| | N FINANCE REPORT | _ | | | | COVE | R SHEET | |
|---|---|--------------|-------------------------------------|--|-------------------------------|---|---|---|
| The C/OH Instruction | Guide explains how to complete thi | is form. | 1 Filer II | D | | 2 Total page | es filed: 20 | |
| B CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRS Mer | ा edith | MI | | OFFIC Date Received | Date Received | | |
| | NICKNAME LAS | | .5425 5 0 4343644 44444 4444 | 140 160 160 160 160 1811 1811 1811 1811 1811 1811 1811 18 | SUFFIX | | \$ | |
| CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUIT PO Box 12177 | ΓΕ#; (| CITY; | | ZIP CODE | Date Hand-delive | ared or Date Postma | |
| Change of Address | San Antonio, TX 78212 | | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRS | π | | | Mi | | | |
| | NICKNAME LAST | T ander | | | SUFFIX | MAN AND AND AND AND AND AND AND AND AND A | | *************************************** |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX 110 Broadway, Suite 380 San Antonio, TX 78205 | PLEASE |) ; | APT/SUITI | E#; CIT | TY; | STATE; Z | IP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NU (210) 560-2260 | MBER | EXTENSIO |)N | | | | |
| 8 REPORT TYPE | | | fore election ore election | Runoff Exceede | d modified | appointment | er campaign trea t (officeholder on t (Attach C/OH-Fi | ly) |
| 9 PERIOD COVERED | Month Day Year 07/06/2021 | | THROUGH | V | lonth Da 12/31/2 | - | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/01/2022 | [X | Primary General | R | CTION TYPE unoff pecial | Other | · · · · · · · · · · | |
| 11 OFFICE | OFFICE HELD (if any) | | | | | HT (if known) y Criminal Dist | trict Attorne | у |
| | | |) TO PAG | | | | | |
| orms provided by To | exas Ethics Commission | www | ethics.state | e.tx.us | | | Version V1.: | L. 209/97 02 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| SOLICITI | a TOTALO | | | | 2 of 20 | | |
|--|----------------------------------|---------------------------------|--|---|---|--|--|
| 13 C / OH NAME | Chacon, Meredith | | 14 | Filer ID | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditure | ns accepted or political expenditures es may have been made without the required to report this information or | candidate's or officeh | older's knowledge or | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE N | ME | | | | |
| | GENERAL | | | | | | |
| | | COMMITTEE A | DRESS | | | | |
| | SPECIFIC | | | | | | |
| | | | | | | | |
| | | COMMITTEE CA | MPAIGN TREASURER NAME | | | | |
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| | | COMMITTEE C | MPAIGN TREASURER ADDRESS | | | | |
| | | | | | | | |
| | | | | | | | |
| 16 CONTRIBUTION | 1. TOTAL UNITEM | IZED POLITICAL | CONTRIBUTIONS (OTHER THAN P | I FDGES LOANS | | | |
| TOTALS | | | R CONTRIBUTIONS MADE ELECTI | | \$ 0.00 | | |
| | 2. TOTAL POLITIC | CAL CONTRIBUT | ONS | | 03.407.00 | | |
| | (OTHER THAN | PLEDGES, LOAN | S, OR GUARANTEES OF LOANS) | | \$ 32,467.38 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | IIZED POLITICAL | EXPENDITURES | | \$ 0.00 | | |
| | 4. TOTAL POLITIC | I. TOTAL POLITICAL EXPENDITURES | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | ONS MAINTAINED AS OF THE LAS | T DAY OF THE | \$ 2,865.84 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | | ALL OUTSTANDING LOANS AS OF | THE LAST DAY | \$ 0.00 | | |
| 17 AFFIDAVIT | | | | | | | |
| | | | | | | | |
| | | | I swear, or affirm, under penalty of true and correct and includes all in | perjury, that the acco formation required to | mpanying report is be reported by me | | |
| - MUUNA | AUDREY BRUNNER | | under Title 15, Election Code. | | | | |
| No No | otary Public, State of Te | | | | う | | |
| C September 1 | omm. Expires 09-10-20 | | AXA, S | 6 | | | |
| 1 Minute | Notary ID 131716222 | | Signature of Ca | ndidate or Officehold | | | |
| | | • | Signature of Oc | REAL PROPERTY OF THE PROPERTY | | | |
| | TARY STAMP / SEAL AB | - | . 2: | 1 | 0 | | |
| Sworn to and subs | cribed before me, by the s | said Meredi | h Chacon | , this the | day | | |
| or Tanuary | | ertify which, witne | ss my hand and seal of office. | | | | |
| I and and | A | / 4 | 102 | . (, | o | | |
| 1 (Illelle) | MON | Audre | y Drunner, | Notary t | Wel | | |
| Signature of offi | cer administering | Printed nar | le of officer administering | Title of efficer a | administering oath | | |
| | exas Ethics Commission | | w ethics state tx us | | Version V1.1.ab979f02 | | |

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 20 18 FILER NAME 19 Filer ID Chacon, Meredith **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 15,467.38 \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 17,000.00 X SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 12,601.54 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER Version V1.1.ab979f02 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

| MUNEI | ARY POLITICAL CONTR | KIBUTIONS | | SCHEDU | LE A1 |
|------------------------------|--|------------------|---|--|------------|
| The Instruc | tion Guide explains how to com | plete this form. | | 1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/20 | 401 |
| 2 FILER NAME | | | | 3 Filer ID | |
| Chacon, Mer | edith | | | | |
| 09/06/2021 | Bailey, Judy | state PAC (ID#: | | 7 Amount of Contribution (\$) | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Co 27927 Wild Bloom | ode | | | |
| I | San Antonio, TX 78260 | | | | |
| 8 Principal occup Realtor | ation / Job title (See Instructions) | 1 | ployer (See Instructions) lier Williams Heritage | | |
| Date 08/28/2021 | Full name of contributor out-of-s Ballantyne Law Firm, PLLC | state PAC (ID#: | | Amount of Contribution (\$) | \$250.00 |
| | Contributor address; City; State; Zip Co 9 Auburn Pl | ode | | | |
| | San Antonio, TX 78209-4739 | : | | | |
| Principal occup Attorney | ation / Job title (See Instructions) | · • | ployer (See Instructions) Ilantyne Law Firm, PL | | |
| Date | Full name of contributor |) | Amount of Contribution (\$) | | |
| 07/14/2021 | Banner, Sarah | | | \$103.30 | |
| | Contributor address; City; State; Zip Co San Antonio, TX | ode | | | |
| Drincinal accum | nation / Job title (See Instructions) | | ployer (See Instructions) | | |
| Director of Cl | • | : 1 | ildSafe | | |
| Date 10/19/2021 | Full name of contributor out-of-s | state PAC (ID#: | | Amount of Contribution (\$) | \$200.00 |
| -0/10/2021 | Contributor address; City; State; Zip Co 10217 Rafter S Trail | ode | | | 420000 |
| | Helotes, TX 78023 | | | | |
| Principal occup Retired | ation / Job title (See Instructions) | | ployer (See Instructions) tired | | |
| Date 08/27/2021 | Full name of contributor out-of-s | state PAC (ID#: | | Amount of Contribution (\$) | \$50.00 |
| | Contributor address; City; State; Zip Co 233 W Wildwood | ode | | | |
| | San Antonio, TX 78212-1559 | | | | |
| Principal occup Retired | eation / Job title (See Instructions) | | lployer (See Instructions) tired | | |
| orms provided h | by Texas Ethics Commission | www.ethics.state | tx us | Version V | .1.ab97910 |

| MONET | ARY POLITICAL CONTRIBUT | TION | IS | SCHEDUI | LE A1 |
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| The Instru | ction Guide explains how to complete th | nis for | m. | 1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/20 | |
| FILER NAME | | - | | 3 Filer ID | |
| Chacon, Me | redith | | | | |
| Date 10/21/2021 | 5 Full name of contributor ut-of-state PAC (Blanchard, Adam | | | 7 Amount of Contribution (\$) | \$ 515.0 |
| : | 6 Contributor address; City; State; Zip Code 2019 Chaffin Way | | | | |
| | San Antonio, TX 78260 | | | | |
| Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 6) | |
| Owner | | 1 | Double Diamond Transp | port Inc. | |
| Date | Full name of contributor Out-of-state PAC | (ID#: |) | Amount of Contribution (\$) | |
| 07/09/2021 | Chacon, Campbell & Alexander, PLLC | ` | | | \$3,000.0 |
| | Contributor address; City; State; Zip Code | ********** | | | |
| | 110 Broadway St Ste 380 | | | | |
| | San Antonio, TX 78205-2460 | | | | |
| Principal occu attorneys | pation / Job title (See Instructions) | | Employer (See Instructions | s) | |
| Date | Full name of contributor Out-of-state PAC | (ID#: | | Amount of Contribution (\$) | |
| 10/01/2021 | Chacon, Victor | | | \$103.0 | |
| | Contributor address; City; State; Zip Code 1803 Trinity Station | | 912 17 17 17 17 17 17 17 17 17 17 17 17 17 | | |
| | Sugar Land, TX 76478 | | | | |
| Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | s) | |
| Date | Full name of contributor out-of-state PAC | (ID#: | | Amount of Contribution (\$) | |
| 10/19/2021 | Clermont LLC | | | | \$2,500.0 |
| | Contributor address; City; State; Zip Code 7334 Blanco Rd Ste 200 | | | | |
| | San Antonio, TX 78216-4933 | | | | |
| • | pation / Job title (See Instructions) | | Employer (See Instructions |) | • |
| Self Employ | red | | Clermont LLC | | |
| Date | Full name of contributor Out-of-state PAC | (ID#: |) | Amount of Contribution (\$) | |
| 12/06/2021 | Corbeil, Lupita | | | (,, | \$103.0 |
| | Contributor address; City; State; Zip Code | | | | |
| | 16 Duxbury Park | | | | |
| | San Antonio, TX 78257 | | | | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | · · . · · · |
| Human Res | ources | | Self Employed | | |
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| rms provided | by Texas Ethics Commission www.e | ethics.s | tate.tx.us | Version V: | L.1.ab979 |

| The Instruc | tion Guide explains how to complete this | for | m. | 1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/20 | |
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| FILER NAME | | - | | 3 Filer ID | |
| Chacon, Mer | | | | | |
| | 5 Full name of contributor ut-of-state PAC (ID# | r | | 7 Amount of Contribution (\$) | |
| 08/28/2021 | Englert, Anne | | | | \$51.9 |
| | 6 Contributor address; City; State; Zip Code | | | | |
| | PO 120151 | | | | |
| | San Antonio, TX 78212 | | | | |
| Principal occup | ation / Job title (See Instructions) | 9 | Employer (See Instructions |) | |
| Property Tax | | | Self Employed | | |
| Date | Full name of contributor Out-of-state PAC (ID# | ; | | Amount of Contribution (\$) | |
| 11/26/2021 | Ginn, Lisa | | | | \$103.0 |
| • | Contributor address; City; State; Zip Code | ******* | | | |
| | 131 El Paso | | | | |
| | San Antonio. TX 78204 | | | | |
| Principal occum | nation / Job title (See Instructions) | _ | Employer (See Instructions | 1 | |
| Executive Dir | | | San Antonio Education I | | |
| Date | Full name of contributor Out-of-state PAC (ID# | <u>_</u> |) | Amount of Contribution (\$) | |
| 10/30/2021 Golibart, Diana | | | | Pariotal or Community | \$257.5 |
| · | Contributor address; City; State; Zip Code | P488488 | | | • |
| | 234 W. Bandera Road | | | | |
| | 316 | | | | |
| | Boerne, TX 78006 | | | | |
| | nation / Job title (See Instructions) | 1 | Employer (See Instructions | | |
| Self Employe | d | 丄 | D. G. Accounting Service | es | |
| Date | Full name of contributor out-of-state PAC (tDs | k | | Amount of Contribution (\$) | |
| 10/30/2021 | Golibart, Diana | ******* | n ere electron de un description de la company de la compa | | \$257.9 |
| | Contributor address; City; State; Zip Code | | | | |
| | 234 W. Bandera Road | | | | |
| | 316 Boerne, TX 78006 | | | | |
| Principal occur | nation / Job title (See Instructions) | \top | Employer (See Instructions |) | |
| Self Employe | | | D. G. Accounting Service | • | |
| Date | Full name of contributor Out-of-state PAC (ID# | <u></u> | | Amount of Contribution (\$) | *********** |
| 08/28/2021 | Goss, Jason | | | , , | \$100.0 |
| ľ | Contributor address; City; State; Zip Code | *** | ************************************** | | |
| | 40 NE Interstate 410 Loop Ste. 525 | | | | |
| | San Antonio, TX 78216 | | | | |
| | | | | | |
| Principal occup | nation / Job title (See Instructions) | 1 | Employer (See Instructions |) | |
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| Т | he Instru | ction Guide explains how to complete | this f | orm. | 1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/20 | |
| 2 F | ILER NAME | | ; | | 3 Filer ID | |
| C | Chacon, Me | eredith | | | | |
| 4 D | ate 8/22/2021 | 5 Full name of contributor out-of-state P Hatcher, Gail | AC (ID#:_ | | 7 Amount of Contribution (\$) | \$51.99 |
| | | 6 Contributor address; City; State; Zip Code 24723 Crescent Run San Antonio, TX 78258 | | | | |
| R P | rincinal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions | 3 | |
| | • | dult Ministries and Fellowship | | Coker United Methodist | | |
| <u> </u> | ate | | 40 (104) | | Amount of Contribution (\$) | |
| ŀ | 2/13/2021 | Full name of contributor out-of-state P Jen, Osborne | **C (IL)# | | Amount of Commodor (4) | \$50.00 |
| - | | Contributor address; City; State; Zip Code | | *************************************** | | 400.00 |
| | | 312 W Harlan Ave | | | | |
| | | San Antonio, TX 78214-3532 | | | | |
| P | rincipal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 3) | |
| 1 | rofessor | , | | St. Phillips College | , | |
| | ate | Full name of contributor Out-of-state P | AC OD# | 1 | Amount of Contribution (\$) | |
| 1 | 8/27/2021 | LaHood and Norton PLLC | | | 74.104.407 001.10.104.07 (4) | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| l | | 40 NE Loop 410 Ste 525 | | | | |
| | | · | | | | |
| <u> </u> | | San Antonio, TX 78216-5867 | : | | | |
| L | rincipal occu Littorney | pation / Job title (See Instructions) | | Employer (See Instructions Lahood Norton PLLC | 5) | |
| ^ | шоттеу | | · | Lanoou Notion PLLC | | orgeneral construction |
| | ate | Full name of contributor ut-of-state P | AC (ID#: | | Amount of Contribution (\$) | |
| O | 8/28/2021 | Mathis, Jamie | | | | \$103.48 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 126 Beberly Drive | | | | |
| | | San Antonio, TX 78291 | | | | |
| Р | rincipal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | |
| Α | ttorney | | | Self Employed | | |
| D | ate | Full name of contributor Out-of-state P | AC (ID#: |) | Amount of Contribution (\$) | · |
| 0 | 7/13/2021 | McMahan, Andrew | - | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | • | nag ng kanyang maga maga ng kang nabang dagam naga dagan dagan da uni tabbi tabbi | | |
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| MONET | ARY POLITICAL CONTRIB | UTIOI | NS | | SCHEDUI | LE A1 |
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| The Instru | ction Guide explains how to complete | this fo | rm. | 1 | Total pages Schedule A1: Sch: 5/6 Rpt: 8/20 | |
| 2 FILER NAME | | | | 3 | Filer ID | |
| Chacon, Me | eredith | | | | | |
| 4 Date 07/29/2021 | Full name of contributor out-of-state P. Mitchell, Patti Contributor address; City; State; Zip Code | AC (ID#: | | 7 | Amount of Contribution (\$) | \$1,030.18 |
| | 909 Keystone Court Midland, TX 79705 | | | | | |
| 8 Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions Retired | s) | | |
| Date 08/13/2021 | | | | | Amount of Contribution (\$) | \$103.48 |
| | Contributor address; City; State; Zip Code TX | | | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | | | |
| President/Ov | President/Owner AT&C Revenue Servi | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | |
| 07/24/2021 | 07/24/2021 Rosenkoetter, Brandon | | | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code Boise, Idaho | | | | | |
| Principal occu Pilot | pation / Job title (See Instructions) | | Employer (See Instructions | <u>1</u> s) | | |
| Date | Full name of contributor out-of-state P | AC (ID#: | | Τ | Amount of Contribution (\$) | |
| 08/28/2021 | Salinas, Ernest | | | | | \$206.46 |
| | Contributor address; City; State; Zip Code 175 Dalehurst Dr. | | | | | |
| | San Antonio, TX 78201 | | | | | |
| Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | s) | | |
| Date 08/03/2021 | Full name of contributor out-of-state P Silins, Margaret | AC (ID#: | | Π | Amount of Contribution (\$) | \$206.46 |
| | Contributor address; City; State; Zip Code TX | | | | | |
| Principal occu | I pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| Forms provided | by Texas Ethics Commission ww | w.ethics. | state.tx.us | | Version V | L.1.ab979f0 |

| MONET | ARY POLITICAL CONT | RIBUTION | NS | SCHEDUL | E A1 |
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| The Instruc | ction Guide explains how to con | nplete this for | m. | 1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/20 | |
| 2 FILER NAME Chacon, Me | redith | : | | 3 Filer ID | |
| 4 Date 08/28/2021 | 5 Full name of contributor out-of Ballantyne, Stephen 6 Contributor address; City; State; Zip C 7701 Broadway Ste 200 | -state PAC (ID#: | | 7 Amount of Contribution (\$) | \$150.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> | |
| Attorney | (0000000) | | Ballantyne Law Firm, PL | - | |
| Date 08/28/2021 | | | | | \$100.00 |
| Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions The Hegeler Law Firm |) | **** |
| Date 10/06/2021 | Full name of contributor ut-of-state PAC (ID#:) | | | Amount of Contribution (\$) | \$20.60 |
| Principal occu Author | pation / Job title (See Instructions) | | Employer (See Instructions Wilson Properties |) | |
| Date 09/01/2021 | Full name of contributor out-of Campbell, Yolanda Contributor address; City; State; Zip C 19 Avalon Park San Antonio, TX 78257-1308 | -state PAC (ID#: | | Amount of Contribution (\$) | \$100.00 |
| | pation / Job title (See Instructions) | | Employer (See Instructions |) | |
| Retired | | | Retired | | |
| Forms provided | by Texas Ethics Commission | www.ethics.s | state.tx.us | Version V1 | .1.ab979f02 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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| The | instruction Guide explains how | to comp | lete this | form. | - | 1 Total pages Schedule A1: | | | |
| 2 FILER NAME Chacon, Me | eredith | | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 11/17/21 | 5 Full name of contributor Ray & Meredith Chacon | Out-of | -state PAC | (ID#: | | 7 Amount of contribution (\$) 2,000.00 | | | |
| | 6 Contributor address; 110 Broadway, Suite 380, San Antonio TX 78205 | City | | State; | Zip Code | | | | |
| 8 Principal occu Faculty/Att | pation / Job title (See Instructions) corney | | 9 | | r (See Instruction ips College/C | odions) e/Chacon, Campbell & Alexander PLLC | | | |
| 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) | | | | Emplo | oyer (See instruc | tions) | | | |
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Revised 8/17/2020

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 10/20 2 FILER NAME Chacon, Meredith TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution 6 Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) description 07/12/2021 **INFINITE GREY LLC** \$5,000.00 i consulting Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Consulting Infinite Grey LLC 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Out-of-state PAC (ID#_ Amount of In-kind contribution contribution (\$) description 08/16/2021 **INFINITE GREY LLC** \$3,000.00 | consulting Contributor address: City: State: Zip Code 1002 N Flores SAN ANTONIO, TX 78212 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Infinite Grey LLC Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date In-kind contribution Full name of contributor Amount of ut-of-state PAC (ID#: contribution (\$) description 09/13/2021 INFINITE GREY LLC \$3,000.00 consulting Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212 Check If travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Consulting Infinite Grey LLC Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Forms provided by Texas Ethics Commission Version V1.1.ab979102 www.ethics.state.tx.us

| | ONETARY (IN-KIND) POLITIBUTIONS | | | SCHEDULE A2 | | |
|---------------------------------|---|----------|--|--|--|--|
| The Instru | ction Guide explains how to complete | this f | orm. | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 11/20 | | |
| Chacon, Me | | | | 3 Filer ID | | |
| TOTAL OF | UNITEMIZED IN-KIND POLITICAL CO | NTRIB | UTIONS | \$ | | |
| 10/18/2021 | Full name of contributor out-of-state PAC INFINITE GREY LLC Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212 | (ID#: | | 8 Amount of 9 In-kind contribution contribution (\$) description \$3,000.00 consulting | | |
| 10 Principal occu Consulting | pation / Job title (FOR NON-JUDICIAL) (See instr | uctions) | 11 Employer (FOR NON Infinite Grey LLC | -JUDICIAL) (See instructions) | | |
| L2 Contributor's | principal occupation (FOR JUDICIAL) | | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | |
| L6 If contributor i | s a child, law firm of parent(s) (if any) (FOR JUDIC | JAL) | <u>L</u> | | | |
| Date 11/15/2021 | Full name of contributor out-of-state PAC INFINITE GREY LLC Contributor address; City; State; Zip Code 1002 N Flores SAN ANTONIO, TX 78212 | (ID#: | | Amount of In-kind contribution contribution (\$) description \$3,000.00 consulting | | |
| Principal occu Consulting | pation / Job title (FOR NON-JUDICIAL) (See insti | uctions) | Employer (FOR NON Infinite Grey LLC | -JUDICIAL) (See instructions) | | |
| Contributor's | principal occupation (FOR JUDICIAL) | | Contributor's job title | (FOR JUDICIAL) (See instructions) | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | | Law firm of contributo | r's spouse (if any) (FOR JUDICIAL) | | |
| If contributor i | s a child, law firm of parent(s) (if any) (FOR JUDIC | JAL) | | | | |
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| | by Texas Ethics Commission ww | | s.state.tx.us | Version V1.1.ab9791 | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Rela Travel in District nt & Related Expense

Printing Expense Salarles/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Chacon, Meredith Sch: 1/9 Rpt 12/20 4 Date Payee name 10/06/2021 **ASSOCIATED REPUBLICANS OF TEXAS** Payee address; 6 Amount (\$) City; State; Zip Code \$250.00 807 Brazos Street, Suite 601 Austin, Texas 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense CONTRIBUTION AT EVENT Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 11/17/2021 **AV SOURCE** Amount (\$) Payee address; City; State; Zip Code \$140.05 10842 VANDALE ST SAN ANTONIO, TX 78216 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OE **Event Expense** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense AUDIO VIDEO SERVICES Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Amount (\$) Payee address; City; State; Zip Code **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reinbursement
Office Overhead/Rental Expanse Solicitation/Fundraising Expense

| | Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commits Credit Card Payment | | mm ittee | Legal Services | Glit/Awards/Memorials Expense Printing Expe | | xpens Vages | e Contract Labor | | Travel Out of District Travel Out of District OTHER (enter a category not listed above) | |
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| 1 | Total pages Schedule F1: | 2 | FILER NAME | E | ! | | - | | 3 | Filer ID | |
| | Sch: 2/9 Rpt: 13/20 | | Chacon, M | leredith | | | | | | | |
| 4 | Date | 5 | Payee name | ! | | | | | - | | |
| | 09/20/2021 | | BEXAR GO | | | | | | | • | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip Co | de | | | | |
| | \$60.00 | | 10300 HER | RITAGE BLVD | | | | | | | |
| | | | SUITE 240 | | | | | | | | |
| | | | SAN ANTO | NIO, TX 78216 | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories listed at the | top of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | Event Expe | | | | | 느 | | ide of Texas. Complete Schedule T. | |
| | | | | | | | | ll | | , officeholder living expense N FOR EVENT | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Off | iceholder name | O | ffice sou | ght | | | Office held | |
| T | Date | | Payee name | ! | | | tar turanos | | | | |
| | 09/28/2021 | | CSG, INC. | | | | | | | | |
| Г | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | de | | | | |
| | \$1,590.00 | | 212 W LAU | IREL | | | | | | | |
| | | | | | | | | | | | |
| | | | SAN ANTO | NIO, TX 78212 | | | | | | | |
| | PURPOSE | (a) | Category (s | ice Categories listed at the | top of this sche | edule) | (p) | Description | | | |
| | OF EXPENDITURE | | Consulting | Expense | | | | | | ide of Texas. Complete Schedule T. | |
| | | | | | | | | CONSULTIN | | , officeholder living expense | |
| | | | | | | | | 00,1002 | | | |
| Г | Complete ONLY if direct | | Candidate/Off | iceholder name | 0 | ffice sou | ght | | | Office held | |
| L | expenditure to benefit C/OI | 1 | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| L | 10/04/2021 | | FIRST WA | тсн | | | | | | | |
| | Amount (\$) | | Payee addre | | State; | Zip Co | ode | | | | |
| | \$98.48 | | 830 NW LC | OOP 410 | | | | | | | |
| ĺ | | | SUITE 107 | | | | | | | | |
| L | | | SAN ANTO | NIO, TX 78216 | | | | | | | : |
| | PURPOSE OF | (4 | | ice Categories listed at the | top of this sche | edule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Bever | rage Expense | | | | | | ide af Texas. Complete Schedule T. , officeholder living expense | |
| | | | | | | : | | FOOD EXPE | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Off | iceholder name | O | ffice sou | ight | | • | Office held | |
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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS** EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donestons Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Event Expense Food/Beverage Expense Travel Out of District OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Legal Services The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/9 Rpt: 14/20 Chacon, Meredith 4 Date Payee name 09/14/2021 GARY M. PERKINS, 6 Amount (\$) 7 Payee address; State; Zip Code \$1,725.00 1420 S ALAMO ST SAN ANTONIO, TX 78210 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) ΩE Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check If Austin, TX, officeholder living expense **PHOTOGRAPHY** Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/23/2021 **GOOGLE** Amount (\$) Payee address; City; State; Zip Code \$10.31 500 W 2ND ST **SUITE 2900 AUSTIN, TX 78201 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense PHONE

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|---|--|----------------------|--|
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name H | Office sough | ht Office held |
| Date | Payee name | | |
| 09/23/2021 | GOOGLE | | |
| Amount (\$) \$26.86 | Payee address; City; 500 W 2ND ST SUITE 2900 AUSTIN, TX 78201 | State; Zip Cook | e |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the Office Overhead/Rental Expe | ., | D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOOGLE SUITE SERVICES |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sough | ht Office held |
| Forms provided by Texas E | thics Commission ww | w.ethics.state.tx.us | Version V1.1.ab979f02 |

SCHEDULE F1

Solicitation/Fundralsing Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Food/Beverage Expens lais Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Chacon, Meredith Sch: 4/9 Rpt: 15/20 4 Date Pavee name 10/06/2021 **GOOGLE** 6 Amount (\$) Payee address; City; State; Zip Code \$3.57 500 W 2ND ST **SUITE 2900 AUSTIN, TX 78201 PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PHONE Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 10/06/2021 **GOOGLE** Payee address; State; Zip Code Amount (\$) City; \$11.52 500 W 2ND ST **SUITE 2900 AUSTIN, TX 78201 PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOOGLE SUITE SERVICES** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Pavee name 11/08/2021 **GOOGLE** City; Payee address; Amount (\$) State; Zip Code \$13.80 500 W 2ND ST **SUITE 2900 AUSTIN, TX 78201 PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PHONE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Office/locations/Political Credit Card Payment | | Event Expense Fees Food/Beverage Expense Citi/Awards/Memorials E Legal Services | Office Ove Polling Ex opense Printing Ex Salaries/M | rhead pense quense /ages/ | e IContract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
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| 1 | Total pages Schedule F1: Sch: 5/9 Rpt: 16/20 | 2 FILER NAME Chacon, M | | | | | 3 | Filer ID |
| 4 | Date 11/08/2021 | 5 Payee name GOOGLE | | | | | • | |
| 6 | Amount (\$) \$38.38 | 7 Payee addre 500 W 2ND SUITE 290 AUSTIN, T | ST | State; Zip Co | de | | | |
| 8 | PURPOSE OF EXPENDITURE | | ee Categories listed at the head/Rental Expe | | | | , TX | ide of Tenus. Complete Schedule T. , officeholder living expense E SERVICES |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name | Office sou | ght | | | Office held |
| | Date | Payee name | | | | | | |
| | 12/06/2021 | GOOGLE | | | | | | |
| | Amount (\$) \$13.78 | Payee addre 500 W 2ND SUITE 290 AUSTIN, T | ST 0 | State; Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | | ee Caagories listed at the head/Rental Expe | | | <u></u> | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name | Office sou | ght | | | Office held |
| | Date 12/06/2021 | Payee name GOOGLE | | | | | | |
| | Amount (\$) \$20.47 | Payee addre 500 W 2ND SUITE 290 AUSTIN, T | ST 0 | State; Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | | ee Categories listed at the head/Rental Expe | | | Check If Austin | , TX | ide of Texas. Complete Schedule T. , officeholder Ilving expense E SERVICES |
| | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ght | | | Office held |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Accounting/Banking Consulting Expense Contributors/ Donations Made By- Candidate/Officeholder/Political Credit Card Payment | Committee Legal Services | Polling Expense Printing Ex | rpense Yages/Contract Labor | Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed above | |
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| 1 | Total pages Schedule F1: | | | | 3 Filer ID | |
| _ | Sch: 6/9 Rpt: 17/20 | Chacon, Meredith | | | - 2 1101 10 | |
| 4 | Date | 5 Payee name | | | | |
| _ | 12/02/2021 | GREATER SAN ANTONIO | HAMBER OF CO | MMERCE | | |
| 6 | Amount (\$) | 7 Payee address; City; | State; Zip Co | de | | |
| | \$225.00 | 602 E COMMERCE ST | | | | |
| | | SAN ANTONIO, TX 78205 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the | top of this schedule) | (b) Description | | - |
| | OF EXPENDITURE | Event Expense | : | | outside of Texas. Complete Schedule T. | |
| | | | | | , TX, officeholder living expense ION AT EVENT | |
| | | | | CONTRIBUT | IVITAL EVEIVI | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sou | ght | Office held | |
| | Date | Payee name | | | | |
| _ | 07/28/2021 | HARLAND CLARKE | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | \$14.67 | 15955 LA CANTERA PKWY | | | | |
| | | SAN ANTONIO, TX 78256 | | professor (| | |
| - | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the Office Overhead/Rental Expe | i l | <u> </u> | outside of Texas. Complete Schedule T. , TX, officeholder living expense DER | |
| - | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sou | ght | Office held | |
| = | Date | Payee name | | | | |
| _ | 12/14/2021 | INFINITE GREY LLC | ! i | | | |
| _ | Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | \$3,000.00 | 1002 N FLORES | | | | |
| | | SAN ANTONIO, TX 78212 | · | | | |
| | PURPOSE | (a) Category (See Categories listed at the | top of this schedule) | (b) Description | | |
| | OF EXPENDITURE | Consulting Expense | | <u> </u> | outside of Texas. Complete Schedule T. | |
| | | | | | , TX, officeholder living expense G SERVICES | : |
| | Complete ONLY if direct expenditure to benefit C/Oi- | Candidate/Officeholder name | Office sou | ight | Office held | |
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SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense olicitation/Fundralsing Expense Event Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expen Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Chacon, Meredith Sch: 7/9 Rpt 18/20 4 Date Pavee name 10/12/2021 JACALA MEXICAN RESTAURANT 6 Amount (\$) Payee address; City; State; Zip Code \$12.00 **606 WEST AVENUE** SAN ANTONIO, TX 78201 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense **FOOD EXPENSE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/14/2021 **KEY IDEAS INC** Amount (\$) Payee address; City; State; Zip Code \$1,500.00 1002 N FLORES ST SAN ANTONIO, TX 78212 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder fiving expense VIDEO PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 11/10/2021 MEGAN COLEMAN, Payee address; Amount (\$) City; State; Zip Code \$1.500.00 1244 LOMA RANCH **NEW BRAUNFELS, TX 78132 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Consulting Expense** EXPENDITURE Check if Austin, TX, officeholder living expense DIGITAL ADVERTISEMENT SERVICES Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Office Overhead/Rental Expense Transportation Equipment & Relat

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | | Food/Beverage Expense Glit/Awards/Memorials Exp Legal Services | Salaries/ | opens Nages | ie /Contract Labor | Travel in District Travel Out of District OTHER (enter a categor | ry not listed above) |
|--------------|--|-----------------|--|---------------------------------------|----------------|-----------------------|--|----------------------|
| | | | The Instruction Guide | explains how to co | mple | ite this form. | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 Filer ID | |
| | Sch: 8/9 Rpt: 19/20 | Chacon, M | eredith | · · · · · · · · · · · · · · · · · · · | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 11/19/2021 | REPUBLIC | AN PARTY OF BE | XAR COUNTY | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip Co | ode | | | |
| | \$1,250.00 | | ritage Blvd Ste 240 o, TX 78216 | • | | | | |
| 8 | PURPOSE | (a) Category (S | ee Categories listed at the t | on of this schedule) | (b) | Description | | |
| | OF | Fees | | op | | ' | utside of Texas. Complete Si | chedule T. |
| | EXPENDITURE | | | | | Check if Austin, | TX, officeholder living expens | șe |
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| 9 | Complete ONLY if direct expenditure to benefit C/OH | | ceholder name | Office so | ght | | Office held | |
| | Date | Payee name | | | | | | |
| | 09/15/2021 | • | NIO COPY CONC | IERGE | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | · |
| İ | \$372.81 | 2015 MCCI | | , O | | | | |
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| | PURPOSE | (a) Category (s | ee Categories listed at the b | on of this schedule) | (b) | Description | | |
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| | EXPENDITURE | • | | | | Check if Austin, | TX, officeholder living expens | 58 |
| | | | | | | PRINTING | | |
| L | | | | | | | | |
| | Complete ONLY if direct | | iceholder name | Office so | ıght | | Office held | |
| L | expenditure to benefit C/OH | 1 | | | | | | |
| | Date | Payee name | | | | | | |
| | 10/05/2021 | • | NIO COPY CONC | IERGE | | | | |
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| | \$276.04 | 2015 MCCI | | | | | | |
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| _ | | | NIO, TX 78212 | | 12: | | | |
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| l | EXPENDITURE | Printing Exp | pense | | | 드 | utside of Texas. Complete Si TX, officeholder living expen | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co | Event Expense Fees Food/Beverage Expense City/Awards/Memorials E Immittee Legal Services | Office Overhe Polling Expen opense Printing Expen Salaries/Wage | ise isiContract Labor | Solicitation-Uncreasing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|--|--|--|---|--|--|--|--|
| Credit Card Payment | The instruction Gui | de explains how to comp | lete this form. | | | | |
| Total pages Schedule F1: 2 Sch: 9/9 Rpt. 20/20 | Chacon, Meredith | | : | 3 Filer ID | | | |
| Date 5 09/10/2021 | Payee name SAN ANTONIO REPUBLICA | | | | | | |
| Amount (\$) \$25.00 | Payee address; City; | State; Zip Code | • | | | | |
| PURPOSE (6 OF EXPENDITURE | Category (See Categories listed at the Expense | he top of this schedule) | Check If Aust | ol outside of Texas. Complete Schedule T. in, TX, officeholder fiving expense TION AT EVENT | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office soug | nt | Office held | | | |
| Date 11/09/2021 Amount (\$) \$392.41 | Payee name WILLIE NG, Payee address; City; 1475 E BORGFELD DR | State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | SAN ANTONIO, TX 78260 (a) Category (See Categories listed at sign printing expense re | the top of this schedule) | (b) Description Check if the Check if Au REIMBURS | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense EMENT | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sou | ght | Office held | | | |
| Date 10/06/2021 Amount (\$) \$31.39 | Payee name ZETTLE BY PAYPAL Payee address; City; 2211 N 1ST ST | State; Zip Co | de | | | | |
| PURPOSE OF EXPENDITURE | SAN JOSE, CA 95131 (a) Category (See Categories listed Office Overhead/Rental E | at the top of this schedule) Expense | Check If A | n avel outside of Texas. Complete Schedule T. sussin, TX, officeholder living expense T SYSTEM | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name OH | Office so | ught | Office held | | | |
| Forms provided by Texas | Ethics Commission | www.ethics.state.tx | us | Version V1.1.ab97 | | | |