

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET **19 MAY - 6 AM 11:01**

RECEIVED - CSO

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Theresa A NICKNAME LAST SUFFIX Terry Meza	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
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="radio"/> FIRST MI Steven 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 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) May 6, 2011		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 5 / 11 5 / 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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ /
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 235.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ /
4. TOTAL POLITICAL EXPENDITURES	\$ 362.52
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,225.08
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ /

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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. 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 6th day of May, 20 11, to certify which, witness my hand and seal of office.

Tina Stewart
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
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: 1

2 FILER NAME Theresa A. Meza 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>4/8/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Clavis H. Thompson</u> 6 Contributor address: City: State: Zip Code <u>413 Crown Virginia Beach, VA</u>	7 Amount of contribution (\$) <u>100.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>4/24/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Private Birthday Party</u> Contributor address: City: State: Zip Code <u>El Chico - 76013</u> <u>1595 S. Bowen Pantego, TX</u>	Amount of contribution (\$) <u>10.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Aftab Siddiqui</u> Contributor address: City: State: Zip Code <u>7231 Jurassic Dr. Arlington, TX 76002</u>	Amount of contribution (\$) <u>25.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/21/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>R. A. Kinezek</u> Contributor address: City: State: Zip Code <u>4901 Racquet Club Dr. Arlington, TX 76017</u>	Amount of contribution (\$) <u>100.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 1		2 FILER NAME Theresa A. Meza		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-25-11		5 Payee name Robodial.Org			
6 Amount (\$) 107.48		7 Payee address; City; State; Zip Code P.O.Box 1393 Media, PA 19063			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Theresa A. Meza		Office sought City Council, Dist 5	
Date 4-27-11		Payee name Birds Copies & Print			
Amount (\$) 135.56		Payee address; City; State; Zip Code 208 S. East Arlington, TX 76010			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Theresa A. Meza		Office sought City Council, Dist 5	
Date 4-29-11		Payee name Chase			
Amount (\$) 12.00		Payee address; City; State; Zip Code 500 E Border Arlington, TX 76010			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-4-11		Payee name Robodial.Org			
Amount (\$) 107.48		Payee address; City; State; Zip Code P.O. Box 1393 Media, PA 19063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Theresa A. Meza		Office sought City Council Dist. 5	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED