

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

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)

\$ 44,650.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 12,456.⁹⁴

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 93,150.⁰²

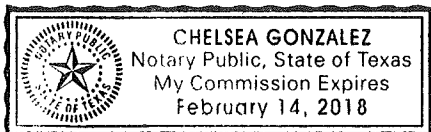
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 50,000

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.



Todd Meier
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Todd Meier, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

Chelsea Gonzalez
Signature of officer administering oath

Chelsea Gonzalez
Printed name of officer administering oath

City Secretary
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:

5

2 FILER NAME

Todd Meier

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/17/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Bob Baillangeon

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

N/A

6 Contributor address; City; State; Zip Code

12116 Edgestone Road
Dallas, TEXAS 75230

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired Automobile Dealer

10 Employer (See Instructions)

N/A

Date

1/5/15

Full name of contributor out-of-state PAC (ID#: _____)

Charles Solomon

Amount of contribution (\$)

700.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

12201 Marit Drive
Dallas, TEXAS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired co-chair of the board

Employer (See Instructions)

Austin Industries

Date

1/6/15

Full name of contributor out-of-state PAC (ID#: _____)

Frank Houseman

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3920 Southwestern Blvd.
Dallas, TEXAS 75225

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President & CEO

Employer (See Instructions)

Houseman Properties

Date

1/6/15

Full name of contributor out-of-state PAC (ID#: _____)

Bruce Sifford

Amount of contribution (\$)

5.000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5231 Royal Crest Dr.
Dallas, TEXAS 75229

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President / CEO

Employer (See Instructions)

Direct Development

Date

1/6/15

Full name of contributor out-of-state PAC (ID#: _____)

Troy D. Phillips

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

14801 Quorum Dr, Ste 500
Dallas, TEXAS 75254

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Glast, Phillips + MURRAY, P.C.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

57,700

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>5</i>	
2 FILER NAME <i>Todd Meier</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/2/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Haggan III</i>	7 Amount of contribution (\$) <i>\$,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5972 Azalea Lane Dallas, TEXAS 75230</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired: Chair / CEO Haggan Apparel Co.</i>		10 Employer (See Instructions) <i>N/A</i>	
Date <i>1/5/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy Taft</i>	Amount of contribution (\$) <i>\$,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5608 Palomar Lane Dallas, TEXAS 75229-6916</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Chairman / CEO Fiesta Restaurant Group</i>		Employer (See Instructions) <i>Fiesta Restaurant Group</i>	
Date <i>1/4/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron + Hedy Rittonmeyer</i>	Amount of contribution (\$) <i>\$,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2205 Plantation Lane Plano, TEXAS 75093</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Former CEO EDS / Chairman + CEO / Chairman + CEO</i>		Employer (See Instructions) <i>Former EDS / Turnkey Advisors / Expert Global Solutions</i>	
Date <i>1/5/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>McHenry, T. Tichenor, Jr.</i>	Amount of contribution (\$) <i>\$,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Crescent Court Suite 200 Dallas, TEXAS 75201</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Investments</i>		Employer (See Instructions) <i>Self-employed</i>	
Date <i>1/7/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Gallagher + Hymie Gallagher</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6305 Park Meadow Lane Plano, TEXAS 75093-8865</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Police officer</i>		Employer (See Instructions) <i>Retired Addison Police Department</i>	

23,950

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>5</i>	
2 FILER NAME <i>Todd Merin</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/9/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRY LONDON</i>	7 Amount of contribution (\$) <i>2,500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5515 Preston Fairways Dr. Dallas, TEXAS 75252-4962</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Chairman / CEO</i>		10 Employer (See Instructions) <i>London Broadcasting</i>	
Date <i>1/9/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall Engstrom</i>	Amount of contribution (\$) <i>5,000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5744 Deboache Dallas, TEXAS 75225</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Chairman / CEO</i>		Employer (See Instructions) <i>DARR Equipment Company -</i>	
Date <i>1/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Folsom</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1647 S Dallas Parkway, Suite 800 Addison, TEXAS 75001</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Folsom Properties</i>	
Date <i>1/12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Gene Evans</i>	Amount of contribution (\$) <i>\$ 1,000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6044 Sherry Lane</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Banker / Chairman</i>		Employer (See Instructions) <i>Grand Bank</i>	
Date <i>1/12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick McGow, Jr.</i>	Amount of contribution (\$) <i>2,500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 800219 Dallas, TEXAS 75381-0219</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Manufacturing / Chairman</i>		Employer (See Instructions) <i>Western Extrusions</i>	

39,450

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME Todd Meier		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/13/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Willard	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 801843 Dallas, Texas 75380		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Executive Vice President in Development		10 Employer (See Instructions) ETAN industries	
Date 1/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN + DEBORAH WOODLOCK	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6409 Ladbroke Ct. Plano, TEXAS 75024-7460		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) V.P. Bus. Dev. P.W.C.		Employer (See Instructions) P.W.C.	
Date 1/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Swingle	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13760 Noel Road, Ste 600 Dallas, TEXAS 75240-1381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Insurance / President		Employer (See Instructions) Swingle, Collins + Associates	
Date 1/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Aisner	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15601 Dallas Parkway; Suite 600 Addicks, TEXAS 75001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Behringer Harvard	
Date 1/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Lutz	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17300 Dallas Parkway; Suite 3050 Dallas, TEXAS 75248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Private Investor	

39,650

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5

2 FILER NAME Todd Meier 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>1/15/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William "Bill" Wilcox</u>	7 Amount of contribution (\$) <u>\$2,500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>15305 Dallas Parkway; Suite 1600 Addison, Texas</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) CEO. 10 Employer (See Instructions)
United Surgical Partners International.

Date <u>1/15/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERRY Kelley</u>	Amount of contribution (\$) <u>\$1,000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8201 Preston Road; SU 200 Dallas, Texas 75225</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Banker / Chairman Employer (See Instructions)
FIRST PRIVATE BANK

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>43,150</u>	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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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>Todd Meier</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date <u>1/6/15</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Troy Phillips</u>	8 Amount of pledge (\$) <u>1,500⁰⁰</u>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <u>14801 Quorum Dr. Dallas, TEXAS 75254</u>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions) <u>Attorney</u>		11 Employer (See Instructions) <u>Glast, Phillips + MURRAY P.C.</u>	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <i>TODD MEIER</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan <i>1/2/15</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Meier</i>	9 Loan Amount (\$) <i>50,000.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>3785 Park Place Addison, Texas 75001</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>5/9/15</i>
12 Principal occupation / Job title (See Instructions) <i>Attorney / Bus. owner / Mayor</i>		13 Employer (See Instructions) <i>Shackelford / Meier Equity Partners / Town of Addison</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <i>N/A</i>	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Todd Meier</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/27/14</i>	5 Payee name <i>Murphy Nasica</i>
----------------------------------	---

6 Amount (\$) <i>\$5,000</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>815-A Brazos Street #304 Austin, Texas 78701</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Materials Guidance</i>
---------------------------------	---	---

Date <i>11/12/14</i>	Payee name <i>Salesmanship Club of Dallas</i>
-------------------------	--

Amount (\$) <i>\$1,000</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>106 East Tenth Street Dallas, Texas 75203-2296</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Holiday Cards</i>
------------------------	--	---

Date <i>12/1/14</i>	Payee name <i>U.S. Post Office: Addison Postal Store</i>
------------------------	---

Amount (\$) <i>\$490.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Addison, Texas 48227/0001 - 0098</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postage for Holiday Cards</i>
------------------------	--	---

Date <i>12/24/14</i>	Payee name <i>Murphy Nasica</i>
-------------------------	------------------------------------

Amount (\$) <i>\$5,000</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>815-A Brazos Street #304 Austin, Texas 78701</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>website design/logo/t-shirts/stickers/mailbox preparation</i>
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p. 1 of 1, 490

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 G:		2 FILER NAME <i>TODD MEIER</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/3/15</i>		5 Payee name <i>Hands on web</i>			
6 Amount (\$) <i>211.09</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>Shannon Laird: Hands on web: 4132 Wimbledon Dr. Flower Mound, TX 75028-1550</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>web hosting 2/17/15 -</i>	
Date <i>11/13/15</i>		Payee name <i>Murphy Masica</i>			
Amount (\$) <i>755.25</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>815-A Brazos Street #304 Austin, TEXAS 78701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>T-shirts: Logo stickers</i>	
Date <i>total: 12,456.94</i>		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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)	

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