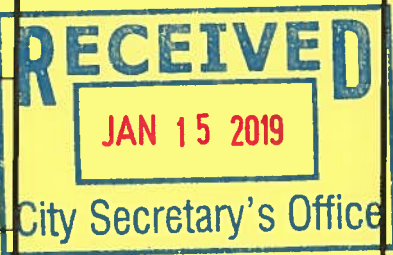


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br><i>MR</i> <i>Auan</i> <i>E</i><br>NICKNAME      LAST      SUFFIX<br><p style="text-align: center;"><i>MEAGHERZ</i></p>  | OFFICE USE ONLY<br>Date Received  |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><i>915 COLONY ROAD CT</i><br><i>IRVING, TX 75061</i>  |   |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><i>(214) 763-1502</i>   |   | Date Hand-delivered or Date Postmarked<br><i>HD 1/15/19 11:19am</i> |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br><i>MRS</i> <i>BETTYE</i> <i>L</i><br>NICKNAME      LAST      SUFFIX<br><p style="text-align: center;"><i>THOMES</i></p>   | Receipt #      Amount \$<br><br>Date Processed<br><i>Filed by SJ 1-15-19</i>  | Date Imaged   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><i>210 STEEPLECHASE DR</i><br><i>IRVING, TX 75061</i>  |   |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><i>(972)</i><br><i>717-6739</i>   |   |   |
| 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |   |
| 10 PERIOD COVERED  | Month      Day      Year           Month      Day      Year<br><i>7 / 17 / 18</i> THROUGH <i>1 / 14 / 19</i>  |   |   |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |
| 12 OFFICE  | OFFICE HELD (if any)<br><i>Irving City Council</i><br><i>Place # 2</i>  | 13 OFFICE SOUGHT (if known)   |   |



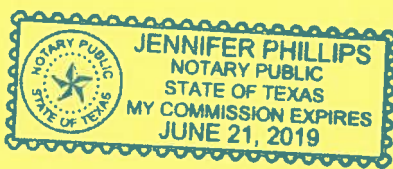
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

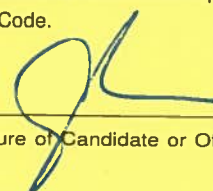
|  |   |  |          |
|--|---|--|----------|
| 14 C/OH NAME   |   | 15 Filer ID (Ethics Commission Filers) |          |
| 16 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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. |  |          |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE NAME                         |          |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE ADDRESS                      |          |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME      |          |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |          |
| 17 CONTRIBUTION TOTALS   | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED   | \$                                     | 0.00     |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     | 0.00     |
| EXPENDITURE TOTALS   | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$                                     | 0.00     |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$                                     | 0.00     |
| CONTRIBUTION BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$                                     | 0.00     |
| OUTSTANDING LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     | 3,496.67 |

18 AFFIDAVIT

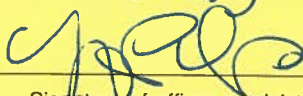


AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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

Sworn to and subscribed before me, by the said Alan Meagher, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Jennifer Phillips

 Printed name of officer administering oath

notary

 Title of officer administering oath