

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

~~Copy~~

The C/OH instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Deb	MI S.
	NICKNAME	LAST Meek	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	404 S. Main Grapevine, TX 76051		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	800-0804	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Marcia	MI
	NICKNAME	LAST Allen	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	618 Highview Lane Grapevine, TX 76051		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	366-9979	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	01	01	2017
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05/06/2017		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT - (if known)
	-		Grapevine City Council Place 5

**OFFICE USE ONLY**

Date Received

**RECEIVED**

APR 11 2017

City Secretary's Office

Date Hand-delivered or Date Postmarked: 12:53pm 5/8

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Debi Meek 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

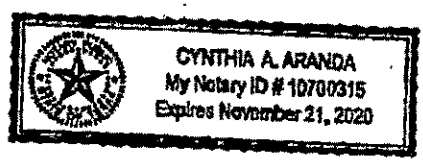
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 320 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3275 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3203.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3275 <sup>00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0-

18 AFFIDAVIT

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



Debi Meek  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debi Meek, this the 10<sup>th</sup> day of April, 2017, to certify which, witness my hand and seal of office.

CA Signature of officer administering oath  
Cynthia Aranda Printed name of officer administering oath  
Notary Public Title of officer administering oath

**SUBTOTALS - C/OH**

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3275.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 10.04	\$ <del>5203.47</del> 3203.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3133.42
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Debi Meek

3 Filer ID (Ethics Commission Filers)

4 Date

3-7-17

5 Full name of contributor

Lynn Hancock

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

200<sup>00</sup>

6 Contributor address;

2628 Fir St. Pampa, TX 79065

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-11-17

Full name of contributor

Clifford Jones

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

125<sup>00</sup>

Contributor address;

1251 N. Creek Circle Waxahachie, TX 75165

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-11-17

Full name of contributor

BJ Skelton

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

125<sup>00</sup>

Contributor address;

135 Private Rd. 1512 Bridgeport, TX 76426

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-17

Full name of contributor

Norma Duane

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200<sup>00</sup>

Contributor address;

2820 Springkill Grapevine, TX 76051

City; State; Zip Code

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 for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

Debi Meek

3 Filer ID (Ethics Commission Filers)

4 Date

2-23-17

5 Full name of contributor

Javis Putnam

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.<sup>00</sup>

6 Contributor address;

6720 Cool Meadow

City; State; Zip Code

Ft Worth, TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-28-17

Full name of contributor

Gina Renee Jones

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

175.<sup>00</sup>

Contributor address;

46 E Montana St Pasadena, CA

City; State; Zip Code

91103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-22-17

Full name of contributor

Vanessa Kinsala

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

175.<sup>00</sup>

Contributor address;

401 Oldham Waxahachie, TX 75146

City; State; Zip Code

75165

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-22-17

Full name of contributor

Robby Kinsala

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

175.<sup>00</sup>

Contributor address;

401 Oldham Waxahachie, TX 75145

City; State; Zip Code

75145

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 for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Debi Meek

3 Filer ID (Ethics Commission Filer)

4 Date

2-20-17

5 Full name of contributor

Mike Oakley

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

125<sup>00</sup>

6 Contributor address; City; State; Zip Code

2600 E Southlake Blvd / Southlake, TX 76092  
# 120-369

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-20-17

Full name of contributor

Laura Oakley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

125<sup>00</sup>

Contributor address; City; State; Zip Code

2600 E Southlake Blvd Southlake, TX 76092  
# 120-369

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-17

Full name of contributor

Barbara Fout

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200<sup>00</sup>

Contributor address; City; State; Zip Code

1501 Briarcrest Grapevine, TX 76091

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-17

Full name of contributor

Dale Fout

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200<sup>00</sup>

Contributor address; City; State; Zip Code

1501 Briarcrest Grapevine, TX 76051

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 for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Debi Meek

3 Filer ID (Ethics Commission Filer)

4 Date

3-13-17

5 Full name of contributor

Lisa Williams

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

20.00

6 Contributor address;

1725 Red Bud Euless TX 76039

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-13-17

Full name of contributor

Lane Williams

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

1725 Red Bud Euless, TX 76039

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-14-17

Full name of contributor

Sherry Rogers

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

3322 Summerfield Grapevine, TX 76051

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-17

Full name of contributor

Sharon Robinson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

1571 Dublin Circle Grapevine, TX 76051

City; State; Zip Code

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 for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Debi Meek</b>		3 Filer ID (Ethics Commission Filer)
4 Date <b>3-13-17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cyndi Powell</b> 6 Contributor address; City; State; Zip Code <b>802 Red Bud Grapevine, TX 76051</b>	7 Amount of contribution (\$) <b>50<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-13-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pam Price</b> Contributor address; City; State; Zip Code <b>2000 Carlsbad Ct. Grapevine, TX 76051</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-13-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Francis</b> Contributor address; City; State; Zip Code <b>1236 Chelsea St. Grapevine, TX 76051</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-05-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paulette Nelson</b> Contributor address; City; State; Zip Code <b>2119 Myetta Irving, TX 75061</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form. 1 Total pages (Schedule A1): 6

