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| | TE / OFFICEHOLDER N FINANCE REPORT | FORM C/OH Cover Sheet pg 1 |
|---|--|--|
| The C/OH Instruction | Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST MI JAJON NICKNAME LAST SUFFIX Meeker | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: APT/SUITE #; CITY; STATE: ZIP CODE POBOX 301803 AUSTIN TX 79730 AREA CODE PHONE NUMBER EXTENSION | Date Hand-delivered or Postmorked D C Receipt # Amount X |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (5) 7) 787-0501 | Date Processed |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MI Allan E NICKNAME LAST SUFFIX MEMURTRY | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NOPOBOX PLEASE): APT/SUITE #: CITY: STATE: 2418 GREENJAWN ANSTIN TX PKWY | zip code 79757 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 452-9765 | |
| 9 REPORT TYPE | January 15 20th day before election Runoff | 15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 7 / 1 / 3014 THROUGH 9 12 / 25 | Year / 2014 |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year 1) 4 7014 | General Special |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if know City Cou | ncil Place 10 |
| | GO TO PAGE 2 | |

Texas Ethics Commission

Austin, Texas 78711-2070

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) (TDD 1-800-735-2989)

| CANDIDAT SUPPORT | | EHOLDER REPORT: S | FORM C/OH Cover Sheet pg 2 |
|---|---|---|--|
| 14 C/OH NAME | Jason | Meeker 15 | ACCOUNT # (Ethics Commission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDED ES AND OFFICENCILIERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH | ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | COMMITTEE ADDRESS | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | · · · · |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL I PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ Ø |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 11750.99 |
| EXPENDITURE TOTALS | 3. TOTAL P | OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ | ED \$ |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$17203.25 |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA | \$6097.74 |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD | \$ 4267.04 |
| MY CO | ARGRETT FRANKLIN DMMISSION EXPIRES Databer 17, 2014 P / SEAL ABOVE | I swear, or affirm, under penalty of pois true and correct and includes all in merunder Title 15, Election Code. | erjury, that the accompanying report formation required to be reported by |
| | scribed before i of <u>OC+Dbe</u> | The, by the said $\underline{\sum SOA}$ Meeken \underline{K} , 20 \underline{K} , to certify which, witness my | |
| Signature of officer addition | utt flc. pl | Ann <u>Margrett</u> Franklin Printed name of offices administering cath | Abtary Title of officer administering oath |

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| | Instruction Guide explains how to complete the | is form. | 1 Total pages Sch | iedule A: |
|-----------------|--|---------------------------------------|---------------------------------------|--|
| FILER NAME | JASON Meeter | | 3 ACCOUNT # (E | thics Commission Filers) |
| Date | 5 Full name of contributor Dout-of-state PAC(ID# TAUC NGUYEN 6 Contributor address; Gity; State; Zip Code 11910 ARADIAN TRI | · · · · · · · · · · · · · · · · · · · | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| | 11910 ARADIAN TRI | Austin TX 78759 | 40.00 | • . |
| Principal occu | pation / Job title (See Instructions) | 10 Employer (See | · · · · · · · · · · · · · · · · · · · | of Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| -3-14 | Contributor address; City; State; Zip Code 6509 MARS evood D | A Austin | 350.00 | |
| _ | pation / Job title (See Instructions) | T X 78 73 Employer (See | | f Texas, complete Schedule T) |
| Date | Full name of contributor out-ofstate PAC (ID#) MAURICE ANDERS | ≥µ | Amount of contribution (\$) | In-kind contribution description (if applicable |
| Principal occup | Contributor address; City; State; Zip Code 3701 AR DOR He Dation / Job title (See Instructions) | Employer (See I | (If travel outside) nstrậctions) | of Texas, complete Schedule T) |
| Date | Full name of contributor | MIP HA | <i>denso</i> | |
| 1 | Nicole KANdA | · · · · · · · · · · · · · · · · · · · | Amount of contribution (\$) | In-kind contribution description (if applicable |
| -3-14 | Contributor address; City; State; Zip Code 7367 KAPOK LN AUS 787 | TIN, IX | 25.00 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See 1 | | of Texas, complete Schedule T) |
| Date | Full name of contributor in out-of state PAC (ID#:- Kimberly Smith | · · · · · · · · · · · · · · · · · · · | Amount of contribution (\$) | In-kind contribution description (if applicable |
| | Contributor address: City; State; Zip Code 4708 EAgle Feather / | Austin, X 78735 | 50.00 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See II | | of Texas, complete Schedule T) |

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| | R THAN PLEDGES OR LOAN | | | SCHEDULE A |
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| Th | e Instruction Guide explains how to complete this f | orm. | 1 Total pages Sch | edule A: |
| FILER NAME | JASON Meeter | | 3 ACCOUNT # (E | thics Commission Filers) |
| Date | 5 Full name of contributor out-of-state PAC (ID#: The Sullenbergers | ····· | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 0-3-14 | 6 Contributor address; City; State; Zip Code 1033 JRON HORSE DR 51 | Aginaw, | 50.00 | |
| | | 76131 | /if travel outride | of Toyno, complete Schodule T |
| Principal occi | | 0 Employer (See | | of Texas, complete Schedule T) |
| Date | Full name of contributor U out-of-state PAC (ID# | · · · · · · · · · · · · · · · · · · · | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 0-3-19 | WM S GORDON Contributor address: City; State: Zip Code 6103 CARY DR AUS | tin | 25,00 | |
| | | 78757 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See | | of Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID# RANGY CDX | | Amount of contribution (\$) | In-kind contribution description (if applicabl |
| 0-3-14 | Contributor address; City; State; Zip Code 2314 KRISTEN LN CEC | | 300.00 | 1 |
| | TX 7 | 2010 | (If travel outside | l of Texas, complete Schedule T) |
| | NSTRUCTOR | Employer (See | AUSTIN | |
| Date 1 | Full name of contributor Dout-of-state PAC (ID# | 2R49 | Amount of contribution (\$) | In-kind contribution description (if applicabl |
| 0-3-19 | Contributor address; City; State; Zip Code 7610 BAJA CV AUST | | 25.00 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | of Texes, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID#: Denise DAILey | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 2-3-14 | Contributor address; City; State; Zip Code 1415 DWYCE AUSTIN, 79757 | Гх | 50.0D | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | of Texas, complete Schedule T) |
| | ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruc | THIS SCHEDULI | AS NEEDED | |

