

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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|--|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: center; font-size: 2em;">7</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | <input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST: THRESA MI: A. NICKNAME: TERRY LAST: MEZA SUFFIX: | OFFICE USE ONLY Date Received: 12 JAN 17 PM 6:24 RECEIVED - CSO Date Hand-delivered or Postmarked: Receipt #: 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 DR. ARLINGTON TX 76010 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 448-2263 | | |
| 6 CAMPAIGN TREASURER NAME | <input type="radio"/> MS / <input checked="" type="radio"/> MRS / <input type="radio"/> MR FIRST: STEVEN MI: W. NICKNAME: BLAIR LAST: SUFFIX: | | |
| 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 checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 7 / 1 / 11 12 / 31 / 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) N/A | 13 OFFICE SOUGHT (if known) CITY COUNCIL DISTRICT 5 | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME THRESA A. MEZA 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 | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-----------|
| 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 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 769.19 |
| 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 | \$ 0 |

18 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.

Thresa A. Meza
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thresa A. Meza, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Imier Stewart Signature of officer administering oath
Tina Stewart Printed name of officer administering oath
notary Title of officer administering oath

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 of 4 | | 2 FILER NAME THRESA A. MEZA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 7/14/11 | | 5 Payee name GABRIEL RIVAS | | | |
| 6 Amount (\$) \$300.00 | | 7 Payee address; City; State; Zip Code ARLINGTON Tx 76010 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) WAGES | | (b) Description (If travel outside of Texas, complete Schedule T) FIELD WORK | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 7/22/11 | | Payee name AUSTIN COMMUNITY FOUNDATION | | | |
| Amount (\$) \$100.00 | | Payee address; City; State; Zip Code AUSTIN Tx | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) CONSULTING EXPENSE | | Description (If travel outside of Texas, complete Schedule T) TEXAS PUBLIC POLICY AND CANDIDATE TRAINING | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 7/29/11 | | Payee name CHASE BANK | | | |
| Amount (\$) \$12.00 | | Payee address; City; State; Zip Code DALLAS Tx 75201 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) FEES | | Description (If travel outside of Texas, complete Schedule T) SERVICE FEE | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 8/31/11 | | Payee name CHASE BANK | | | |
| Amount (\$) \$12.00 | | Payee address; City; State; Zip Code DALLAS Tx 75201 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) FEES | | Description (If travel outside of Texas, complete Schedule T) SERVICE FEE | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 of 4 | 2 FILER NAME THRESA A. MEZA | 3 ACCOUNT # (Ethics Commission Filers) |
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| | |
|-------------------------|-----------------------------------|
| 4 Date 9/2/11 | 5 Payee name CHASE BANK |
|-------------------------|-----------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code DALLAS Tx 75201 |
|---------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FEES | (b) Description (If travel outside of Texas, complete Schedule T) ACH CHARGE |
|--------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------|
| Date 9/30/11 | Payee name CHASE BANK |
|------------------------|---------------------------------|

| | |
|-------------------------------|--|
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code DALLAS Tx 75201 |
|-------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FEES | Description (If travel outside of Texas, complete Schedule T) SERVICE FEE |
|------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|------------------------|---------------------------------|
| Date 10/3/11 | Payee name CHASE BANK |
|------------------------|---------------------------------|

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| Amount (\$) \$25.00 | Payee address; City; State; Zip Code DALLAS Tx 75201 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FEES | Description (If travel outside of Texas, complete Schedule T) ACH CHARGE |
|------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------------|
| Date 10/31/11 | Payee name CHASE BANK |
|-------------------------|---------------------------------|

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|-------------------------------|--|
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code DALLAS Tx 75201 |
|-------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FEES | Description (If travel outside of Texas, complete Schedule T) SERVICE FEE |
|------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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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.

| | | |
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| 1 Total pages Schedule F: 3 of 4 | 2 FILER NAME THRESA A. MEZA | 3 ACCOUNT # (Ethics Commission Filers) |
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|-------------------|----------------------------|
| 4 Date 11/1/11 | 5 Payee name CHASE BANK |
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|---------------------------|---|
| 6 Amount (\$) \$25.00* | 7 Payee address; City; State; Zip Code DALLAS Tx 75201 |
|---------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FEES | (b) Description (If travel outside of Texas, complete Schedule T) ACH CHARGE * REVERSED 12/30/11 |
|--------------------------|--|--|

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|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|--------------------------|
| Date 11/30/11 | Payee name CHASE BANK |
|------------------|--------------------------|

| | |
|------------------------|---|
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code DALLAS Tx 75201 |
|------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FEES | Description (If travel outside of Texas, complete Schedule T) SERVICE FEE |
|------------------------|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|--------------------------|
| Date 12/1/11 | Payee name CHASE BANK |
|-----------------|--------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$25.00* | Payee address; City; State; Zip Code DALLAS Tx 75201 |
|-------------------------|---|

| | | |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FEES | Description (If travel outside of Texas, complete Schedule T) ACH CHARGE * REVERSED 12/30/11 |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| | |
|------------------|--------------------|
| Date 12/21/11 | Payee name USPS |
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| | |
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| Amount (\$) \$15.95 | Payee address; City; State; Zip Code ARLINGTON Tx 76010 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING EXPENSE | Description (If travel outside of Texas, complete Schedule T) STAMPS-MAILING THANK-YOU'S |
|------------------------|--|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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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) |

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| | | |
|--|--|--|
| 1 Total pages Schedule F: 4 of 4 | 2 FILER NAME THERESA A. MEZA | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--|--|

| | |
|---------------------------|---------------------------------|
| 4 Date 12/22/11 | 5 Payee name EL CHICO |
|---------------------------|---------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code PANTEGO Tx 76013 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FOOD / BEVERAGE | (b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN TREAS. MEETING |
|--------------------------|--|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--|
| Date 12/30/11 | Payee name CHRIS TURNER CAMPAIGN |
|-------------------------|--|

| | |
|--------------------------------|--|
| Amount (\$) \$116.62 | Payee address; City; State; Zip Code P.O. Box 182093, ARLINGTON Tx 76096 |
|--------------------------------|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) DONATION | Description (If travel outside of Texas, complete Schedule T) CAMPAIGN DONATION |
|------------------------|---|---|

| | | | |
|--|--|------------------------------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name CHRIS TURNER | Office sought STATE REP. | Office held |
|--|--|------------------------------------|-------------|

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|-------------------------|---|
| Date 12/30/11 | Payee name MANUEL VALDEZ FOR CONGRESS |
|-------------------------|---|

| | |
|--------------------------------|--|
| Amount (\$) \$116.62 | Payee address; City; State; Zip Code 1411 ELLIS, FORT WORTH Tx 76106 |
|--------------------------------|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) DONATION | Description (If travel outside of Texas, complete Schedule T) CAMPAIGN DONATION |
|------------------------|---|---|

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|--|---|----------------------------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name MANUEL VALDEZ | Office sought CONGRESS | Office held |
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|------|------------|
| Date | Payee name |
|------|------------|

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|-------------|--------------------------------------|
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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