CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction C	Guide explains how to complete this form.	Ther ID (Lines Commission Fliers)	14
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr Joshua	мі К	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Josh Meek		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY: STATE: ZIP CODE	JUL 1 4 2020 1131 P.M. A.C. CITY SECRETARY'S OFFICE
5 CANDIDATE	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(903) 327-6872		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr Daniel	MI I	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 ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	01 /01 /2020	THROUGH 06	30 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 /03 / 2020 General	Special Local	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	v °	Frisco City Council	, Place 5
	go то	PAGE 2	,

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jo	oshua Meek	15	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	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 S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 4			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 950.00					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED					
	4. TOTAL POLITICAL EXPENDITURES \$ 1,037.70					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5.23					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
Cor	SHARON L. PERRY ary Public, State of T mm. Expires 03-22-2 Notary ID 12821584	true and correct and includes all information under Title 15, Election Code. 1022 9	erjury, that the accompanying report is rmation required to be reported by me			
AFFIX NOTARY STAMI	P/SEALABOVE					
Sworn to and subscr	ribed before me, b	by the said Joshua Meek	, this the			
day of, 20_20_, to certify which, witness my hand and seal of office.						
Signature of officer administering oath Sharon lerry Notary Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	s Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,037.70
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	он \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	shua Meek	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2020	Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 101 Texoma Dr Whitesboro TX 76273	100.00
	101 Texoffia Di Willitesboro TX 70273	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tlions)
Date 01/27/2020	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4631 Fall Meadow Dr., Frisco, TX 75034	25.00
	4031 Fall Meadow Dr., Frisco, TX 73034	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
01/27/2020	Natalie Roberson	
	Contributor address; City; State; Zip Code	100.00
	14968 Maroon Bells Ln., Frisco, TX 75035	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 01/27/2020	Full name of contributor out-of-state_PAC (ID#:) Luke Wiler	Amount of contribution (\$)
01/2//2020	Contributor address; City; State; Zip Code	25.00
	14952 Brazoria, Frisco, TX 75033	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how	to comple	te this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	shua Meek				3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2020	5 Full name of contributor Jai Patel	out-of-st	ate PAC (ID#:)	7 Amount of contribution (\$)
,	6 Contributor address;	City;	State;	Zip Code 75034	25.00
	8459 Stone River Dr	Frisco	TX	75034	
8 Principal occu	pation / Job title (See Instructions)		g	Employer (See Instruc	stions)
Date 01/27/2020	Full name of contributor Shahan Chowdhury	out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	Gity;	State;	Zip Code	25.00
	493 Carter Dr	Frisco	TX	75019	
Principal occup	nation / Job title (See Instructions)			Employer (See Instruc	tions)
Date 01/27/2020	Full name of contributor Jim Bullock	out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
01/2//2020	Contributor address;	City;	State;	Zip Code	25.00
	3929 Sagamore Hill Court	Frisco	TX	75025	
Delegion				Employer (See Instruc	Nione)
Principal occup	ation / Job title (See Instructions)			Employer (See Instruc	aions)
Date	Full name of contributor	out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
02/04/2020	Jeremiah Ozment				25.00
	Contributor address;	City;	State;	Zip Code	25.00
	600 Granite Shoals	Mckinney	TX	75071	
Principal occup	pation / Job title (See Instructions)			Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how	to comple	te this f	form.	Total pages Schedule A1: 4
2 FILER NAME	oshua Meek				3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2020	5 Full name of contributor Christina Meek	out-of-st	ate PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; 427 W Gandy	City: Denison	State;	Zip Code 75020	25.00
8 Principal occu	pation / Job title (See Instructions)		9	Employer (See Instruc	tions)
Date 02/04/2020	Full name of contributor Skip Middleton	out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	50.00
	5716 Red Hill Ln	Frisco	TX	75034	
Principal occupation / Job title (See Instructions) Employer (See		Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
02/07/2020	Joshua Meek				
	Contributor address;	City;	State;	Zip Code	25.00
	11809 Port Rd	Frisco	TX	75035	
Principal occu	pation / Job title (See Instructions)			Employer (See Instruc	tions)
Date 02/09/2020	Full name of contributor Jason Dudley	out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	25.00
	12117 Biloxi	Frisco	TX	75035	
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)		
			1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how	to comple	te this	form.	1 Total pages Schedule A1:
2 FILER NAME	oshua Meek	3 Filer ID (Ethics Commission Filers)			
4 Date 01/28/2020	5 Full name of contributor James Hogan	out-of-s	tate PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; 1664 Garrison Dr	City: Frisco	State;	Zip Code 75033	50.00
8 Principal occu	pation / Job title (See Instructions)		9	9 Employer (See Instruc	tions)
Date 02/11/2020	Full name of contributor Julian K Johnson	out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	200.00
	8100 Gaylord Pkwy	Frisco	TX	75034	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)		
Date	Full name of contributor	out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
02/13/2020	Gary P. Carley				
	Contributor address;	City;	State;	Zip Code	25.00
	4415 Siena Dr	Frisco	TX	75033	
Principal occup	pation / Job title (See Instructions)			Employer (See Instruc	tions)
Date 03/06/2020	Full name of contributor Alessandro Cantaboni	out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	200.00
	911 Tourmaline CV	Oak Point	TX	75068	
Principal occupation / Job title (See Instructions)			Employer (See Instruc	tions)	
			•		

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 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 F1:	2 FILER NAME Joshua Meek	3 Filer ID (Ethics Commission Filers)			
4 Date 01/02/2020	5 Payee name Facebook				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
9.81	1601 Willow Rd Menlo Park, CA 94025				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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/Oł	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
01/03/2020	Intuit				
Amount (\$)	Payee address; City; State; Zip Code				
10.66	2700 Coast Ave Mountain View, CA 940	043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	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				
01/09/2020	GoDaddy				
Amount (\$)	Payee address; City; State; Zip Code				
8.47	14455 North Hayden Rd Scottsdale, A	Z 85260			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	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 H	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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gill/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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Office (critics a category not risted above)
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2020	5 Payee name Pure Buttons LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
9.77	4930 Chippewa Rd Medina OH 44256		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		utside of Texas. Complete Schedule T. 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		
01/21/2020	Vista Print		
Amount (\$)	Payee address; City; State; Zip Code		
75.76	275 Wyman St Waltham MA 02451		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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
Date	Payee name		
01/21/2020	Vista Print		
Amount (\$)	Payee address; City; State; Zip Code		
7.31	275 Wyman St Waltham MA 02451		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		utside of Texas. Complete Schedule T. n. 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 NE	EDED

SCHEDULE F1

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 Gilt/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)

Credit Card Payment	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 01/31/2020	5 Payee name Texas Republic Bank					
6 Amount (\$)	7 Payee address; City: State; Zip Code					
10.00	2595 Preston Rd #100 Frisco TX 75034					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(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					
01/31/2020	Stripe					
Amount (\$)	Payee address: City: State: Zip Code					
11.55	510 Townsend St San Francisco CA 9410	03				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	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				
Date	Payee name					
01/31/2020	Facebook					
Amount (\$) 76.34	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gill/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)

Credit Card Payment 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 02/03/2020	5 Payee name Intuit				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
10.66	2700 Coast Ave Mountain View, CA 940)43			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/03/2020	City of Frisco				
Amount (\$)	Payee address; City; State; Zip Code				
200.00	6101 Frisco Square BLVD Frisco TX 75	034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee		tside of Texas. Complete Schedule T. , 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				
02/10/2020	Pure Buttons LLC				
Amount (\$)	Payee address; City: State; Zip Code				
59.65	4930 Chippewa Rd Medina OH 44256				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		tside of Texas, Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct . Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gill/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)

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 02/12/2020	5 Payee name Signs247.net			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
215.00	40 West Crystal Lake Street, #100, Orlando	o, FL 32806		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.	
PURPOSE OF			n, TX, officeholder living expense	
EXPENDITURE	Advertising			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
02/28/2020	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	Accounting / Banking		utside of Texas. Complete Schedule T. 1. TX, officeholder living expense	
EXPENDITURE	, teesanting, Danking			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/29/2020	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
4.84	510 Townsend St San Francisco CA 9410	03		
	Category (See Categories listed at the top of this schedule)	Description	utside of Texas. Complete Schedule T.	
PURPOSE OF	Assounting / Panking		n, TX, officeholder living expense	
EXPENDITURE	Accounting / Banking			
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 Credit Card Payment

Event Expense Fees Food/Beverage Expense Gill/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)

Credit Card Payment	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 03/02/2020	5 Payee name Facebook		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
20.00	1601 Willow Rd Menlo Park, CA 94025	5	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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		
03/02/2020	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
10.66	2700 Coast Ave Mountain View, CA 940	043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	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/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
03/10/2020	Frisco Chamber of Commerce		
Amount (\$)	Payee address; City; State; Zip Code		
200.00	6843 Main St, Frisco TX 75034		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	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/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 Credit Card Payment 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses to be listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Joshua Meek	3 Filer ID (Ethics Commission Filers)	
4 Date 03/11/2020	5 Payee name Vista Print	1	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
66.56	275 Wyman St Waltham MA 02451		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
03/31/2020	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	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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
04/02/2020	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
10.66	2700 Coast Ave Mountain View, CA 94	043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	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			