CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Debi | MI: S | NICKNAME | LAST: Meek | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 404 S. Main, Grapevine, TX 76051

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) | PHONE NUMBER: 800-0804 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Marcia | MI | NICKNAME | LAST: Allen | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 618 High View Lane, Grapevine, TX 76051

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 366.9979 | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☑ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 04 / 29 / 2017 THROUGH 06 / 30 / 2017

11 ELECTION

ELECTION DATE (Month / Day / Year): 05 / 06 / 2017

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☑ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): —

13 OFFICE SOUGHT (if known): Grapevine City Council Place 5

OFFICE USE ONLY

Date Received

RECEIVED
JUL 19 2017
City Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Debi Meek

15 ACCOUNT # (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

☐ additional pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0 -
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0 -
3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0 -
4.	TOTAL POLITICAL EXPENDITURES	$ 1077.44
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0 -
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1250.00

18 AFFIDAVIT

JULIA SIZEMORE
Notary Public, State of Texas
My Commission Expires
May 24, 2018

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.

Debi Meek
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debi Meek, this the 19th day of July, 20 17, to certify which, witness my hand and seal of office.

Julia Sizemore — Julia Sizemore — Notary
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense; Accounting/Banking; Consulting Expense; Event Expense; Fees; Gift/Awards/Memorials Expense; Legal Services; Food/Beverage Expense; Polling Expense; Printing Expense; Salaries/Wages/Contract Labor; Solicitation/Fundraising Expense; Travel In District; Travel Out Of District; Office Overhead/Rental Expense; Loan Repayment/Reimbursement; Transportation Equipment & Related Expense; Contributions/Donations Made By Candidate/Officeholder/Political Committee; OTHER (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Debi Meek

3 ACCOUNT # (Ethics Commission Filers):

Expenditure 1

4 Date: 5-1-17

5 Payee name: Facebook

6 Amount ($): 1.96

7 Payee address; City; State; Zip Code: 1601 Willow Rd Menlo Park, CA 94025-1452

8 PURPOSE OF EXPENDITURE — (a) Category (See categories listed at the top of this schedule): Advertisement

(b) Description (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: Debi Meek; Office sought: Place 5; Office held:

Expenditure 2

Date: 5-1-17

Payee name: Facebook

Amount ($): 335.43

Payee address; City; State; Zip Code: 1601 Willow Rd Menlo Park, CA 94025-1452

PURPOSE OF EXPENDITURE — Category (See categories listed at the top of this schedule): Advertisement

Description (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: Debi Meek; Office sought: Place 5; Office held:

Expenditure 3

Date: 5-8-17

Payee name: Google,

Amount ($): 500.00

Payee address; City; State; Zip Code: 1600 Amphitheatre Mountainview, CA 94043

PURPOSE OF EXPENDITURE — Category (See categories listed at the top of this schedule): Advertisement

Description (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: Debi Meek; Office sought: Place 5; Office held:

Expenditure 4

Date: 6-1-17

Payee name: Facebook

Amount ($): 225.17

Payee address; City; State; Zip Code: 1601 Willow Rd Menlo Park, CA 94025-1452

PURPOSE OF EXPENDITURE — Category (See categories listed at the top of this schedule): Advertisement

Description (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: Debi Meek; Office sought: Place 5; Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Debi Meek	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6-6-17	5 Payee name Google	
6 Amount ($) 14.88	7 Payee address; City; State; Zip Code 1601 Ampitheatre Mountainview CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertisement	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Debi Meek	☐ Check if Austin, TX, officeholder living expense Office sought Place 5 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	☐ Check if Austin, TX, officeholder living expense 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	☐ Check if Austin, TX, officeholder living expense 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	☐ Check if Austin, TX, officeholder living expense Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: 9

2 FILER NAME: Debi Meek

3 ACCOUNT # (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 1250

5 Date of loan: 5-2-17

6 Is lender a financial institution? Y (N)

7 Name of lender: Debi Meek ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code: 4045 Main Grapevine, TX 76051

9 Loan Amount ($): 1250

10 Interest rate:

11 Maturity date:

12 Principal occupation / Job title (See Instructions): Retail Jewelry Store Owner

13 Employer (See Instructions): Permuta Gold + Silver

14 Description of Collateral ☐ none

15 Check if personal funds were deposited into political account ☑

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor:

18 Guarantor address; City; State; Zip Code:

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan:

Name of lender: ☐ out-of-state PAC (ID#:)

Is lender a financial institution? Y N

Lender address; City; State; Zip Code:

Loan Amount ($):

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral ☐ none

Check if personal funds were deposited into political account ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME Debi Meek

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Debi Meek
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☑ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☑ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Debi Meek
Signature of Candidate

5 OFFICEHOLDER
-- Complete this section *only* if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder