


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b>  <div style="text-align: center; font-size: 1.2em;">2</div>												
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border: none;"> <tr> <td style="width:30%;">MS / MRS / MR Mr</td> <td style="width:30%;">FIRST Joshua</td> <td style="width:10%;">MI K</td> </tr> <tr> <td>NICKNAME Josh</td> <td>LAST Meek</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr	FIRST Joshua	MI K	NICKNAME Josh	LAST Meek	SUFFIX	<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Date Received</p>  <p style="font-size: 1.2em; font-weight: bold;">RECEIVED</p>  <p style="font-size: 1.2em; font-weight: bold;">JAN 15 2021</p>  <p style="font-size: 1.2em; font-weight: bold;">3:09 P.M. A.C</p>  <p style="font-size: 0.8em;">CITY SECRETARY'S OFFICE</p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		<table style="width:100%; border: none;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>8625 Hickory St.</td> <td>#2229</td> <td>Frisco</td> <td>TX</td> <td>75034</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	8625 Hickory St.	#2229	Frisco	TX	75034		
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	<b>12 OFFICE</b>  OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>  Frisco City Council, Place 5												

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

18 AFFIDAVIT

SHARON L. PERRY  
Notary Public, State of Texas  
Comm. Expires 03-22-2022  
Notary ID 128215849

Signature of Candidate or Officeholder

Signature of officer administering path

SHARON Perry

Notary