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| | CAL CONTRIBUTIONS R THAN PLEDGES OR LOA | NS | | SCHEDULE A |
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| The | e Instruction Guide explains how to complete thi | s form. | 1 Total pages Sch | nedule A: |
| 2 FILER NAME | JASON Meeter | · · · | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor Dout-of-state PAC (1D#= Charles Mcissner |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 10-3-2014 10-3-2014 | 6 Contributor address; City; State; Zip Code 5906 Painted VAIRY | PR TIN TX | 100.00 | |
| | | 78759 | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) | 10 Employer (See | Instructions) | |
| Date | Full name of contributor Dout-of-state PAC (ID#_ VALEATE KANAK |) | Amount of contribution (\$) | in-kind contribution description (if applicable |
| 0-3-14 | Contributor address; City; State; Zip Code TOR W CRESTIAND PR | Austin | 50.00 | |
| | | rx 78757 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See | | of Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID#_ PAMIN GUTZMER | | Amount of cantribution (\$) | In-kind contribution description (if applicable |
| D-3-14 | Contributor address: City: State: Zip Code 5707 RAIN CROCK PKU | | 50.00 | |
| | Austin, TX | 79169 | (If troval outside | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | of Texas, complete Schedule T) |
| Date 1 | Full name of contributor out-of-state PAC (ID# |)) | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 0-3-14 | Contributor address; City; State; Zip Code 3404 Southill Cin | Austin | 100.00 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | of Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 0-3-14 | Contributor address, City; State; Zip Code 6407, AM, DCR [4 P] | Austin | 50.00 | |
| Principal occu | pation / Job title (See Instructions) | 79759 Employer (See | | of Texas, complete Schedule T) |
| lf (| ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr | DF THIS SCHEDULE | AS NEEDED ditional reporting | requirements. |

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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. JASON Meeter 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 5 Full name of contributor _____ out-of-state PAC (ID#. 4 Date 7 Amount of 18 In-kind contribution Scott Fisher 6 Contributor address; City; State; Zip Code 10102 BAUSALITO DA AUSTIN contribution (\$) description (if applicable) 10-3-14 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor _____ out-of-state PAC (ID#,____ Date Amount of In-kind contribution Adrienne Seiler contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 664 ROIN CREEK PEWY 10-3-14 Austin Tx 78759 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor U out-of-state PAC (ID#) Date Amount of In-kind contribution contribution (\$) description (if applicable) SOO KREDS LN AUSTIN, TX 75.00 78704 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Dout-of-state PAC (ID#; Amount of In-kind contribution SUSANNAH JACObSON contribution (\$) description (if applicable) 10-3-14 Contributor address; City; State; Zip Code Golden Hills CIA 9504 Austin, TX 78759 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of In-kind contribution contribution (\$) description (if applicable) HOMAS JOHNSON Contributor address; City; State; Zip Code SAN AN INGTON TX 78247 (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.

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| | CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
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| 2 FILER NAME | JASON Meeter | · · · · | 3 ACCOUNT # (E | thics Commission Filers) |
| Date | 5 Full name of contributor Out-of-state PAC (ID# | | 7 Amount of | 8 In-kind contribution |
| 10-3-14 | Cheryl Sipkowski | · · · · · · · · · · · · · | contribution (\$) | description (if applicable |
| | 9502 Doliver DR Hu | ustin, TX 8748 | 25.00 | · |
| | | | (If travel outside | of Texas, complete Schedule T) |
| | pation / Job title (See Instructions) | 10 Employer (See | Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID# |) | Amount of contribution (\$) | In-kind contribution description (if applicable |
| | RITIKA GUNNAR | | | |
| 0-3-14 | Contributor address; Cy; State: Zip Code 4117 Hy Ridge DR F | Justin | 50.00 | |
| | | K 78759 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) |
| | | · · · | | · · · · · · · · · · · · · · · · · · · |
| Date | Full name of contributor Doul-of-state PAC (1D#:) |) | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 0-3-14 | Contributor address: City: State: Zip Code 1565 Westfield Ave | <u>e</u> | 100.00 | |
| | ANN ARDOR MI | 48103 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See (| | of Texas, complete Schedule T) |
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| Date | LANRA STEANSON | ,, | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 0-3-14 | Contributor address: City State Zin Code | Λ | | l |
| 2 | 5807 Rising Hills DI | | 1 40.00 | |
| | 1X | 78759 | (If travel outside a | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | | |
| Date | Full name of contributor | | Amount of | In-kind contribution |
| n | Nebra Bailey | | contribution (\$) | description (if applicable |
| 9-3-14 | Contributor address; City; State; Zip Code 8500 ANGREAS CV | Austin | 100.00 | |
| | TX | | | |
| Principal occu | pation / Job title (See Instructions) | | | of Texas, complete Schedule T) |
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| The | Instruction Guide explains how to complete thi | s form. | 1 Total pages Sch | nedule A: |
| FILER NAME | JASON Meete | R | 3 ACCOUNT # (E | thics Commission Filers) |
| Date | 5 Full name of contributor Out-of-state PAC (ID#:_ MARY Beth TAY IOR |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicab |
| 0-9-1- | MARY Beth TAY LOR 6 Contributor address; City; State; Zip Code 11606 BUCKING NAMR | d Austin | 50.00 | |
| | TX | 78759 | (If travel outside | of Texas, complete Schedule T |
| Principal occu | pation / Job title (See Instructions) | 10 Employer (See | · · · · · · · · · · · · · · · · · · · | |
| Date | Full name of contributor Dout-of-state PAC (1D#:_ Lee Adolph | | Amount of contribution (\$) | In-kind contribution description (if applicab |
| 7-3-14 | Lee Adolph Contributor address; City; State; Zip Code 3307, Mt BONNELL PI | | 100.00 | |
| | Austin T | (78731 | (If trouble putnish) | f Taylog, complete Onto dula Ti |
| Principal occu | 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 |
| | Sherine Thomas | | contribution (\$) | description (if applicab |
| -3-14 | Contributor address; City; State; Zip Code 2910 KASSARINE PA: | 55 | 50.00 | |
| | Austin | . TK 7870 | (If travel outside | of Texas, complete Schedule T |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | |
| Date | Full name of contributor 📋 out-of-state PAC (ID#_ |) | Amount of | In-kind contribution |
| 1 | Missy Stritt Matter | · · · | contribution (\$) | description (if applicabl |
| 7-3-14 | Contributor address; City; State; Zip Code | | 40,00 | |
| | 10903 SIEARA COLORA | | 40.00 | |
| · | Austin | Tx 78759 | (If travel outside o | of Texas, complete Schedule T |
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| Date | Full name of contributor out-of-state PAC (ID# Rob Guidry |) | Amount of contribution (\$) | In-kind contribution description (if applicab |
| - 3-14 | Contributor address; City; State; Zip Code 10620 FLORAL PARE DR | | 50.00 | |
| | Austin T | X 798759 | | |
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| 2 FILER NAME | JASON Meeter | | 3 ACCOUNT# (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#_ LAURIE WisbRUN | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 10-3-14 | 8606 Dulcet PA A | ustin Tr 0745 | 7.0.00 | |
| 9 Principal occu | pation / Job title (See Instructions) | 10 Employer (See | | of Texas, complete Schedule T) |
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| 10-3-14 | 11701 Three OAKS 11 | 21 TV 78759 | 50.00 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | of Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID# JOIYN JANI'S Contributor address; City; State; Zip Code 916 Post OAK St | <u></u> | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 0-3-14 | | X 78704 | 75.06 | . |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) |
| Date 1 10-3-14 | Full name of contributor Out-of-state PAC (10# NANCY Shuatle FF Contributor address; City; State; Zip Code 6303 AMBEALY P |) | Amount of contribution (\$) | In-kind contribution description (if applicable |
| Principal occuj | BBU J MANDENIA AUSTIN, Job title (See Instructions) | X 78759 Employer (See I | (If travel outside o | f Texas, complete Schedule T) |
| Date | Full name of contributor CAMDRIA STAMDER Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| | | 27 X 77095 | 50.06 | of Texas, complete Schedule T) |
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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: 1 The Instruction Guide explains how to complete this form. 2 FILER NAME JASON Meeter 3 ACCOUNT # (Ethics Commission Filers) Full name of contributor out-of-state PAC (ID# 7 Amount of In-kind contribution 8 contribution (\$) description (if applicable) HIRAM DAVIS 10-3-14 6 Contributor address; City; State; Zip Code 8746 Adiron dAck TAI AptB 350.00 Austin TX 78759 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions TILANAGER Gen MOTORS Full name of contributor Dout-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) e NONAho KN. Contributor address: . City: State: 50.D AND HIAN TX 7873 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor _____ out-of-state PAC (ID# Amount of In-kind contribution JONATHAN Secklen Contributor address; City; State; Zip Code contribution (\$) description (if applicable) STONE WALL 78745 (If travel outside of Texas, complete Schedule T) Principal occupation / Job/title (See Instructions Employer (See Instructions) Full name of contributor out-of-state PAC (ID#; Amount of In-kind contribution contribution (\$) description (if applicable) hael HARRINGTON Contributor address; State: Zio Code 4009 NDR 7873 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) GRAPHIC. 5e Nesianer Full name of contributor Out-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable) Kirsch 615A City: State: Zip Code Contributor address: 78704

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Employer (See Instructions)

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

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Principal occupation / Job title (See Instructions

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(If travel outside of Texas, complete Schedule T)

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| 10-3-14 | 6 Contributor address: City; State; Zip Code 6007 IVY Hills PR | 100.00 | |
| 9 Principal occi | Austin TX 78759 | · · · · · · · · · · · · · · · · · · · | of Texas, complete Schedule T) |
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| Date | Full pame of contributor out-of-state PAC (ID#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-3-14 | Contributor address; City; State; Zip Code 6509 MAR DIEWOOD DR | 100.00 |) 2 |
| | Austin TKT8T | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) Employer (See | | |
| Date | Full name of contributor | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 10-3-14 | Contributor address; City; State; Zip Code 5417 YAUPON DR | 150.00 | |
| | Austin TX 78759 | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) Employer (See | | |
| Date | Full name of contributor aut-of-state PAC (ID#) MAde low Highsmith | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 18-3-14 | Contributor address; City; State; Zip Code 7104 W Rin DR | 350.00 | l . |
| | pation / Job title (See Instructions) | | of Texas, complete Schedule T) |
| Date | Nesearch TAG Full name of contributor Taillof state PAC (ID#) | | r |
| 10-3-14 | Full name of contributor 🗇 out-of-state PAC (ID#) Robert Dzer Contributor address: City; State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 2617 Delwood Pl | 225.DD | 1 . |
| Principal occu | Austin, TX 78703 pation / Job title (See Instructions) AHOANGY Self | (If travel outside on structions) | of Texas, complete Schedule T) |
| If www.ethics.state. | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE contributor is out-of-state PAC, please see instruction guide forado | AS NEEDED litional reporting | requirements. |

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| FILER NAME | | 3 ACCOUNT # (Ethics Commission File | ers) |
| · · · · | JASON Meeter | | |
| Date | 5 Full name of contributor Dout-of-state PAC (ID# | 7 Amount of 8 In-kind contr contribution (\$) description (if a | |
| 0-3-14- | KATHY CORREA 6 Contributor address; City: State; Zip Code 7809 GAULT SF | 215.00 | |
| | Austin, TX 78 | 75 7 (If travel outside of Texas, complete Sci | hedule T) |
| Principal occu | | er (See Instructions) do & Wisdom | , |
| Date | Full name of contributor Dout-of-state PAC (ID# | Amount of In-kind contribution (\$) description (if a | |
| >-3-14 | Contributor address: City; State; Zip Code 4159 Steck Ave | 75.00 | |
| Principal occu | pation / Job title (See Instructions) Employ | (If travel outside of Texas, complete Scher er (See Instructions) | hedule T) |
| Date 0-3-14 | Full name of contributor address; City; State; Zip Code | Amount of In-kind contri contribution (\$) description (if a | |
| V | 9109 Yucca Mtn Rd Austin Tx 7 | 150.00 8799 | |
| Principal occu | | (If travel outside of Texas, complete Science (See Instructions) | hedule T) |
| Date | Full name of contributor Dut-of-state PAC (10# | Amount of In-kind contri contribution (\$) description (if a | |
| 9-3-14 | 10611 SANS Souci Pt | 100.00 | |
| <u> </u> | Austin TX7 | (If travel outside of Texas, complete Sch | hedule T) |
| Principal occu | pation / Job title (See Instructions) Employe | ar (See Instructions) | |
| Date | Full name of contributor aut-of-state PAC (ID# | Amount of In-kind contri contribution (\$) description (if a | |
| 9-3-14 | Contributor address; City; State; Zip Code Aust | AI 30.00 | |
| | 10604 SiCARA DATS TX 78 | (If travel outside of Texas, complete Sch | hedule T |
| Principal occu | pation / Job title (See Instructions) Employe | er (See Instructions) | iouule 1) |
| | | | |

(512) 463-5800 (TDD 1-

(TDD 1-800-735-2989)

Revised 07/28/2014

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The | a Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: |
|------------------|--|---|
| 2 FILER NAME | JASON Meeter | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor aut-of-state PAC (ID# | 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) |
| 10-3-14 | 7711 D'CONNOR DA 1009 | 75.0D |
| | Round Rock TX7 | |
| 9 Principal occu | pation / Job title (See Instructions) 10 Employ | ver (See Instructions) |
| Date | Full name of contributor Dout-of-state PAC (10# | Amount of In-kind contribution contribution (\$) description (if applicable) |
| 10-3-14 | Kelly D'MullAN Contributor address; City; State; Zip Code 8901 Ben H4 Ct | 100.00 |
| | Austin, TX 78 | (If travel outside of Texas, complete Schedule T) rer (See Instructions) |
| | | |
| Date | Full name of contributor Mike Doyle | Amount of In-kind contribution contribution (\$) description (if applicable) |
| 10-3-14 | Contributor address: City; State; Zip Code 5820 SECREST DR | 150.00 |
| - | Austin TX 79 | 759 |
| Principal occu | notion (Joh Alle (Cast Laste V) | (If travel outside of Texas, complete Schedule T) er (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID# | |
| 1 | Richard BACCUS |) Amount of In-kind contribution contribution (\$) description (if applicable) |
| 10-3-14 | Contributor address; City; State; Zin Code | 350.00 |
| | Austin, TX 78 | |
| | pation / Job title (See Instructions) Employe | ABC VACUUM |
| Date | Full name of contributor out-of-state PAC (ID# | Amount of In-kind contribution contribution (\$) description (if applicable) |
| 10-3-14 | Contributor address; City; State; Zip Code 1908 KERR STREET August TV R | 100.00 |
| Principal occur | Austin TX 7 | (If travel outside of Texas, complete Schedule T) er (See Instructions) |
| | | |
| lfc | ATTACH ADDITIONAL COPIES OF THIS SCH ontributor is out-of-state PAC, please see instruction guide | EDULE AS NEEDED e foradditional reporting requirements. |
| | | |

(TDD 1-800-735-2989)

| The | a Instruction Guida explains how to complete | this form. | 1 Total pages Sch | nedule A: |
|---------------------------------------|---|------------------|---------------------------------------|--|
| FILER NAME | JASON Meetrer | | 3 ACCOUNT # (E | thics Commission Filers) |
| Date | | <u> </u> | | |
| | | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable |
| 0-3-14 | 5807 Rain Creck Ph | ode WY | 65.00 | |
| | Austi | NTX 78759 | (if travel outside | of Texas, complete Schedule T) |
| Principal occu | ipation / Job title (See Instructions) | 10 Employer (See | | |
| Date | Full name of contributor Dout-of-state PAC(JOHN MOORE | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 11-2-11 | 2637 W 45th St | ode | 7.00.00 | |
| | L Austin, | TX 79731 | (If travel outside r | of Texas, complete Schedule T) |
| Principal occu | Dation / Job title (See Instructions) | Employer (See | | |
| Date | ARMIN GUTZMER | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 0-3-14 | 5707 Rain Creen | PKWY | 50.00 | 1 |
| | Austin | , TX 78759 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | | of Texas, complete Schedule T) |
| Date | Full name of contributor | | Amount of | In-kind contribution |
| 0-3-14 | Gina Mundy Contributor address; City; State; Zip Co | | contribution (\$) | description (if applicable |
| W-9 1-1 | 3643 TURKey CReel | F PA TX 78730 | 50.00 | |
| Principal occur | pation / Job title (See Instructions) | | (If travel outside c | of Texas, complete Schedule T) |
| | | Employer (See | Instructions) | |
| Date | Full name of contributor out-of-state PAC (if | D#) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 0-3-14 | JAY SANDS Contributor address: City: State: Zip Co 8306 APPALACHIAN | i DN | 100.00 | |
| | Austi | N. TX 78759 | | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See | | i iexas, complete schedule 1) |
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A Total pages Schedule A: 1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Meeter JASON 5 Full name of contributor 4 Date out-of-state PAC (ID# Amount of 8 In-kind contribution contribution (\$) description (if applicable) Denick OWNSEND 10-3-14 6 Contributor address; City; State; Zip Code 9513 LLAND ESTACADO スケーロの ISTIN TX (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instruction Employer (See Instructions) Date Full name of contributor Dut-of-stale PAC (ID# Amount of In-kind contribution contribution (\$) Cherry description (if applicable) Silver city: State; Zip Code e Sf Austi ontributor address; 1DD.DD TX 78767 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of In-kind contribution PSARO MATIS DAWN contribution (\$) description (if applicable) 10-3-14 Contributor address; City; State; Zip Code 3201 HANCOCK DR 750.00 Austin TX 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Wellington Gr MKTNG ET , **K** Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) FRANK FA1 Contributor address; City: State; Zip Code AMber) K 7879 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT Full name of contributor out-of-stale PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) leri 1chucas 10-3-14 Contributor address: City; State; Zip Code 75.00 A5C0 Ngtin travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions)

