



# 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><b>1</b> Filer ID (Ethics Commission Filers)</p>		<p><b>2</b> Total pages filed:</p> <p style="text-align: center; font-size: 1.2em;">2</p>											
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR <b>Mr</b></td> <td style="width:33%; border-bottom: 1px solid black;">FIRST <b>Joshua</b></td> <td style="width:33%; border-bottom: 1px solid black;">MI <b>K</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME <b>Josh</b></td> <td style="border-bottom: 1px solid black;">LAST <b>Meek</b></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>			MS / MRS / MR <b>Mr</b>	FIRST <b>Joshua</b>	MI <b>K</b>	NICKNAME <b>Josh</b>	LAST <b>Meek</b>	SUFFIX	<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p>  <p style="font-size: 1.2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.1em;">JAN 12 2022</p> <p style="font-size: 0.9em;">01/12/22 at 3:47 PM</p> <p style="font-size: 0.8em; font-weight: bold;">CITY SECRETARY'S OFFICE</p> <p style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p>					
	MS / MRS / MR <b>Mr</b>	FIRST <b>Joshua</b>	MI <b>K</b>												
NICKNAME <b>Josh</b>	LAST <b>Meek</b>	SUFFIX													
<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p> <input type="checkbox"/> Change of Address         </p>															
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AREA CODE ( 903 )</td> <td style="width:33%;">PHONE NUMBER 327-6872</td> <td style="width:33%;">EXTENSION</td> </tr> </table>			AREA CODE ( 903 )	PHONE NUMBER 327-6872	EXTENSION	<table style="width:100%; border-collapse: collapse;"> <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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<p><b>11</b> ELECTION</p>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> <p>ELECTION DATE</p> <p>Month / Day / Year</p> </td> <td style="width:60%;"> <p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special    <b>Local</b> </p> </td> </tr> </table>				<p>ELECTION DATE</p> <p>Month / Day / Year</p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special    <b>Local</b> </p>								
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<p><b>12</b> OFFICE</p>		<p><b>13</b> OFFICE SOUGHT (if known)</p> <p style="text-align: center; font-size: 1.1em;">Frisco City Council, Place 5</p>													

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

<p><b>18 AFFIDAVIT</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"><p>SHARON L. PERRY Notary Public, State of Texas Comm. Expires 03-22-2022 Notary ID 128215849</p></div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p>	<p>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.</p> <div style="text-align: center; margin-top: 20px;"> _____ Signature of Candidate or Officeholder</div> <p>Sworn to and subscribed before me, by the said <u>Joshua Meek</u>, this the <u>12<sup>th</sup></u> day of <u>January</u>, 20<u>22</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 30%;"> _____ Signature of officer administering oath</div><div style="width: 30%;"><p>Sharon Perry</p>_____ Printed name of officer administering oath</div><div style="width: 30%;"><p>notary</p>_____ Title of officer administering oath</div></div>
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