

# 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:  <b>7</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr.</b> NICKNAME <b>MUTE</b>	FIRST <b>William</b> LAST <b>Meacham</b>	MI <b>S.</b> SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1406 N. Glass Victoria TX 77901</b>		<b>OFFICE USE ONLY</b>  Date Received  <b>APR 2 2019</b>  <b>Out 4:45pm</b>  Date Hand-delivered or Date Postmarked <b>4:45pm APR 2 2019 Out</b>  Receipt #      Amount \$  Date Processed  Date Imaged
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(361) 575-0873</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR NICKNAME	FIRST <b>Jeffrey</b> LAST <b>Warner</b>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>304 Chama Victoria TX 77904</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(361) 572-3007</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>02 / 15 / 2019      03 / 25 / 2019</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>05 / 04 / 2019</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  <b>Mayor</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME William Stephen Meacham 15 Filer ID (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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3400 <sup>00</sup> <del>00</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <del>0</del>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

William S. Meacham  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William S. Meacham, this the 2<sup>nd</sup> day of April, 2019, to certify which, witness my hand and seal of office.

Wilma Marie Becnel  
Signature of officer administering oath

Wilma Marie Becnel  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>William Stephen Meacham</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3400<sup>00</sup></i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>200<sup>00</sup></i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>William Stephen Meacham</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2-27-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cliff &amp; Yvonne Moczygemba</u>	7 Amount of contribution (\$) <u>500<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <u>104 Taylorcrest Victoria TX 77905</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>2-20-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gary &amp; B.J. Middleton</u>	Amount of contribution (\$) <u>500<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>P.O. Box 3893 Victoria TX 77903</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>2-27-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steve &amp; Judie Allen</u>	Amount of contribution (\$) <u>300<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>211 Champions Row Victoria TX 77904</u>		
Principal occupation / Job title (See Instructions) <u>Investigator in District Attorney Office</u>		Employer (See Instructions) <u>Victoria District Attorney</u>
Date <u>2-28-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Craig Friemel</u>	Amount of contribution (\$) <u>500<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>32 Cotswold Ln Victoria TX 77904</u>		
Principal occupation / Job title (See Instructions) <u>Banker</u>		Employer (See Instructions) <u>Prosperity Bank</u>

**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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>William Stephen Meacham</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-2-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Houston</u> 6 Contributor address; City; State; Zip Code <u>30 Meadow View Victoria TX 77904</u>	7 Amount of contribution (\$) <u>200<sup>00</sup></u>
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>Self</u>
Date <u>3-5-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeff Warner</u> Contributor address; City; State; Zip Code <u>304 Chama Victoria TX 77904</u>	Amount of contribution (\$) <u>250<sup>00</sup></u>
Principal occupation / Job title (See Instructions) <u>Counseling</u>		Employer (See Instructions) <u>Treatment Assoc.</u>
Date <u>3-4-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chip Dence</u> Contributor address; City; State; Zip Code <u>302 N. Hummel Victoria TX 77901</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>
Principal occupation / Job title (See Instructions) <u>Builder</u>		Employer (See Instructions) <u>Self</u>
Date <u>3-14-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JoAnn &amp; Ellwood Ernst</u> Contributor address; City; State; Zip Code <u>202 Whispering Creek Victoria TX 77904</u>	Amount of contribution (\$) <u>300<sup>00</sup></u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>William Stephen Meacham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-25-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk Taylor</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>114 Manassass Loop Victoria TX 77904</b>		
8 Principal occupation / Job title (See Instructions) <b>Development</b>		9 Employer (See Instructions) <b>Extreme Land Services</b>
Date <b>3-23-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Duane &amp; Monica Crocker</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>306 Vista Cove Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <sup>USA</sup> 1 (one)	
2 FILER NAME <i>William Stephen Meacham</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>200<sup>00</sup> / Xx</i>	
5 Date <i>3-4-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marie Becnel</i>	8 Amount of Contribution \$ <i>200<sup>00</sup></i>	9 In-kind contribution description <i>Koozies &amp; Bags &amp; T-shirts</i>
7 Contributor address; City; State; Zip Code <i>2804 Erwin Ave Victoria TX 77901</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Book Keeping</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>New Balance</i>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<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)			

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