CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MR Joshua	MI K	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Josh Meek		: RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		city; state: zip gode Frisco TX 75035	JUL 15 2019 10:18 AM AC
Change of Address			CITY SECRETARY'S OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 327-6872	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MR Daniel	мі J	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Dan Bollner		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY, STATE;	ZIP CODE
TREASURER ADDRESS	4745 Star Ridge Ln	Frisco TX	75034
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 672-4759	EXTENSION	
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day before eld	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	01 / 01 2019	THROUGH 06	30 2019
11 ELECTION	ELECTION DATE Month Day Year Primary 05 02 2020 General	Runoff Runoff Special ELECTION TYPE Other Description Local	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
		Frisco City Counci	I, Place 5
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Joshua Meek 15 Filer ID (Ethics Commission Filers)				
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.				
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 844.13	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 1,024.22			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 197.38			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
JULIE DAVIDSON Notary Public, State of Texas Comm. Expires 10-29-2022 Notary ID 131776381				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subsc		by the saidJosh_Meek	, this the	
day of, 20, to certify which, witness my hand and seal of office.				
Signature of officer a	Mon	Julie Davidson As	SSistant City Secretary Title of officer administering oath	
Signature of officer a	Signature of officer administrating out.			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Joshua Meek	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 844.13
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	NS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 1,024.22
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	L FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTERETURNED TO FILER	RIBUTIONS	\$
-			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2				
2 FILER NAME	oshua Meek			3 Filer ID (Ethics Commission Filers)	
4 Date 06/25/2019	5 Full name of contributor Lance Birdsong	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
00,23,201,	6 Contributor address;	City; State	e; Zip Code	150.00	
	1313 Lasso Dr	Little Elm T	X 75068		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
06/25/2019	Chad Feuerbacher Contributor address;	City; State	e; Zip Code	54.13	
	2513 La Vida Pl	Plano TX	,		
Principal occupation / Job title (See Instructions) Employer (See Instruc			tions)		
Date	Full name of contributor	out-of-state PAC	G (ID#:)	Amount of contribution (\$)	
06/25/2019	Daniel Bollner		•		
	Contributor address;	City: State	; Zip Code	500.00	
	4745 Star Ridge Ln	Frisco TX	75034		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
06/25/2019	Glyn King				
	Contributor address;	City: State	e; Zip Code	100.00	
	4285 Glenhurst Ln	Frisco TX	75033		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
	ATTACH ADDITION	ONAL COPIES C	F THIS SCHEDULE AS N	EEDED	

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 t	to complete this	s form.	1 Total pages Schedule A1: 2
2 FILER NAME	oshua Meek			3 Filer ID (Ethics Commission Filers)
4 Date 06/25/2019	5 Full name of contributor Ron Meek	out-of-state PAG	G (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; 427 W Gandy	Gity; State		40.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;		e; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State	e; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	G (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State	e; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
				*
	ATTACH ADDITIO	ONAL COPIES O	OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment			
Gredit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6/28/2019	Texas Republic Bank		
6 Amount (\$)	7 Payee address: City; State; Zip Code		
10.00	2595 Preston Rd #100 Frisco TX 75034		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Accounting / Banking	Check if Austi	n, TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/27/2019	Stripe		
Amount (\$)	Payee address; City; State; Zip Code		
6.52	510 Townsend St San Francisco CA 9410)3	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Gandidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/25/2019	Suad Bejtovic Photography	÷	
Amount (\$)	Payee address; City; State; Zip Code		
150.00	620 Cypress Hill Dr Little Elm TX 75068		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		utside of Texas. Complete Schedule T. n. 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 NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Gard Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek	3 Filer ID (Ethics Commission Filers)
4 Date 6/25/2019	5 Payee name Exaggerated Details	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
300.00	13476 Spirit Falls Dr Frisco TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
6/25/2019	Jake's	
Amount (\$)	Payee address; City; State; Zip Code	
352.94	6195 W Main Street Frisco TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
6/25/2019	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
4.59	8555 Preston Rd Frisco TX 75034	
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment				
Gredit Gard Fayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
5/31/2019	Texas Republic Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
10.00	2595 Preston Rd #100 Frisco TX 75034			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	Accounting / Banking	Check if Austin, TX, officeholder living expense		
EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
5/30/2019	Summer Moon			
Amount (\$)	Payee address; City; State; Zip Code			
9.31	6943 Main St Frisco TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Other 1 and marchine	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Other: 1 on 1 meeting	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	Payee name			
5/29/2019	Starbucks			
-, -,,				
Amount (\$)	Payee address; City; State; Zip Code			
5.68	7135 Preston Rd Frisco TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Other: 1 on 1 meeting	Check if Austin. TX, officeholder living expense		
	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OF		Cinico assigni		
,				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2019	5 Payee name Pure Buttons LLC	'
6 Amount (\$)	7 Payee address; City; State; Zip Code	
28.03	4930 Chippewa Rd Medina OH 44256	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
5/20/2019	Vista Print	
Amount (\$)	Payee address; City; State; Zip Code	
43.29	275 Wyman St Waltham MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if fravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/13/2019	Vista Print	
Amount (\$)	Payee address; City; State; Zip Code	
63.86	275 Wyman St Waltham MA 02451	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gill:/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/W	/ages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
4/30/2019	Texas Republic Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
10.00	2595 Preston Rd #100 Frisco TX 75034			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Accounting / Banking	Check if Austin	n, TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name	,		
3/29/2019	Texas Republic Bank			
Amount (\$)	Payee address; City; State; Zip Code			
10.00	2595 Preston Rd #100 Frisco TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking		atside of Texas. Complete Schedule T. a. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/28/2019	Texas Republic Bank			
Amount (\$)	Payee address; City; State; Zip Code			
10.00	2595 Preston Rd #100 Frisco TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking		atside of Texas. Complete Schedule T. n. 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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Gandidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries	Nages/Contract Labor Other (enter a category not listed above)
Significant dynamics	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
1/31/2019	Texas Republic Bank	
6 Amount (\$)	7 Payee address: City; State; Zip Code	
10.00	2595 Preston Rd #100 Frisco TX 75034	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Accounting / Banking	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	g, (Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		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