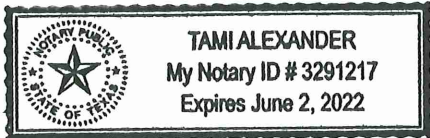
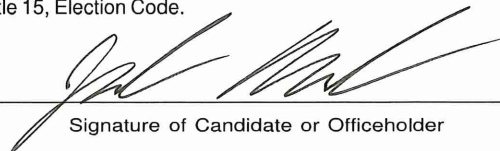
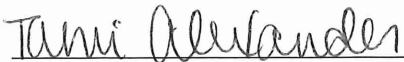


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <span style="font-size: 2em; color: blue;">5</span></p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: <span style="color: blue;">Mr.</span> FIRST: <span style="color: blue;">Joshua</span> MI: <span style="color: blue;">K</span></p> <p>NICKNAME: LAST: SUFFIX:</p> <p style="text-align: center; color: blue; font-size: 1.2em;">Meek</p>		<p><b>OFFICE USE ONLY</b></p> <hr/> <p>Date Received</p>  <p><b>RECEIVED</b></p> <p><b>JAN 15 2019</b> <span style="color: blue; font-family: cursive;">JR</span></p> <p>City Secretary's Office</p> <p style="color: blue; font-family: cursive;">2:50pm</p> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="color: blue;">11809 Port Rd Frisco TX 75035</p>										
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="color: blue;">(903) 327-6872</p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: <span style="color: blue;">Mr.</span> FIRST: <span style="color: blue;">Joshua</span> MI: <span style="color: blue;">K</span></p> <p>NICKNAME: LAST: SUFFIX:</p> <p style="text-align: center; color: blue; font-size: 1.2em;">Meek</p>										
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="color: blue;">11809 Port Rd Frisco TX 75035</p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="color: blue;">(903) 327-6872</p>										
<p>9 REPORT TYPE</p>	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<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)								
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p style="color: blue; font-size: 1.5em;">7 / 1 / 2018 THROUGH 12 / 31 / 18</p>										
<p>11 ELECTION</p>	<p>ELECTION DATE: Month Day Year</p> <p style="color: blue; font-size: 1.5em;">5 / 2 / 20</p> <p>ELECTION TYPE:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description</p> <p><input type="checkbox"/> General <input type="checkbox"/> Special</p> <p style="color: blue; font-size: 1.5em; text-align: center;">Local</p>										
<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known)</p> <p style="color: blue; font-size: 1.5em;">Frisco City Council, Place 5</p>										
<p><b>GO TO PAGE 2</b></p>											

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

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.	
<div></div>		<div></div> <div>Signature of Candidate or Officeholder</div>	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said <u>JOSHUA K. MEEL</u> , this the <u>15<sup>TH</sup></u> day of <u>JANUARY</u> , 20 <u>19</u> , to certify which, witness my hand and seal of office.			
<div></div> <div>Signature of officer administering oath</div>	<div>TAMI ALEXANDER</div> <div>Printed name of officer administering oath</div>	<div>NOTARY</div> <div>Title of officer administering oath</div>	

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Joshua Meek</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>400.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>72.53</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME Joshua Meek

3 Filer ID (Ethics Commission Filers)

4 Date  
11-16-18

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joshua Meek

7 Amount of contribution (\$)

\$400.<sup>00</sup>

6 Contributor address; City; State; Zip Code  
11809 Port Rd Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

Entrepreneur

9 Employer (See Instructions)

Muddy Waters Marketing

Date  
11-30-18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lance Birdsong

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address; City; State; Zip Code  
1313 Lasso Dr. Little Elm, TX 75068

Principal occupation / Job title (See Instructions)

Talent Acquisition Manager

Employer (See Instructions)

Corgan Inc.

Date

Full name of contributor ☐ 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 ☐ 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.



# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <b>1</b>	2 FILER NAME <b>Joshua Meek</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-30-18</b>	5 Business name <b>Texas Republic Bank</b>	
6 Amount (\$) <b>\$10.00</b>	7 Business address; City; State; Zip Code <b>2595 Preston Rd, Suite #100, Frisco, TX 75034</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <b>12-6-18</b>	Business name <b>Stripe</b>	
Amount (\$) <b>\$2.53</b>	Business address; City; State; Zip Code <b>510 Townsend St, San Francisco, CA 94103</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <b>12-31-18</b>	Business name <b>Texas Republic Bank</b>	
Amount (\$) <b>\$10.00</b>	Business address; City; State; Zip Code <b>2595 Preston Rd, Suite #100, Frisco, TX 75034</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</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 <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