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Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

Campaign Finance Report



Elections Administrator
Harris County, TX

FileNo: 2022145
Received By Clerk: 01/18/2022
File Date: January 18, 2022
Office: County Judge
Candidate: Mealer, Alexandra
Treasurer: Schneider, Mary
Category: Contributions And Expenditures (COH/JCOH)
Delivered By: Electronically Filed
Type: COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI ALEXANDRA	OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX ALEX MEALER		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 30581, HOUSTON, TX 77249		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 866-8229	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MARY	Receipt #	Amount \$
	NICKNAME LAST SUFFIX SCHNEIDER	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 30581, HOUSTON, TX 77249		
	Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 866-8229		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2021 THROUGH 12 / 31 / 2021		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 01 / 2022 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HARRIS COUNTY JUDGE	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME ALEX MEALER		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 60,049.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,464.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,840.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Alexandra Mealer

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Alexandra Mealer, and my date of birth is 10/16/1984.
My address is 215 Bayland Ave, Houston, TX, 77009.
(street) (city) (state) (zip code) (country)
Executed in Harris County, State of TX, on the 18th day of January, 20 22.
(month) (year)

Alexandra Mealer

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME ALEX MEALER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,305.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 28,744.22
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,464.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES GRINDON 6 Contributor address; City; State; Zip Code PO BOX 10818, HOUSTON, TX 77079	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SALANA YARGER Contributor address; City; State; Zip Code 15235 MAPLE MEADOWS DR, CYPRESS, TX 77433	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA BARRETT Contributor address; City; State; Zip Code 12014 LEGEND MANOR DR, HOUSTON, TX 77082	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAPHAEL, DEL MORA Contributor address; City; State; Zip Code 216 BEACHWALK LANE, PORT ARKANSAS, TX 78373	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2021	5 Full name of contributor ROBERT CHOATE <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 6107 HURST ST, HOUSTON, TX 77008	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/30/2021	Full name of contributor CHARLES SIMMONS <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 12123 MOSSYCUP DR, HOUSTON, TX 77024	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2021	Full name of contributor DALE DUBOWY <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 2423 HAREWOOD DR, LIVERMORE, CA 94551	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2021	Full name of contributor MARY SCHNEIDER <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 4942 TILBURY DR, HOUSTON, TX 77056	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES FRANKLIN 6 Contributor address; City; State; Zip Code 719 BAYLAND AVE, HOUSTON, TX 77009	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RYAN EVANS Contributor address; City; State; Zip Code 3618 UNIVERSITY BLVD, HOUSTON, TX 77005	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT BOBLITT Contributor address; City; State; Zip Code PO BOX 2743, HOUSTON, TX 77252	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SILVER EAGLE
