



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *(itemized)*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2,125.00*

EXPENDITURE  
TOTALS

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

\$ *(itemized)*

4. TOTAL POLITICAL EXPENDITURES

\$ *5,311.30*

CONTRIBUTION  
BALANCE

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

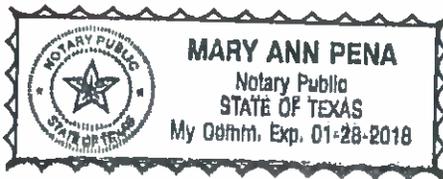
\$ *0*

OUTSTANDING  
LOAN TOTALS

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

\$

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.

*Carrie R Meyer*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carrie R. Meyer, this the 15<sup>th</sup> day of January, 20 15, to certify which, witness my hand and seal of office.

*Mary Ann Peña*  
Signature of officer administering oath

*Mary Ann Peña*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Carrie Robertson Meyer*

3 ACCOUNT # (Ethics 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)

6 Contributor address; City; State; Zip Code

*Attached*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**CAMPAIGN DONATIONS**  
**Carrie Robertson Meyer**

**Schedule A**

| <b>Contributor</b>        | <b>Date</b> | <b>Amount</b>   | <b>Address</b>              | <b>City</b>    | <b>State</b> | <b>Zip</b> |
|---------------------------|-------------|-----------------|-----------------------------|----------------|--------------|------------|
| Carrie Robertson Meyer    | 10/30/2014  | 500.00          | PO Box 422                  | Corpus Christi | TX           | 78403      |
| Laura L Estrada           | 10/30/2014  | 100.00          | 3518 Fairmont Dr            | Corpus Christi | TX           | 78408      |
| Jonathan Kolb             | 10/31/2014  | 500.00          | 4449 S Alameda St., Suite 1 | Corpus Christi | TX           | 78412      |
| Wayne Squires             | 10/31/2014  | 1,000.00        | 674 Flato Road              | Corpus Christi | TX           | 78405      |
| James Boggs               | 11/3/2014   | 25.00           | 4701 Donegal                | Corpus Christi | TX           | 78413      |
| <b>Total Expenditures</b> |             | <b>2,125.00</b> |                             |                |              |            |

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F:                                    | <b>2</b> FILER NAME<br><i>Carne Robertson Meyer</i>                       | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date   | <b>5</b> Payee name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address; City; State; Zip Code<br><i>Attached</i>          |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)   | <b>(b)</b> Description (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  | Payee name  |  |
| Amount (\$)   | Payee address;                      City; State; Zip Code                 |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|   | <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  | Payee name  |  |
| Amount (\$)   | Payee address;                      City; State; Zip Code                 |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|   | <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  | Payee name  |  |
| Amount (\$)   | Payee address;                      City; State; Zip Code                 |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)              | Description (If travel outside of Texas, complete Schedule T)            |
|   | <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**

**CAMPAIGN EXPENDITURES**

**Carrie Robertson Meyer - Schedule F**

| Date     | Vendor                      | Amount      | Category                    | Note                           |
|----------|-----------------------------|-------------|-----------------------------|--------------------------------|
| 10/28/14 | Clear Channel Radio         | \$ 1,203.00 | Advertising Expense         | radio ads                      |
| 10/28/14 | La Voz en TV                | \$ 20.00    | Advertising Expense         | TV show production fee         |
| 10/29/14 | CC Northwest Rotary Club    | \$ 25.00    | Donation                    | donate to adoption picnic      |
| 10/29/14 | East Meets West Productions | \$ 2,178.25 | Advertising Expense         | TV commercials                 |
| 10/29/14 | Clear Channel Radio         | \$ 533.00   | Advertising Expense         | radio ads                      |
| 10/30/14 | Arrow Display               | \$ 400.53   | Advertising Expense         | 10 big signs                   |
| 11/3/14  | Walmart                     | \$ 21.40    | Office Supplies Expense     | water, snacks for poll workers |
| 11/3/14  | Facebook                    | \$ 153.48   | Advertising Expense         | boost posts                    |
| 11/4/14  | Impact                      | \$ 337.74   | Office Supplies Expense     | T-shirts for poll workers      |
| 11/4/14  | Fajitaville                 | \$ 359.51   | Food/Beverage/Event Expense | election night party           |
| 11/4/14  | HEB                         | \$ 64.17    | Food/Beverage/Event Expense | supplies for election night    |
| 12/1/14  | Facebook                    | \$ 15.22    | Advertising Expense         | boost post                     |

**TOTAL EXPENDITURES \$ 5,311.30**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

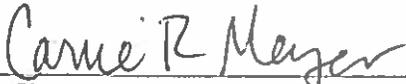
1 C/OH NAME

Carrie R Meyer

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

## A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

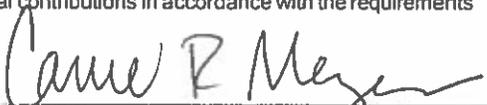
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
 Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder