



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**  
Robert Aaron Meek

**15 Filer ID** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

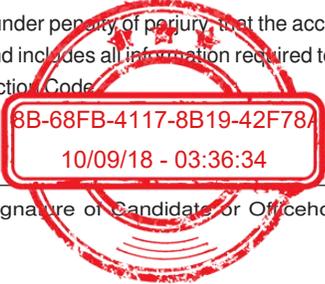
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 400.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,675.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 657.31
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 11,141.99
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,212.07
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,000.00

**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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7,425.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$250.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$5,203.70
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$5,938.29
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
07/01/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Richardson Republican Women

**7** Amount of contribution (\$)  
\$200.00

**6** Contributor address; City; State; Zip Code  
PO Box 831626 Richardson TX 75083

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
07/07/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Julia Gibson

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
110 Sunbird Ln Sunnyvale TX 75182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
07/24/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Golden Corridor Republican Women

Amount of contribution (\$)  
\$700.00

Contributor address; City; State; Zip Code  
6505 West Park Blvd, Ste 306, #269 Plano TX 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/20/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ken Hollingsworth

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
234 Brookwood Dr Duncanville TX 75116

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
09/09/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ricky Moore

**7** Amount of contribution (\$)  
\$75.00

**6** Contributor address; City; State; Zip Code  
302 Lisa Lane Cedar Hill TX 75104

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
09/08/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Frances Pearson

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
1940 Mayflower Dr Dallas TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/08/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Joyce Sellars

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
1614 Noble Hill Rd Dallas TX 75208

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
10/14/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mary Fae Kamm

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
1207 Rock Spring Duncanville TX 75137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
09/22/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert Seward

**7** Amount of contribution (\$)  
\$300.00

**6** Contributor address; City; State; Zip Code  
4632 Sandra Lynn Dr Mesquite TX 75150

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
09/19/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lee McNutt

Amount of contribution (\$)  
\$175.00

Contributor address; City; State; Zip Code  
3716 McFarlin Blvd Dallas TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/27/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lisa Ryan

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
12684 Sunlight Dr Dallas TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/22/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
First Republican Women's Club of Dallas

Amount of contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code  
10730 Odair Ct Dallas TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
07/21/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michelle La Fountain

**7** Amount of contribution (\$)  
\$300.00

**6** Contributor address; City; State; Zip Code  
411 Rolling Hills Cir Coppel TX 75019

**8** Principal occupation / Job title (See Instructions)  
book keeper

**9** Employer (See Instructions)  
self employed

Date  
09/13/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Catherine "Trinkie" Taylor

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
5600 Lovers Ln Ste 116-386 Dallas TX 75209

Principal occupation / Job title (See Instructions)  
Farmer/Investor

Employer (See Instructions)  
self

Date  
09/13/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lauren Roe

Amount of contribution (\$)  
\$75.00

Contributor address; City; State; Zip Code  
2 Braewick Court Dallas TX 75225

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

Date  
09/20/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bettye Megason

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
908 Audelia Rd, Ste 200 PMB Richardson TX 75081  
326

Principal occupation / Job title (See Instructions)  
retired

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5

**2** FILER NAME  
Robert Aaron Meek

**3** Filer ID (Ethics Commission Filers)

**4** Date  
08/31/18

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Debra Meek

**7** Amount of contribution (\$)  
\$2,000.00

**6** Contributor address; City; State; Zip Code  
PO Box 1436 Cedar Hill TX 75106

**8** Principal occupation / Job title (See Instructions)  
Ministry Assistant

**9** Employer (See Instructions)  
Hillcrest Baptist Church

Date  
09/19/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
B Clark

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
Dallas TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
09/07/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CRC

Amount of contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code  
PO Box 2206 Austin TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 1	
<b>2</b> FILER NAME Robert Aaron Meek		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$100.00	
<b>5</b> Date 09/21/18	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Reagor	<b>8</b> Amount of Contribution \$ \$150.00	<b>9</b> In-kind contribution description Sponsored a hole at the North Star School Golf Tournament for the
	<b>7</b> Contributor address; City; State; Zip Code 2615 Creekwood Dr Cedar Hill TX 75104	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Manager, Presales		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions) Tableau Software	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

**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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 07/01/18	<b>5</b> Payee name Oriental Trading				
<b>6</b> Amount (\$) \$79.92	<b>7</b> Payee address; City; State; Zip Code PO Box 2308 Omaha NE 68103				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/03/18	Payee name Walmart				
Amount (\$) \$117.34	Payee address; City; State; Zip Code Cedar Hill TX 75104				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/03/18	Payee name Walmart				
Amount (\$) \$125.08	Payee address; City; State; Zip Code Dallas TX 00000				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08/07/18	<b>5</b> Payee name Old Red Courthouse				
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code . Dallas TX 00000				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/09/18	Payee name Mandalay Press				
Amount (\$) \$389.70	Payee address; City; State; Zip Code . Dallas TX 00000				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/16/18	Payee name Reusser Photography				
Amount (\$) \$350.00	Payee address; City; State; Zip Code . Dallas TX 00000				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6		<b>2</b> FILER NAME Robert Aaron Meek		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/12/18		<b>5</b> Payee name North Texas Crime Commission			
<b>6</b> Amount (\$) \$70.00		<b>7</b> Payee address; City; State; Zip Code . Dallas TX 00000			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/12/18		Payee name Jiffy Shirts			
Amount (\$) \$52.50		Payee address; City; State; Zip Code 1000 N West St Ste. 1200 Wilmington DE 19801			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/12/18		Payee name FTD.com			
Amount (\$) \$62.40		Payee address; City; State; Zip Code . IL 00000			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 09/24/18	<b>5</b> Payee name Mandalay Press				
<b>6</b> Amount (\$) \$259.80	<b>7</b> Payee address; City; State; Zip Code . Dallas TX 00000				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/24/18	Payee name The Home Depot				
Amount (\$) \$226.24	Payee address; City; State; Zip Code . Cedar Hill TX 75104				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 07/05/18	Payee name Allyn Media				
Amount (\$) \$1,264.36	Payee address; City; State; Zip Code 3838 Oaklawn Ave Dallas TX 00000				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Robert Aaron Meek	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/04/18	<b>5</b> Payee name NTCC	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code . Dallas TX 00000	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 08/29/18	Payee name Christians In Public Service	
Amount (\$) \$1,000.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code . Dallas TX 00000	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 09/07/18	Payee name First Graphic Services	
Amount (\$) \$3,438.29  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code . Garland TX 00000	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**