2 FILER NAME Debi Meek 3 Filer ID (Ethics Commission Filers)

4 Date <u>3-5-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Nelson</u>	7 Amount of contribution (\$): <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>2119 Onetta Irving, TX 76051</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>3-18-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Dorety</u>	Amount of contribution (\$): <u>100.00</u>
Contributor address; City; State; Zip Code <u>2309 Hall-Johnson Grapevine, TX 76051</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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 for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7</b>	2 FILER NAME <b>Debi Meek</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-------------------------------	---------------------------------------

4 Date <b>3-4-17</b>	5 Payee name <b>Fed EX</b>
----------------------	----------------------------

6 Amount (\$) <b>28.81</b>	7 Payee address: City: State: Zip Code <b>415 E State Hwy 114 Grapevine, TX 76051</b>
----------------------------	--

B <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>3-6-17</b>	Payee name <b>United States Post Office</b>
--------------------	---

Amount (\$) <b>19.60</b>	Payee address: City: State: Zip Code <b>1251 Wm D. Tate Grapevine, TX 76051</b>
--------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Postage</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>3-7-17</b>	Payee name <b>Office Depot</b>
--------------------	--------------------------------

Amount (\$) <b>21.63</b>	Payee address: City: State: Zip Code <b>1317 W. State Hwy 114 Grapevine, TX 76051</b>
--------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>6</u>		2 FILER NAME: <u>Debi Meek</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ <del>2710.15</del> <u>MA</u>	
5 Date <u>2-24-17</u>		6 Payee name <u>Super Cheap Signs</u> <u>3133.43</u>			
7 Amount (\$) <u>883.74</u>		8 Payee address; City; State; Zip Code <u>9200 Waterford Centre Blvd Suite 100</u> <u>Austin, TX 78758</u>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Solicitation/signs</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>3-13-17</u>		Payee name <u>XL Digital Imaging</u>			
Amount (\$) <u>619.35</u>		Payee address; City; State; Zip Code <u>11625 Columbia Center Drive Suite 200</u> <u>Dallas, TX 75229</u>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Solicitation/signs</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>6</u>	2 FILER NAME <u>Debi Meek</u>	3 Filer ID (Ethics Commission Filers)
--	----------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <u>2-28-17</u>	6 Payee name <u>Farina's Winery &amp; Cafe</u>
--------------------------	---

7 Amount (\$) <u>352.91</u>	8 Payee address; City; State; Zip Code <u>420 S. Main Grapevine, TX 76051</u>
--------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <u>2-28-17</u>	Payee name <u>FedEx</u>
------------------------	----------------------------

Amount (\$) <u>181.58</u>	Payee address; City; State; Zip Code <u>415 E State Hwy 114 Grapevine, TX 76051</u>
------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Poling Expense                 | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>6</b>	2 FILER NAME <b>Debi Meek</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <del>25.19</del>	
5 Date <b>3-7-17</b>	6 Payee name <b>Facebook</b>		
7 Amount (\$) <b>25.19</b>	8 Payee address; City: State: Zip Code <b>1601 Willow Rd Menlo Park, CA 94025-1452</b>		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
Date <b>3-12-17</b>	Payee name <b>Facebook</b>		
Amount (\$) <b>50.05</b>	Payee address; City: State: Zip Code <b>1601 Willow Rd Menlo Park, CA 94025-1452</b>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>6</b>	2 FILER NAME <b>Debi Meek</b>	3 Filer ID (Ethics Commission Filers)
--	----------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <b>3-24-17</b>	6 Payee name <b>Facebook</b>
--------------------------	---------------------------------

7 Amount (\$) <b>239.01</b>	8 Payee address; City; State; Zip Code <b>1601 Willow Rd. MENLO, CA 94025-1452</b>
--------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>3-24-17</b>	Payee name <b>Facebook</b>
------------------------	-------------------------------

Amount (\$) <b>11.32</b>	Payee address; City; State; Zip Code <b>1601 Willow Rd MENLO, CA 94025-1452</b>
-----------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>6</b>	2 FILER NAME <b>Debi Meek</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>2-6-17</b>	6 Payee name <b>Aberdeen Holdings LLC</b>	
7 Amount (\$) <b>397.00</b>	8 Payee address: City: State: Zip Code <b>404-667-8864</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Manual for running Campaign</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 7. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-13-17</b>	Payee name <b>Best Buy</b>	
Amount (\$) <b>54.11</b>	Payee address: City: State: Zip Code <b>1515 TX-114 Grapevine, TX 76051</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Credit Card Processing - Square</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 7. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <b>Debi Meek</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <b>3-27-17</b>	6 Payee name <b>Office Depot</b>
--------------------------	-------------------------------------

7 Amount (\$) <b>9.52</b>	8 Payee address; City; State; Zip Code <b>1317 W State Hwy 114 Grapevine, TX 76051</b>
------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Office Supplies</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
---------------------------	--	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>3-15-17</b>	Payee name <b>XL Digital Imaging</b>
------------------------	---

Amount (\$) <b>309.65</b>	Payee address; City; State; Zip Code <b>11625 Columbia Center Dr. Suite 200 Dallas, TX 75229</b>
------------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/signs</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED