

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	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 404 S. Main Grapevine, TX 76051 ☐ Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 618 High View Lane Grapevine, TX 76051 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	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 THROUGH Month Day Year 04 / 29 / 2017 THROUGH 06 / 30 / 2017		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 05 / 06 / 2017 ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	—	Grapevine City Council Place 5	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME***Debi Meek***15 ACCOUNT # (Ethics Commission Filer)****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.

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 CONTRIBUTION
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**CONTRIBUTION
BALANCE****5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD**\$ 0 -**OUTSTANDING
LOAN TOTALS****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 14th day of July, 20 17, to certify which, witness my hand and seal of office.*[Signature]*
Signature of officer administering oathJulia Sizemore
Printed name of officer administering oathNotary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

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 File #)

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 94025-1852

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:

Date: 5-1-17 Payee name: Facebook

Amount (\$): 335.43 Payee address: City: State: Zip Code: 1601 Willow Rd Menlo Park, CA 94025-1852

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:

Date: 5-8-17 Payee name: Google

Amount (\$): 500.00 Payee address: City: State: Zip Code: 1600 Amp Theatre 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:

Date: 6-1-17 Payee name: Facebook

Amount (\$): 225.17 Payee address: City: State: Zip Code: 1601 Willow Rd Menlo Park, CA 94025-1852

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

POLITICAL EXPENDITURES

SCHEDULE F

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 Filer)

4 Date

6-6-17

5 Payee name

Google

6 Amount (\$)

14.88

7 Payee address:

City: State: Zip Code

1601 Amphitheatre Mountainview, OH 44043

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

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

LOANS**SCHEDULE E**

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Debi Meek

3 ACCOUNT # (Ethics Commission Filer)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 1250⁰⁰

5 Date of loan

5-2-17

7 Name of lender

Debi Meek

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

1250⁰⁰

8 Is lender a financial institution?

Y (N)

8 Lender address; City; State; Zip Code

404 S. Main

Grapevine, TX 76051

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# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

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" ..

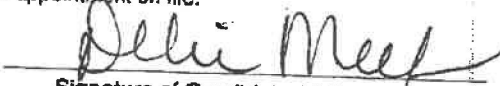
1 C/OH NAME

Debi Meek

2 Filer ID (Ethics Commission Filer)

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.


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.

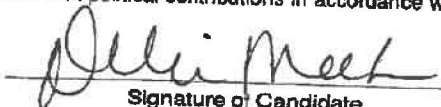
☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual 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.


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