Date 12/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JODIE DORNAK Contributor address; City; State; Zip Code 6464 SAN FELIPE ST, APT. 1111, HOUSTON, TX 77252	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EDWIN SWANNIE 6 Contributor address; City; State; Zip Code 9911 RIPPLING FIELDS DR, HOUSTON, TX 77064	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSEPH LEONARD Contributor address; City; State; Zip Code 4306 EVERGREEN ELM COURT, HOUSTON, TX 77064	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) EMERGENCY MANAGEMENT SOLUTIONS, INC.
Date 12/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KRISTIN BALDWIN Contributor address; City; State; Zip Code 2300 RICHMOND AVE, STE 564, HOUSTON, TX 77098	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ANALYST		Employer (See Instructions) CHARTER BANK
Date 12/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLIAM FARLEY Contributor address; City; State; Zip Code WROXTON RD, HOUSTON, TX 77005	Amount of contribution (\$) \$100.00
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**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH CUNNINGHAM 6 Contributor address; City; State; Zip Code 3312 NOTTINGHAM ST, HOUSTON, TX 77005	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CODY HARVEY Contributor address; City; State; Zip Code 11735 WOOD LANE, HOUSTON, TX 77024	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LORI HARRINGTON Contributor address; City; State; Zip Code 5300 ELLEN JAYNE WAY, MIDLAND, TX 79707	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED
Date 12/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AUDREY BOUTROS Contributor address; City; State; Zip Code 4124 EMORY AVE, HOUSTON, TX 77005	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ORTHODONTIST		Employer (See Instructions) SELF
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARGOT GREENE 6 Contributor address; City; State; Zip Code 17630 SEQUOIA KINGS DRIVE, ATASCOCITA, TX 77346	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SUSAN STANLEY Contributor address; City; State; Zip Code 16811 WOOD DR, CHANNELVIEW, TX 77530	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STEFEN GRAY Contributor address; City; State; Zip Code 17422 EDENWAY DR, SPRING, TX 77379	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) INNOVATIVE OFFICE MACHINE REPAIR
Date 12/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DALE DUBOWY Contributor address; City; State; Zip Code 2423 HAREWOOD DR, LIVERMORE, CA 94551	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RONNIE MAAS 6 Contributor address; City; State; Zip Code 8118 SCHAFER LN, HOUSTON, TX 77070	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) ACCOUNTING MANAGER		9 Employer (See Instructions) STONEWALL CONSTRUCTORS
Date 12/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOUGLAS PICKWORTH Contributor address; City; State; Zip Code 9601 LARSTON ST, HOUSTON, TX 77055	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) LANDSCAPE ARCHITECT		Employer (See Instructions) SELF
Date 12/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KEITH HOLLIS Contributor address; City; State; Zip Code 1509 CAYOOD LN, UNIT B, HOUSTON, TX 77055	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SERVICE MANAGER		Employer (See Instructions) MOTORCARS LTD
Date 12/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOTT DRYSDALE Contributor address; City; State; Zip Code 4517 HAZARD ST, HOUSTON, TX 77098	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

9	Employer (See Instructions)
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Employer (See Instructions)
GLOBALGIX

Employer (See Instructions)
BROWN AND ROOT

Employer (See Instructions)
SELF

Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID BYNUM 6 Contributor address: City: State: Zip Code 24619 CHARLTON GREEN LN, SPRING, TX 77389	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SALES CONSULTANT		9 Employer (See Instructions) TOMBALL AUTO GROUP
Date 12/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GABRIEL BALLON Contributor address: City: State: Zip Code 1903 SOUTHWEST 107TH AVE, MIAMI, FL 33165	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SUPERVISOR		Employer (See Instructions) UNITED AIRLINES
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADAM BOCCHETTO Contributor address: City: State: Zip Code 1741 LEXINGTON ST, HOUSTON, TX 77098	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAMON WEBB Contributor address: City: State: Zip Code 5923 RUSTIC CREEK LANE, KINGWOOD, TX 77345	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW SCHAPER 6 Contributor address, City, State, Zip Code 1208 WELCH ST, HOUSTON, TX 77006	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) SCHAPER ENERGY CONSULTING LLC
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEIL KRUGH Contributor address, City, State, Zip Code 1221 STUDEWOOD, HOUSTON, TX 77008	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS JIMENEZ Contributor address, City, State, Zip Code 3700 LOMA JACINTO, EL PASO, TX 79938	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT MEALER Contributor address, City, State, Zip Code 7147 EAST RANCHO VISTA, SCOTTSDALE, AZ 85251	Amount of contribution (\$) \$100.00
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 11/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY KARAHAN 6 Contributor address, City: State: Zip Code PO BOX 130824, HOUSTON, TX 77219	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 12/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CANDY MADDOX Contributor address; City: State: Zip Code 1014 HIGHLAND ST, HOUSTON, TX 77009	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 12/08/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRANDON DEFREHN Contributor address; City: State: Zip Code 6530 BROMPTON RD, HOUSTON, TX 77005	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) WELLS FARGO BANK
Date 12/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRITT THEDINGER Contributor address; City: State: Zip Code 714 EAST 27TH ST, HOUSTON, TX 77009	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) FINANCIAL ANALYST		Employer (See Instructions) CHEVRON
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRACY DEJARNETT 6 Contributor address, City, State, Zip Code 718 EAST 8TH ST, HOUSTON, TX 77007	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) MARKETING		9 Employer (See Instructions) BRANDSOUP
Date 12/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VICTORIA WEYEL Contributor address, City, State, Zip Code 2402 DREXEL DR, HOUSTON, TX 77027	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL LEMMING Contributor address, City, State, Zip Code 5318 DEL MONTE DR, HOUSTON, TX 77056	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) PARTNERS IN BUILDING
Date 12/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DANIEL GILANI Contributor address, City, State, Zip Code 3431 SACRAMENTO ST, SAN FRANCISCO, CA 94118	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHLEIGH CARREKER 6 Contributor address; City; State; Zip Code 11706 OAK PARK GLEN, SAN ANTONIO, TX 78254	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) BANKER		9 Employer (See Instructions) FROST BANK
Date 11/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD LYNCH Contributor address; City; State; Zip Code 213 BAYLAND AVE, HOUSTON, TX 77009	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA MEALER Contributor address; City; State; Zip Code 719 BAYLAND AVE, HOUSTON, TX 77009	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES LEMMING Contributor address; City; State; Zip Code 73 E BROAD OAKS DR, HOUSTON, TX 77056	Amount of contribution (\$) \$5,500.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) DRYDEN CONSTRUCTION
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 14/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE MONAHAN 6 Contributor address; City; State; Zip Code 13403 SUNDOWNER DR, HOUSTON, TX 77041	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAREN NICHOLS Contributor address; City; State; Zip Code 318 W SERENITY CT, VINEYARD, UT 84059	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHELLE PORTIS Contributor address; City; State; Zip Code 4502 ROCKWOOD DRIVE, HOUSTON, TX 77004	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 11/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADAM HURLEY Contributor address; City; State; Zip Code 116 CRESTWOOD DRIVE, FORT WORTH, TX 76107	Amount of contribution (\$) \$2900.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES TOLLES 6 Contributor address; City; State; Zip Code 777 PRESTON ST, 14F, HOUSTON, TX 77002	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICK CROOKER Contributor address; City; State; Zip Code 10114 KNOBOAK DR, HOUSTON, TX 77080	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BOB EVANS Contributor address; City; State; Zip Code 13422 SWEET SURRENDER CT, HOUSTON, TX 77041	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEFFREY EBY Contributor address; City; State; Zip Code 16902 MARKRIDGE DR, SPRING, TX 77379	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LYNN POST 6 Contributor address; City; State; Zip Code 5200 WESLAYAN ST, UNIT A203, HOUSTON, TX 77005	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) INTERNAL AUDITOR		9 Employer (See Instructions) CORE LABORATORIES
Date 11/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KRISTIN BALDWIN Contributor address; City; State; Zip Code 1615 HANNINGTON DR, KATY, TX 77450	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ANALYST		Employer (See Instructions) CHARTER BANKER
Date 11/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAPHAEL DEL MORA Contributor address; City; State; Zip Code 216 BEACHWALK LN, PORT ARKANSAS, TX 78373	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SARA MORELAND Contributor address; City; State; Zip Code 1743 VASSAR ST, HOUSTON, TX 77098	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) LEGAL SECRETARY		Employer (See Instructions) JONES DAY
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADAM BIGGS 6 Contributor address; City; State; Zip Code 1702 EAST 17TH STREET AUSTIN TX 78702	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) UT
Date 11/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHINA FEINBERG Contributor address; City; State; Zip Code 4001 ENGLEFIELD BENTONVILLE AR 72713	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GREGORY HOWARD Contributor address; City; State; Zip Code 11946 PROSPECT HILL DR GOLD RIVER CA 95670	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RYAN EVANS Contributor address; City; State; Zip Code 3618 UNIVERSITY BOULEVARD HOUSTON TX 77005	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2021	5 Full name of contributor NATHAN SMITH <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 430 OMAR STREET HOUSTON TX 77009	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) SALES MANAGER		9 Employer (See Instructions) ROOTSTOCK WINES
Date 11/15/2021	Full name of contributor MARY SCHNEIDER <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4942 TILBURY DRIVE HOUSTON TX 77056	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/15/2021	Full name of contributor BEVERLY ROBERTS <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 14223 LOST MEADOW HOUSTON TX 77079	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2021	Full name of contributor HERB MEALER <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 106 OLMSTEAD LANE OAK RIDGE TN 37830	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHRISTOPHER SHORTRIDGE 6 Contributor address; City; State; Zip Code 808 KESWICK DIVE HUNTINGTON IN 46750	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions) TRADESMAN		9 Employer (See Instructions) GENERAL MOTORS
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANNE MENG Contributor address; City; State; Zip Code 9610 KNIGHT RD HOUSTON TX 77045	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BUDDY WELTER Contributor address; City; State; Zip Code 412 CORTLANDT ST HOUSTON TX 77007	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) ELITE AIR & GROUND SERVICES
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEBRA RUBY Contributor address; City; State; Zip Code 2129 BANCROFT ST. HOUSTON TX 77027	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA WISNIEWSKI 6 Contributor address; City; State; Zip Code 6679 KENTWICK DRIVE HOUSTON TX 77084	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) UNDERWRITER		9 Employer (See Instructions) CRAIG & LEICHT, LLC
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOURDES LONG Contributor address; City; State; Zip Code 4915 INKER STREET HOUSTON TX 77007	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL WILLIAMS Contributor address; City; State; Zip Code 5013 HAPPY HOLLOW STREET HOUSTON TX 77018	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) WRWCO, LLC.
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAVI JAISINGHANI Contributor address; City; State; Zip Code PO BOX 667369 HOUSTON TX 77266	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) ENGINEERING		Employer (See Instructions) INTELLIGENT OPTIMIZATION GROUP
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: APRIL DUBRUL 6 Contributor address; City; State; Zip Code 17706 HONEY DAISY CT CYPRESS TX 77433	7 Amount of contribution (\$) 25
8 Principal occupation / Job title (See Instructions) DIRECTOR		9 Employer (See Instructions) WATERS
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NICOL NIETSCHMANN Contributor address; City; State; Zip Code 1521 BEN CRENSHAW WAY AUSTIN TX 78746	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEBORAH SHEPKER Contributor address; City; State; Zip Code 9826 PRIMROSE PARK LANE CYPRESS TX 77433	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JENNIFER KNESEK Contributor address; City; State; Zip Code 15211 PARK ROW DR 427 HOUSTON TX 77084	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions) POLITICAL CONSULTANT		Employer (See Instructions) SELF
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 22/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2021	5 Full name of contributor RANDY MEALER <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 2710 SABINE STREET HOUSTON TX 77007	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/13/2021	Full name of contributor ASHLEY WATT <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 1912 WEST MCKINNEY STREET HOUSTON TX 77019	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF
Date 11/13/2021	Full name of contributor DONNIE BOUTWELL <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 8558 RIDGEPOINT DRIVE HOUSTON TX 77055	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SELF
Date 11/13/2021	Full name of contributor PATSY MEALER <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 503 MAPLE STREET BOX 206 STRYKER OH 43557	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES GROSS 6 Contributor address; City; State; Zip Code 4500 LARIOPE WAY MELBOURNE FL 32934	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) COBY BOSZOR Contributor address; City; State; Zip Code 74 HADDAM PLACE WEST WESTERVILLE OH 43081	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) GROVEPORT MADISON SCHOOLS
Date 11/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JULIE COPPLE Contributor address; City; State; Zip Code 334 N. WILCREST DR HOUSTON TX 77079	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) CLINICAL SPECIALIST-ONCOLOGY		Employer (See Instructions) LEGEND BIOTECH
Date 11/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HEIDI MEALER Contributor address; City; State; Zip Code 2710 NORTH SABINE STREET #110 HOUSTON TX 77009	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JENNIFER BARRY 6 Contributor address, City: State: Zip Code 3307 TEN BITS DRIVE BELTON TX 76513	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RENEE SCHWARZ Contributor address; City: State: Zip Code 2642 PECKHAM STREET 2642 PECKHAM ST HOUSTON TX 77098	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MAE BORCHARDT Contributor address; City: State: Zip Code 4140 OBERLIN HOUSTON TX 77005	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) OBGYN		Employer (See Instructions) HOUSTON METHODIST
Date 11/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEPHEN MOLOHOSKY Contributor address; City: State: Zip Code 2601 REPSDORPH RD. APT. 708 SEABROOK TX 77586	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) BUSINESS AGENT		Employer (See Instructions) DAVID AUTO 1 INC.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA BUTLER 6 Contributor address; City; State; Zip Code 1339 AFTON ST HOUSTON TX 77055	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILINDA MORRIS Contributor address; City; State; Zip Code 8010 BRAESVIEW LANE HOUSTON TX 77071	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAIL JUBRAN Contributor address; City; State; Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARRY MADER Contributor address; City; State; Zip Code 1028 STUDEWOOD ST HOUSTON TX 77008	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) DAVID HARDWARE AND PICTURE FRAMING LLC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES TANG 6 Contributor address; City; State; Zip Code 3122 BONNEBRIDGE WAY BLVD HOUSTON TX 77082	7 Amount of contribution (\$) 200
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICK SWYKA Contributor address; City; State; Zip Code 2216 STANMORE DRIVE HOUSTON TX 77019	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) OIL & GAS FINANCE		Employer (See Instructions) SELECT ENERGY
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARA MEALER Contributor address; City; State; Zip Code 768 N. MAIN ST. HARTFORD VT 5001	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON MCLUCKEY Contributor address; City; State; Zip Code 295 SOUTH CHRISALTA WAY ANAHEIM CA 92807	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRUDY JOHNSON 6 Contributor address; City; State; Zip Code 1240 MONTICELLO BOULEVARD OCEAN SPRINGS MS 39564	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM SPEICHER Contributor address; City; State; Zip Code 4501 SHENANDOAH STREET DALLAS TX 75205	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICK DONOHUE Contributor address; City; State; Zip Code 500 AULII DR MAKAWAO HI 96768	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNA IVEY Contributor address; City; State; Zip Code 838 S BARRINGTON AVE #203 LOS ANGELES CA 90049-4762	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CINDY DEL MORAL 6 Contributor address; City; State; Zip Code 501 TEETSHORN STREET HOUSTON TX 77009	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JENNIFER KNESEK Contributor address; City; State; Zip Code 15211 PARK ROW DR 427 HOUSTON TX 77084	Amount of contribution (\$) 20
Principal occupation / Job title (See Instructions) POLITICAL CONSULTANT		Employer (See Instructions) SELF
Date 11/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CLAYTON MEALER Contributor address; City; State; Zip Code 215 BAYLAND AVENUE HOUSTON TX 77009	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAJADA FLEMING Contributor address; City; State; Zip Code 4515 IVANHOE ST HOUSTON TX 77027	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29/29
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN FITE 6 Contributor address; City; State; Zip Code 19511 INDIAN HAWTHORN DR, HOUSTON, TX 77094	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

