

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI A.	OFFICE USE ONLY Date Received 11 APR 14 RECEIVED - CSO Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Theresa A. Terry Meza		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2024 Mill Creek Arlington, TX 76010		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 448-2263		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI W.		
	NICKNAME LAST SUFFIX Steve Blair		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1404 Bates Ct. Arlington, TX 76011		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 261-7550		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 11 4 / 4 / 11		
11 ELECTION	ELECTION DATE Month Day Year 5 / 14 / 11	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council, District 5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Theresa A. Meza 16 ACCOUNT # (Ethics Commission Filers)

17 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,721.15</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>368.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,352.60</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT

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.

Theresa A. (Jenny) Meza
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Theresa A. Meza, this the 14th day of April, 20 11, to certify which, witness my hand and seal of office.

<u>Karen Williams</u>	<u>Karen Williams</u>	<u>Notary</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Theresa A. Meza		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Alisa A. Simmons	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4205 Hopewell Ct. Arlington, TX 76016		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David A Cozad	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4104 Coronet Ave Arlington, TX 76017		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions)	
Date 2/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joyce Palmer	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1118 Inwood Dr. Arlington, TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 2/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mrs. Daniel H. Koogler	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 Skipper Dr. Arlington, TX 76015		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ruthann Green	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3438 Curry Dr Arlington, TX 76001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) TCC	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Theresa A. Meza		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/30/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Celina Vasquez 6 Contributor address; City; State; Zip Code 5626 Oakview Dr Fl. Worth, TX 76112	7 Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Domingo Garcia Contributor address; City; State; Zip Code 640 Kessler Springs Dr. Dallas, TX 75208	Amount of contribution (\$) 200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 4/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Minerva Rodriguez Contributor address; City; State; Zip Code 1036 Opal Dr. DeSoto, TX 75115	Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Shirley Lewenstein Contributor address; City; State; Zip Code 3505 E. Bangor Ct. Irving, TX 75062	Amount of contribution (\$) 25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Minwdo Breakfast Contributor address; City; State; Zip Code El Ranchito 610 W. Jefferson Blvd. Dallas, TX 75208	Amount of contribution (\$) 125.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; font-size: 2em;">4</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Theresa A. Meza</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="text-align: center; font-size: 1.2em;">2/25/11</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Reception - Meritug Rest.</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">250.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1107 N. Interstate 35 Austin, TX 78702</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">3/7/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Jerry Mc Natt</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">150.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">Pay Pal</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">3/7/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Jesse Garcia</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">Pay Pal</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">2/12/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Sign-In Party</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">51.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">P. 22 a Den 76010 1524 New York Ave, Arlington, TX</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em;">3/7/11</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Pay Pal</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">0.15</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">credit</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Theresa Meza		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/18/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earl Hinson	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1714 Lakespur Arlington, TX 76013		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 505 W. 12th Ste Suite 200 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Theresa Meza</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/12/11</i>		5 Payee name <i>Pizza Den</i>			
6 Amount (\$) <i>42.10</i>		7 Payee address; City; State; Zip Code <i>1524 New York Ave Arlington, TX 76010</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Event Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Tea & Pizza</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/3/11</i>		Payee name <i>Bird's Copies</i>			
Amount (\$) <i>241.10</i>		Payee address; City; State; Zip Code <i>2085 East St Arlington, TX 76010</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Copying</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/7/11</i>		Payee name <i>Pam Pal</i>			
Amount (\$) <i>10.35</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (If travel outside of Texas, complete Schedule T) <i>5% Fee - on line</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/7/11</i>		Payee name <i>Texas Democratic Headquarters</i>			
Amount (\$) <i>75.00</i>		Payee address; City; State; Zip Code <i>505 W. 12th St Austin, TX 78701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Precinct Lists</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Theresa A. Meza</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>Texas Democratic Party</u>		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel <u>3/7/11</u>	7 Name of person(s) traveling <u>N.A.</u>	
8 Departure city or name of departure location <u>N.A.</u>		
9 Destination city or name of destination location <u>N.A.</u>		
10 Means of transportation <u>N.A.</u>	11 Purpose of travel (Including name of conference, seminar, or other event) <u>Secure Precinct Lists - on line</u>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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