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

Date

Date

Date

(TDD 1-800-735-2989)

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | edule A: |
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| | | | 3 ACCOUNT # (F | thics Commission Filers) |
| | JAJON Meeter | | 0 //0000/11 # (E | |
| Date | 5 Full name of contributorout-of-state PAC (ID#: | | 7 Amount of | 8 In-kind contribution |
| 9-3-14 | 500 Mink 6 Contributor address; City; State; Zip Gode 11004 SICARA VERDE | | contribution (\$) | description (if applicab |
| | 6 Contributor address; City; State; Zip Gode | TR | 50.00 | · · |
| | Aust | IN, TX 7879 | q (If travel outside) | of Texas, complete Schedule T |
| Principal occu | pation / Job title (See Instructions) | 10 Employer (See In | (in savel oddide | or rexas, complete schedule i |
| Date | Full name of contributor out-of-state PAC (ID# | 1 | Amount of | |
| | AND REW NORTH Contributor address; City; State; Zip Code 3501 Josh Lu | / | contribution (\$) | In-kind contribution description (if applicab |
| 0-3-14 | Contributor address; City; State; Zip Code | | 75.00 | |
| | Austin, | T (78730 | NJOU | |
| Principal occu | pation / Job title (See Instructions) | · | | of Texas, complete Schedule T |
| | | Employer (See In | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicab |
| -3-14 | Norn Belcher | | | |
| -210 | Contributor address; City; State; Zip Code 4709 TRAIL BREST CI | 9 | 50.00 | |
| | Austin. | TX 78735 | (If travel outside a | of Texas, complete Schedule T |
| Principal occu | pation / Job title (See Instructions) | Employer (See In | | |
| Date | Full name of contributor Dut-of-state PAC (ID#: | | Amount of | In-kind contribution |
| 4 | Farid Agahi | | contribution (\$) | description (if applicabl |
| >-3-14 | Contributor address; City; State; Zip Code | •••••• | 10000 | |
| | 10511 FLORAL PART | | ngu i | |
| rincinal occur | Austin, T | X 18/59 | (If travel outside o | f Texas, complete Schedule T) |
| | | Employer (See In | structions) | |
| Date | Full name of contributor 🔲 out-of-state PAC (ID# | | Amount of | In-kind contribution |
| 3-14 | John Stokes | | contribution (\$) | description (if applicable |
| -7 - 1-1 | Contributor address; City: State: Zip Code 7706 PEACEFUL Hill L | . N | 700 0 | |
| | Austin TX | | 200,00 | |
| rincipal occup | ation / Job title (See Instructions) | Employer (See In | (If travel outside o | f Texas, complete Schedule T) |
| · | NA | Reti | Aed | |
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| The | Instruction Guide explains how to complete th | is form. | 1 Total pages Sche | dule A: |
|-----------------|--|--|---------------------------------------|--|
| FILER NAME | JASON Meeter | | 3 ACCOUNT # (E | hics Commission Filers) |
| Date | 5 Full name of contributor Out-of-state PAC (ID#: | | 7 Amount of | 8 In-kind contribution |
| 0-3-14 | Elizabeth MORRigo | N) | contribution (\$) | description (if applicable |
| | 6 Contributor address; City; State; Zip Code 9109 A3MARA PR | | 300.00 | |
| Principal occu | pation / Job title (See Instructions) | N, TX 7873 | (in liavel outside o | f Texas, complete Schedule T |
| | CONSULTANY | 10 Employer (See | Instructions) 之月节 | |
| Date | Full name of contributor Out-of-state PAC (ID#) | | Amount of contribution (\$) | In-kind contribution description (if applicabl |
| 0-3-14 | Contributor address; City; State; Zip Code 7705 Mesa DR | , , , , , , , , , , , , , , , , , , , | 700.00 | |
| | Austin. | TX 78731 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | nstructions) | Texas, complete Schedule T) |
| Date | Full name of contributor 🔲 out-of-state PAC (ID#: | | Amount of | In-kind contribution |
| x -2 (1L | Judith MCGRAY | | contribution (\$) | description (if applicabl |
| 7-3-14 | Contributor address; City: State; Zip Code 5327 Western Hills | | 350.00 | |
| | | TX 78731 | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | Dation / Job title (See Instructions) | Employer (See | | · · · · · |
| Date 1 | Full name of contributor Out-of-state PAC (ID# DIANE NEW DERRY | | Amount of contribution (\$) | In-kind contribution description (if applicable |
| 7-3-14 | Contributor address: City; State; Zip Code 3501 GAEEN TRI N | | 150.00 | |
| Principal occup | Dation / Job title (See Instructions) | Employer (See 1 | (If travel outside of nstructions) | Texas, complete Schedule Tj |
| Date | Full name of contributor Out-or-state PAC (ID#: | ······································ | Amount of contribution (\$) | In-kind contribution description (if applicable |
| -3-14 | Contributor address: City; State: Zip Code 10006 SANSA 1170 DA | · · · <i>·</i> · · · · · · · | 66.08 | |
| | Austi | N, TX 7875 | 7 /if traval outside of | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | Toxas, complete Schedule 1) |
| | ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr | DF THIS SCHEDULE | ASNEEDED | |

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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission Filers) 3 JASON Meeter 4 Date 5 Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution 10-3-14 MAH Schulz 6 Contributor address; City: State; Zip Code 6300 QUAIL Hollow 8 contribution (\$) description (if applicable) 100.00 Austin, TX 78750 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of 10-3-14 Beth PAHER SON Contributor address; City: State; Zip Code 6717 HARRIGATE DR In-kind contribution contribution (\$) description (if applicable) 99.99 Austin TX 78759 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date U out-of-state PAC (ID# Amount of In-kind contribution GAIL ALLAN Contributor address: City; State, Zip Code contribution (\$) description (if applicable) 10.3-14 6308 DANWOOD 30.00 Austin, TX 78759 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instruct mployer (See Instructions) Date Full name of contributor out-of-state PAC (ID#. Amount of In-kind contribution Theresa Canchola contributor address; City; State; Zip,Code contribution (\$) description (if applicable) 10-3-14 5300 MARSH (Aces 35D.00 78759 Netin (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) RESTAKRANT DWNER Employer (See Instructions) House Full name of contributor Date Amount of In-kind contribution contribution (\$) description (if applicable) MARCOS CANCholi 10-3-14 Contributor address: City: State; Zip Code 5300 MARSH 350. DD AUSTIN 78 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Kestaura DUSE OHR ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: |
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| FILER NAME | JASON Meeter | 3 ACCOUNT # (Ethics Commission Filers) |
| Date | 5 Full name of contributor Dout-of-state PAC(ID#: | 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) |
| 0-3-14 | 6 Contributor address: City; State; Zip Code 7205 PAUgherty St | 350.00 |
| | Austin, TX 7975 | (in individualities of rexas, complete ouriedule i) |
| Principal occu | pation / Job title (See Instructions) 10 Employer (3 | see instructions) |
| Date 0-3-14 | Full name of contributor Out-of-state PAC (D# TEARY & Robert Snipes Contributor address; City; State; Zip Code 5716 RATIN CREEK PKWY | Amount of In-kind contribution contribution (\$) description (if applicabl |
| 0-2-19 | | 50,00 |
| Principal occuj | pation / Job title (See Instructions) Employer (S | (If travel outside of Texas, complete Schedule T) See Instructions) |
| Date | Full name of contributor Dut-of-state PAC (ID# TIMOTHY & Rebecch Geier | Amount of In-kind contribution contribution (\$) description (if applicable |
| 7-3-14 | 6400 AM DERLY PLACE | 30.00 |
| Principal occuj | Pation / Job title (See Instructions) Employer (S | (If travel outside of Texas, complete Schedule T) See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID# Theo COONROO Contributor adgress; City; State; Zip Code | Amount of In-kind contribution contribution (\$) description (if applicabl |
| -3-14 | 6105 RAIN CREEK PKLOY Austing, TX 78759 | 50.00 |
| Principal occup | | (If travel outside of Texas, complete Schedule T) See Instructions) |
| Date (11) | Full name of contributor DAVID & Phylis WARNER | Amount of In-kind contribution contribution (\$) description (if applicabl |
| 7-3-14 | 5701 TRAILRIDGE DR DU-+' TV 70721 | 150.00 |
| Principal occup | pation / Job title (See Instructions) | (If travel outside of Texas, complete Schedule T) See Instructions) |
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| | CAL CONTRIBUTIONS THAN PLEDGES OR LOANS | | | SCHEDULE A |
|------------------|--|------------------|--------------------------------|---|
| The | Instruction Guide explains how to complete this form | n. | 1 Total pages Sch | edule A: |
| FILER NAME | JASON Meeker | | 3 ACCOUNT # (E | thics Commission Filers) |
| Date | 5 Full name of contributor Out-of-state PAC (ID#: | | 7 Amount of | 8 In-kind contribution |
| | | | contribution (\$) | description (if applicable |
| 0-3-14 | DAN Lynch 6 Contributor address; City, State; Zip Code 1707 Westover Rd | | 50.00 | |
| | Austin, TX 78 | 703 | (If travel outside | f Texas, complete Schedule T |
| Principal occup | Dation / Job title (See Instructions) ⁴ 10 | Employer (See I | nstructions) | |
| Date | Full name of contributor Dout-of-state PAC (ID# LEONARD SCHMIDT & CAS Contributor address; City; State; Zip Code | AO ME DO | Amount of contribution (\$) | In-kind contribution description (if applicabl |
| 2-3-14 | 1900 West 3ML | - | 50.00 | |
| | Austin, TX | 787.31 | | |
| Principal occup | | Employer (See In | | of Texas, complete Schedule T |
| Date | Full name of contributor 🔲 out-of-stale PAC (iD#: _ | | Amount of | |
| | | <u> </u> | Amount of contribution (\$) | description (if applicab |
| 9-3-14 | MARJORIE VOUDLEDAY Contributor address: City: State: Zip Code 3968 FAR West Blud | | 350.00 | |
| • | Austin, IX I | 19731 | (If travel outside (| of Texas, complete Schedule T |
| Principal occur | NA | | | |
| Date | Full name of contributor | | Amount of | In-kind contribution |
| 1 | Contributor address: City: State: Zip Code | | contribution (\$) | description (if applicab |
| <i>y-y-</i> 1-1 | Contributor address; City; State; Zip Code 3968 - FAR West DIU | 0 | 200.00 | |
| | Hustin, TXT | 8731 | (If travel outside o | of Texas, complete Schedule T |
| Principal occup | ation / Job title (See Instructions) | Employer (See Ir | structions) | |
| Date | Full name of contributor 📋 out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution |
| 7-2-14 | STEPHEN SperR | | contribution (a) | description (if applicab. |
| 1-5-11 | STEPHEN SPEIR Contributor address: City: State: Zip Code 1225 CORDNA DR | . · · | 100.00 | |
| | Austin, TX | 79732 | (If travel outside a | of Texas, complete Schedule T |
| Principal occup | | Employer (See In | | - Toxas, complete Schedule |
| lfc | ATTACH ADDITIONAL COPIES OF TH ontributor is out-of-state PAC, please see instructio | | | requirements. |
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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: 1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Meeter JA90N 5 Full name of contributor Out-of-state PAC (ID# 4 Date 7 Amount of In-kind contribution 8 Robert CONDIN & GEMA Pivatto contribution (\$) description (if applicable) 10-3-14 6 Contributor address: City: State; Zip Code 609 Cliff OR 50.0D 78704 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instruct Employer (See Instructions) Date Full name of contributor Dut-of-state PAC (ID#; Amount of In-kind contribution contribution (\$) description (if applicable) MARISA PERALes City: State: Zip Code Contributor address; 2104 Willow HUSTIN, TX 78702 (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) John KIRK MI tchell Contributor address; State: Zip Code City: 350.DU Box 40 8765 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instruction Employer (See Instructions) eM DHER Gelt 9e トノ Rennen Date Full name of contributor oul-of-state PAC /IDs Amount of In-kind contribution description (if applicable) contribution (\$) F RACY N 00 Zip Code City; State; 7*00.0*0 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Seltemp ENT Revrei 0 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. www.ethics.state.tx.us

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Austin, Texas 78711-2070

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(512) 463-5800

| LOANS | | | | SCHEDULE E |
|--|--|--|-----------------------|--|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total page | s Schedule E: |
| 2 FILER NAME | JASON Meeter | ······································ | 3 ACCOUNT | # (Ethics Commission Filers) |
| 4 TOTA | |) , , , , , , , , , , , , , , , , , , , | ⇒ (| 1,000.00 |
| 5 Date of loan | 7 Name of lender |] out-of-state PAC (ID#: | , s | Loan Amount (\$) |
| 9-11-14 | JASON Meeter | | | 1,000.00 |
| i Is lender à financial Institution? | 8 Lender address; City; State; z POBox 201907 | Zip Code | 1 | 0 Interest rate |
| Y D | Austin, T. | x 78720 | 1 | 1 Maturity date 9 - 30 - 2014 |
| | ON / Job title (See Instructions) | 13 Employer (See Instructions) | | |
| 4 Description of Coll | ateral | 15 Check if personal funds were | e deposited in | to political account |
| 6 GUARANTOR INFORMATION | 17 Name of guarantor | L | 19 | Amount Guaranteed (\$) |
| not applicable | | 21 Employer (See Instructions) | | |
| Date of loan | Name of lender | out-of-state PAC (ID#: | | Loan Amount (\$) |
| ls lender a financial Institution? | Lender address; City; State; Z | ip Code | · · · · · · | Interest rate |
| YN | | | | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | | |
| Description of Colla | iteral | Check if personal funds were | deposited inte | o political account |
| none | | | | · . |
| GUARANTOR | Name of guarantor | | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; S | tate; Zip Code | | |
| Principal Occupati | ON (See Instructions) | Employer (See Instructions) | , | ······································ |
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| POLITICAL | EXPENDITURES | SCHEDULE F |
|--|---|---|
| | | |
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to | Contract Labor Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense strict Contributions/Donations Made By strict Candidate/Officeholder/Political Committee /Rental Expense OTHER (enter a category not listed above) |
| 1 Total pages Schedule F: | 2 FILER NAME JASON MEETER | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 8-22-14 | Hewitt CAMPAigs | 15 |
| 6 Amount (\$) 5,000.00 | 7 Payee address; City; State; Zip Code | sidney, Ohio 45365 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising | (b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought Office held |
| Date | Payee name | |
| 8-77-14 | University Fed (| Fred UNION |
| Amount (\$) 12.00 | Payee address; City: State; Zip Code POBOX 9350 AU | ASTIN, TX 78766-9350 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE | Acct/BANKING | Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought Office held |
| Date 9-22-14 | Facebook | |
| Amouht (S) 257,71 | Payee address; City; State; Zip Code I HACKER WAY MENIO PARK, | CA 94025 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Advertising- | Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held |
| Date 8-14-14 | Payee name TYSON CULVER | · · · · · · · · · · · · · · · · · · · |
| Amount (\$) 4,500 | 6470 MAGENTAL | N Austin, TX 78739 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |

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| POLITICAL | EXPENDITURES | SCHEDULE F |
|--|--|---|
| | EXPENDITURE CATEGORIE | SEOP BOX 8(a) |
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Func Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D | Contract Labor Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee /Rental Expense OTHER (enter a category not listed above) |
| 1 Total pages Schedule F: 5 | Z FILER NAME JASON Meeker | 3 ACCOUNT # (Ethics Commission Filore) |
| 4 Date 8-1-14 | S Payee name Michelle NAJA | R |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code 5207 AVERY JOIA | Nd Austin, TX 78727 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) CONGULTING | (b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name H | Office sought Office held |
| Date 8 -] - 4 | Payee name Philip TRYDN Payee address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code 6207 AVERY ISSAI | vd Austin, TX 78727 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct | CONSULTING Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| expenditure to benefit C/O | H | - |
| Date 8-4-14 | Booale INC | |
| Amount (\$) 8,33 | Payee address; City; State; Zip Code 1600 AM phitheATA | e Phony ounstain View, CA 9404. |
| PURPOSE | Category (See categories tisted at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Advertising | Check if Austin, TX, officeholder living expense |
| Complete <u>QNLY</u> if direct expenditure to benefit C/O. | Candidate / Officeholder name H | Office sought Office held |
| Date 9-1-14 | Payee name | |
| Amount (\$) 201.54 | Payee address; City; State; Zip Code 1 HACKER WAY Mer | Jo PARK. CA 94025 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |

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Austin, Texas 78711-2070

(512) 463-5800

| POLITICAL | EXPENDITURES | SCHEDULE F |
|--|---|---|
| | | |
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salarie Legal Services Solicita Food/Beverage Expense Travel Polling Expense Travel Printing Expense Office | GORIES FOR BOX 8(a) s/Wages/Contract Labor tion/Fundraising Expense In District Out Of District Overhead/Rental Expense is how to complete this form. |
| 1 Total pages Schedule F: 5 | 2 FILER NAME JASON Meet | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 7-76-14 | JAY MAtthew | Consulting |
| 6 Amount (\$) | 7 Pavee address: City: State: Zi | Code |
| 1250.00 | 104 FOUNTAIN D | AKS CIR#137 ACRAMENTO, CA 95931 |
| 8 PURPOSE | (a) Category (See categories listed at the top of this sci | edule) (b) Description (If travel outside of Texas, complete Schedule T) |
| | CONSULTING | Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name H | Office sought Office held |
| Date 7-23-14 | Payee name FACEbook | |
| Amount (\$) | Payee address; City; State; Zi | > Code |
| 51,39 | 1 HACKER WAY Men | to PARK, CA 94025 |
| PURPOSE | Category (See categories listed at the top of this sci | |
| | Advertising | Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if-direct expenditure to benefit C/C | Candidate / Officeholder name H | Office sought Office held |
| 7-16-14 | Hewett CAMP | AIGNS |
| Amouht (s) | Payee address; City: State; Zir 543 POOR(EY R | Sidner, OH 45365 |
| PURPOSE | Category (See categories listed at the top of this sch | |
| OF EXPENDITURE | CONSULTING | Check if Austin, TX, officeholder living expense |
| Complete <u>QNLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held |
| Date 7-14-2014 | Payee name JAMSIMP- SAC | RAMENTO Web Design |
| Amount (\$) 75.00 | Payee address; City; State; Zip PO Box 580809 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this sch Advertising | edule) Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NEEDED |

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(TDD 1-800-735-2989)

| POLITICAL | EXPENDITURES | SCHEDULE F |
|--|--|---|
| | EXPENDITURE CATEGOR | |
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of | es/Contract Labor Loan Repayment/Reimbursement undraising Expense Transportation Equipment & Related Expense trict Contributions/Donations Made By f District Candidate/Officeholder/Political Committee ead/Rental Expense OTHER (enter a category not listed above) |
| 1 Total pages Schedule F: 5 | 2 FILER NAME JASON Meeker | 3 ACCOUNT # (Ethics Commission Filers) |
| 9-24-14 | 5 Payee name JAY Matthew Con: | sulting- |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | ······································ |
| 600.00 | 104 FOUNTAIN DAKS CIR | #137 SACRAMENTO CA 95831 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) CONSULTING | (b) Description (If travel outside of Taxas, complete Schedule T) |
| 9 Complete <u>QNLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought Office held |
| Date | Payee name | |
| 9-19-14 Amount (\$) | Hewith CAMPAIGNA Payee address; City: State; Zip Code | 5 |
| 1000.00 | 543 Doorley Rd | Sidney Ohio 45365 |
| PURPOSE OF | Category (See categories listed at the top of this schedule) | Description (If Iravel outside of Texas, complete Schedule T) |
| | CONSULTING | Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/(| Candidate / Officeholder name OH | Office sought Office held |
| Date 9-3-14 | Payee name Google Inc | |
| Amouht (5) 5,33 | Payee address: City: State; Zip Code | CR. 1000 Amphitheatre P CR. 1000 Amphitheatre P HAME CA 94023 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Advertising Exp | Check if Austin, TX-officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought Office held |
| | Рауее пале | PARK, CA 94025 |
| Date 9-1-14 | FACEDOOK MENIO | $\Box A \pi D \downarrow L A = T T U A T = 1$ |
| Date 9-1-14 Amount (\$) 43,34 | Payee address; City; State; Zip Code | |
| 9-1-14 Amount (\$) | TACEDOOK MENIO | |

| POLITICAL | EXPENDITURES | SCHEDULE F |
|--|--|---|
| | | |
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to | Iontract Labor Loan Repayment/Reimbursement aising Expense Transportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee strict OTHER (enter a category not listed above) |
| 1 Total pages Schedule F: | JASON Meeker | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 7-9-14 | JAY MAtthew Con | usulting- |
| 6 Amount (\$) 1850.00 | 7 Payee address; City; State; Zip Code 104 FOUNTAIN DA | KS CIR SACRAMENTO CA 95831 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| Date 7-3-14 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | Provide |
| 1,1) | 1600 Amphitheate | e PKWY DUNTAIN VIEW, CA 94043 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| Date | Payee name | |
| Amouht (\$) | Payee address; City; State; Zip Code | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE Complete ONLY if direct | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense Office sought Office held |
| expenditure to benefit C/O | | Office held |
| Date | Payee name | · · · · · · · · · · · · · · · · · · · |
| Amount (\$) | Payee address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · |
| PURPOSE OF EXPENDITURE | Category (See calegories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |