CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MR) FIRST	MI	OFFICE USE CALLY
NAME	TRSON NICKNAME LAST	SUFFIX	Date Received
}	MEEKER	C	REC.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #; CITY; P.D. BOX 201802 AUSTFAI T	STATE; ZIPCODE X 78720	Date Hand-delivered or Postmaneer D
change of address			Receipt # Amount 5
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 982-0501	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST PLAN NICKNAME LAST	MI E. SUFFIX	Date Imaged
	Mcmortry		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #. Z412 GREENLOWN PKWY	CITY; STATE;	zipcode 78757
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (S12) 452 - 9765	extension	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 X 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	/ear / 2014
11 ELECTION	ELECTION DATE Month Day Year Primary 11 04 2014	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
	NIA	Austin City	Council Place 10
	GO TO PAG	SE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	JASON	MEEKER	5 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 I 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 COMMITTEE NAME Bedder Bushin Today PAC COMMITTEE ADDRESS				
	SPECIFIC	P.O. Box 41205 Aushin, TX 78704			
additional pages		Sandra Carol McMi	Ilan (Sandy)		
		2401 Suchid Avenue Avenue	shin, 7X 78704		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 825.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00				
·	4. TOTAL POLITICAL EXPENDITURES \$ 2,759.91				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4662.83				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 4,767.04		
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 Tankette Sue Goodall My Commission Expires July 02, 2016 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMI	P / SEAL ABOVE) Signature of Carlot	date of Officerione		
	scribed before	me, by the said Tason Meelo Re., 20 14 , to certify which, witness m			
Signature of officer admir	nistering oath	Printed name of officer administering oath	Notary Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	JASON MEEKER		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-25-14	6 Contributor address; City; State; Zip Code		\$50.00	a/u
	10630 Morado Cir Ralo All	6, CH 44384	(If travel outside o	of Texas, complete Schedule T)
	vinumications Manage	10 Employer (See	· ·	
Date	Full name of contributor out-of-state PAC (ID#_	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14	Contributor address; City; State; Zip Code		\$160.00	A(N
	1808 Kerr St. Aushin, TK	78704	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14	Nancy McMordry Contributor address: City: State; Zip Code 5901 Cary Orlve Audh, TX		\$ 200.00	N) A
	`	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(If travel outside of	of Texas, complete Schedule T)
	option / Job title (See Instructions) OOK Keeper	Employer (See 1	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14	Contributor address; City; State; Zip Code		# 50.00	N)A
	9408 Belluve Ave. Aushi	1, 12 18756	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	Technical Wrider	1 Nahona	al Incorum	ents
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14	Contributor address; City; State; Zip Code 3643 Turkey Creek Unive A	uxhin, TX 78730	\$25.00	NA
Oringinal age	antion / Joh title (Con Instruction)	E1 (0		of Texas, complete Schedule T)
Software	oation / Job title (See Instructions) QUALITY DESURANCE Engineer	Employer (See I	·	nc.
			, , , , ,	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	

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

Texas Ethics Con	nmission	P.O. Box 12070	Austin, Tex	kas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
-		ONTRIBUTION PLEDGES (NS		SCHEDULE A
The	Instruction	Guide explains how to	complete thi	s form.	1 Total pages Schi	edule A: 3
2 FILER NAME	Jaso	ON WEEKER		· ··	3 ACCOUNT # (E	thics Commission Filers)
4 Date	1		ut-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-25-14	6 Contribu	nee Langley utoraddress; City; S I Sierra Mouto			450.00	ΝĴΦ
	pation / Job t	itle (See Instructions)		10 Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full nan		ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
18-25-14		utor address; City; Some	tate; Zip Code	TK 78737	\$25.00	NJA
Principal occup	pation / Job t	itle (See Instructions)	,,,,,,	Employer (See	·····	f Texas, complete Schedule T)
	Wirke	-		Dell	·	
Date	۱ ـ	ne of contributor 🗆 o	ul-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14		utor address; City; S		Aushin, TK	\$25,00	\n\\
Principal occup	pation / Job t	itle (See Instructions)		78705 Employer (See	 	of Texas, complete Schedule T)
	0605505		-····	リイン ゆい		
Date		thy Correc	ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14		utor address; City; S 309 Gault Str	tate: Zip Code		\$ 50.00	N)A
Principal occur	pation / Job t	itle (See Instructions)		Employer (See		of Texas, complete Schedule T)
	٠.	Analyst		1 1 1 1	nd Wisdom	
Date	1 -	no of contributor 🗆 o	ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14		utor address; City; S 19 Berrywood (tate: Zip Code Kive Aosi		\$ (00.00	W.
Principal accur	nation / lob *	itle (See Instructions)		Employee (Se-		of Texas, complete Schedule T)
Emicipal occu	Retail			Employer (See	instructions)	
· If c			· ·	OF THIS SCHEDULE		requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

		· · · · · · · · · · · · · · · · · · ·		***
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	JOSON MEEKER		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributoroul-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-25-14	6 Contributor address; City; State; Zip Code) 75/ 70	\$1 50.00	NA
	6308 Danwood Drive Bres	nn, 18 18184		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See t		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-25-14	Contributor address; City; State; Zip Code		\$50.00	MID
,	9206 Brigadoon Cove Avihin	, TK 78750	(if travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor	ر	Amount of contribution (\$)	fn-kind contribution description (if applicable)
10-25-14	Contributor address; City; State; Zip Code 2100 Simbrah Orive Aushin	, 77 78617	\$ 50.00	NIA
Principal occur	pation / Job title (See Instructions)	Empleyes (See	`=.	of Texas, complete Schedule T)
- mcipai occup	value (See instructions)	Employer (See II	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip Code		:	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		oan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundra		Fransportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of Dist	_	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 for	n.		
1 Total pages Schedule F.	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
2	JASON MEEKER				
4 Date	5 Payee name	• ,			
10-06-2014	Global Printing				
6 Amount (\$)	7 Payee address; City; State; Zip Code	· · ·			
o Amount (9)	r rayee address, City, State, Zip Code				
# 173.22	5114 Balcones Woods Driv	e #309	Austry, TX 78759		
8 PURPOSE	(a) Category (See categories tisted at the top of this schedule)		f travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	0-1-23				
	Printing Gapense	Check if Au	stin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C		-5	2		
Date	Payee name				
10-07-2014	Dirt Cheap Signs				
Amount (\$)	Payee address; City; State; Zip Code				
\$ 484.14	7301 Bar K Ranch Rd. L	ago Uista,	TX 78645		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)		
EXPENDITURE	Advertising Expense	Check if Au	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
10-16-2014	_				
	Goosle, Inc.		· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address; City; State; Zip Code				
A 100.00	1600 0000				
100.00	1600 AMPHITHEATRE PKY, A	nountaini ui	ew CA 94043		
PURPOSE	Category (See categories listed at the top of this schedule)		f travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense	Check if Au	stin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O	•				
					
Date	Payee name				
10-17-2014	Jay Matthew Consulting				
Amount (\$)	Payee address; City; State; Zip Code				
•		.)			
\$ 750.00	104 fountain Daks Circle	# 137 Sca	cremento, CA 95831		
BUDDOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF]			
EXPENDITURE	Consulting Expense	Check if Au	istin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought			
Complete ONLY if direct expenditure to benefit C/		Onice sought	Omos Reiu		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

· · · · · · · · · · · · · · · · · · ·			
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	• •	
Accounting/Banking	Legal Services Solicitation/Fundra		
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist		
Fees	Printing Expense Office Overhead/R	tental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
2	JASON MEEKER		
4 Date	5 Payee name		
	!		
10-20-2014	Goosle, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 50.00	1600 Amphitheatre Parkwa	14, Moundain View, CA 94043	
8 PURPOSE	(a) Category (See categories tisted at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		
	10 wer rising carpense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought Office held	
Date	Payee name		
10-21-2014	Hewith Campaigns Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City: State: Zip Code		
Amount (\$)			
\$ 500	543 Doorley Rd, Sidne	1, OH 45365	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE			
EXPENDITURE	Consolding Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
-	·		
10-23-2014	facebook		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 502.55	I Hacker Waz Mento R	irk, CA 94025	
······································	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE	a a reading & (note desirable less united al ma rob of this seried (right)		
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10-24-2014			
Amount (\$)			
CHOUNT (4)	Payee address; City; State; Zip Code		
\$1200.00	1600 Amphitheatre Parkway,	Mountain View, CA 94043	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Advantable of Comme		
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

LOANS	·		SCHEDULE E		
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME	JOSON MEEKER	3	ACCOUNT # (Ethics Commission Filers)		
4 TOTA	L OF UNITEMIZED LOANS:	4 4 4 4 4	\$ 0.00		
5 Date of Ioan	7 Name of lender JBSON MEEKER	Out-of-state PAC (ID#:	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code a financial Institution? 8 Lender address; City; State; Zip Code V.O. Pox 201802 Aushin, TX 78720				
42 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	10-31-2015		
1 .	ising IR Consultant	Meelver Marc	ΔIAA		
14 Description of Col	lateral LCMSO GANO	15 Check if personal funds were d	<u> </u>		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
Tot applicable	18 Guarantor address; City;	State; Zip Code	N/A		
20 Principal Occupat					
	NIA	~ [u			
Date of loan	Name of lender	Out-of-state PAC (ID#:	Loan Amount (\$)		
Is lender a financial Institution?	a financial				
Y N			Maturity date		
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal funds were de	eposited into political account		
попе					
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)		
not applicable	Olly,	State; Zip Code			
Principal Occupat	I ion (See Instructions)	Employer (See Instructions)			
If len	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				