSONS CONTRIBUTING \$200 OR MORE.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Jason Meeker
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jason Meeker, this the 18th day of August.

20 14 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



HARISH C. PATEL
Notary Public
My Commission Expires
March 28, 2017

Remember to Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1/5

2 FILER NAME

JASON Meeker

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-23-2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARY LUSCHIN

6 Contributor address: City: State: Zip Code

1816 Treadwell St
Austin, TX 787047 Amount of
contribution (\$)

350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

MARKETING

10 Employer (See Instructions)

Charles Schwab

Date

6-23-2014

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES & KATHY DUNCAN

Contributor address: City: State: Zip Code

360 Nueces St. Apt 2701
Austin, TX 78701Amount of
contribution (\$)

750.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PLANNING CONSULTANT/VOLUNTEER

Employer (See Instructions)

JIM DUNCAN Assoc / self

Date

6-23-2014

Full name of contributor

☐ out-of-state PAC (ID#)

Michel & Elizabeth SORENSON

Contributor address: City: State: Zip Code

10207 Sausalito Dr
Austin, TX 78759Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DOCTOR

Employer (See Instructions)

Self

Date

6-23-14

Full name of contributor

☐ out-of-state PAC (ID#)

Doug Young

Contributor address: City: State: Zip Code

2904 KASSAINE PASS
Austin, TX 78704Amount of
contribution (\$)

700.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SCALON, Buckle, & YOUNG

Date

6-23-14

Full name of contributor

☐ out-of-state PAC (ID#)

Jim & Shirley Meeker

Contributor address: City: State: Zip Code

1712 Wilson Road
Humble, TX 77396Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired / Retired

Employer (See Instructions)

Retired / Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2/5	
2 FILER NAME JASON Meeker		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-30-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TOM FORNOFF	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 2601 BRIDLE PATH AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Tocquigny	
Date 6-30-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KIM HAMMOND	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5711 Gladehill DA KINGWOOD, TX 77345		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CAREER Specialist		Employer (See Instructions) LONE STAR College	
Date 6-30-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MICHAEL WRIGHT	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5710 PAINTED VALLEY DA AUSTIN, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Gov't Relations		Employer (See Instructions) TX PHARMACY BUSINESS Council	
Date 6-30-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PEARL BARBOUR	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1143 Hidden Valley Ranch Rd JOHNSON CITY, TX 78636		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self	
Date 6-30-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GARRETT MARTIN	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2405 DORMARION LN AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3/5

2 FILER NAME

JASON MEERER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6-30-14

5 Full name of contributor

☐ out-of-state PAC (ID#)

ALYSSA MARTIN

6 Contributor address; City; State; Zip Code

2405 DOAMARION LN
AUSTIN, TX 787037 Amount of
contribution (\$)

350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ACCOUNTANT

10 Employer (See Instructions)

ACCOUNTANT

Date

6-30-14

Full name of contributor

☐ out-of-state PAC (ID#)

CINDY FISHER

Contributor address; City; State; Zip Code

1812 VALLEJO ST
AUSTIN, TX 78757Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SOFTWARE DEVELOPER

Employer (See Instructions)

EMERSON

Date

6-30-14

Full name of contributor

☐ out-of-state PAC (ID#)

ADRIENNE DONAHUE

Contributor address; City; State; Zip Code

6809 JESTER WILD DR
AUSTIN TX 78750Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

DELL

Date

6-30-14

Full name of contributor

☐ out-of-state PAC (ID#)

ELISHA MOORE

Contributor address; City; State; Zip Code

1212 W ST JOHNS AVE
AUSTIN, TX 78757Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MARKETING

Employer (See Instructions)

TUCKER MOORE

Date

6-30-14

Full name of contributor

☐ out-of-state PAC (ID#)

BRIAN RODGERS

Contributor address; City; State; Zip Code

1112 W 9TH ST
AUSTIN, TX 78703Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE INVESTOR

Employer (See Instructions)

RODGERS & REICHEL INC

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4/5	
2 FILER NAME JASON MEEKEA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-30-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ALLAN MEMMUTAY	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 5901 CARY DR Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Wholesaler		10 Employer (See Instructions) AMC COMPANY	
Date 6-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARY WRIGHT	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5710 PAINTED VALLEY DR Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 6-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JASON FRANZ	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6803 RUSTLING OAKS TRAIL Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dell	
Date 6-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William Bunch	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1307 OXFORD AVE Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SOS ALLIANCE	
Date 6-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joe Gallehugh	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 7514 SARAH MARIE DR SUMMERTFIELD NC 27358		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COMMUNICATIONS		Employer (See Instructions) SELF	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5/5

2 FILER NAME

JASON Meeker

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6-30-2014

BEVERLY HOPKINS

6 Contributor address: City: State: Zip Code

33635 CRIPPLE CREEK

PINEHURST TX 77362

200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

6-30-2014

BRYAN SMITH

Contributor address: City: State: Zip Code

8429 ETIENNE COVE

AUSTIN, TX 78757

350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

6-30-2014

MEGAN SMITH

Contributor address: City: State: Zip Code

8429 ETIENNE COVE

AUSTIN, TX 78759

350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind 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)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind 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)

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