SCHEDULE A2

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A2: 1/5			
2 FILER NAME ALEX MEALER						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 0.00			
5 Date 11/10/2021		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALEXANDRA MEALER				8 Amount of Contribution \$ \$3,221.47		9 In-kind contribution description PHOTOGRAPHY	
		7 Contributor address; City; State; Zip Code PO BOX 30581, HOUSTON, TX 77249				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CANDIDATE						11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF			
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 12/30/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALEXANDRA MEALER				Amount of Contribution \$ \$3,686.35		In-kind contribution description YARD SIGNS	
		Contributor address; City; State; Zip Code PO BOX 30581, HOUSTON, TX 77249				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CANDIDATE						Employer (FOR NON-JUDICIAL)(See Instructions) SELF			
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)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.									

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2. 2/5	
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 11/15/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALEXANDRA MEALER	8 Amount of Contribution \$ \$5,858.01	9 In-kind contribution description CAMPAIGN LAUNCH EVENT
7 Contributor address; City; State; Zip Code PO BOX 30581, HOUSTON, TX 77249		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CANDIDATE		11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF	
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 12/04/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALEXANDRA MEALER	Amount of Contribution \$ \$95.00	In-kind contribution description EVENT ATTENDANCE
Contributor address; City; State; Zip Code PO BOX 30581, HOUSTON, TX 77249		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) CANDIDATE		Employer (FOR NON-JUDICIAL)(See Instructions) SELF	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE A2

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

Forms provided by Texas Ethics Commission

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4/5	
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 10/06/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALEXANDRA MEALER	8 Amount of Contribution \$ \$2,750.00	9 In-kind contribution description EXPLORATORY CAMPAIGN CONSULTING
7 Contributor address: City: State: Zip Code PO BOX 30581, HOUSTON, TX 77249		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CANDIDATE		11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF	
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 11/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALEXANDRA MEALER	Amount of Contribution \$ \$1,250.00	In-kind contribution description FILING FEE
Contributor address: City: State: Zip Code PO BOX 30581, HOUSTON, TX 77249		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CANDIDATE		Employer (FOR NON-JUDICIAL)(See Instructions) SELF	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5/5	
2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 12/01/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDRA MEALER 7 Contributor address; City; State; Zip Code PO BOX 30581, HOUSTON, TX 77249	8 Amount of Contribution \$ 12.79 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	9 In-kind contribution description EMAIL SERVICES
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CANDIDATE		11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
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

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

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.

1 Total pages Schedule F1: 1/3	2 FILER NAME ALEX MEALER	3 Filer ID (Ethics Commission Filers)
4 Date 12/13/2021	5 Payee name HENRYALAN	
6 Amount (\$) \$1,139.00	7 Payee address, City; State; Zip Code 555 METRO PLACE N, STE 525, DUBLIN, OH 43017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING	(b) Description COMPLIANCE AND ACCOUNTING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/07/2021	Payee name BIRDWELL COMMUNICATIONS	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 3213 RAMONA DRIVE, FORT WORTH, TX 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WESBITE CREATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/27/2021	Payee name THE PROSPER GROUP	
Amount (\$) \$5,850.00	Payee address; City; State; Zip Code PO BOX 488, GREENWOOD, IN 46142	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DIGITAL ADVERTISING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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.

1 Total pages Schedule F1: 2/3		2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)	
4 Date 12/27/2021		5 Payee name AXIOM STRATEGIES			
6 Amount (\$) \$5,008.03		7 Payee address; City; State; Zip Code 800 W 47TH ST, STE. 200, KANSAS CITY, MO 64112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description LAUNCH VIDEO		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/13/2021		Payee name AXIOM STRATEGIES			
Amount (\$) \$1,712.00		Payee address; City; State; Zip Code 800 W 47TH ST, STE 200, KANSAS CITY, MO 64112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CAMPAIGN COLLATERAL MATERIAL		
	<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					
Date 12/07/2021		Payee name MAVERICK CAMPAIGNS, LLC			
Amount (\$) \$222.08		Payee address; City; State; Zip Code 536 ARLINGTON, HOUSTON, TX 77077			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description TEXT MESSAGING		
	<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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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.

1 Total pages Schedule F1: 3/3		2 FILER NAME ALEX MEALER		3 Filer ID (Ethics Commission Filers)	
4 Date 12/09/2021		5 Payee name SITE ASCENSION			
6 Amount (\$) \$783.24		7 Payee address; City; State; Zip Code PO BOX 17167, GALVESTON, TX 77552			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description WEBSITE CREATION		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 12/31/2021		Payee name ANEDOT, INC			
Amount (\$) \$947.70		Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770, NEW ORLEANS, LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description CREDIT CARD PROCESSING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY 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		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED