

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7221

FORM C/OH  
COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mrs FIRST: Amy MI: C  
 NICKNAME: LAST: Meacham SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:  
 P.O. Box 27351 Austin TX 78755  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: PHONE NUMBER: EXTENSION:  
 (512) 795-5032

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mr. FIRST: David MI: W.  
 NICKNAME: LAST: Hilgers SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:  
 111 Congress Ave., Suite 1400, Austin, TX 78701

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: PHONE NUMBER: EXTENSION:  
 (512) 703-5739

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year: 7 / 15 / 2009 THROUGH Month Day Year: 9 / 8 / 2009

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 03 / 02 / 2010  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE**  
 OFFICE HELD (if any): OFFICE SOUGHT (if known):  
 Justice of the Peace - Act. 2

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 \*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*  
 Name:  
 Address / PO Box: Apt. / Suite #: City: State: Zip Code:  
 additional pages

**OFFICE USE ONLY**

Date Received: 10 JUN 2009

Date Hand-Delivered or Date Postmarked: 5 JUN 2009

Receipt #:

Date Processed:

Date Imaged:

FILED FOR RECORD

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Amy Clark Meachum*

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ \_\_\_\_\_

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

\$ 7100.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ \_\_\_\_\_

4. TOTAL POLITICAL EXPENDITURES

\$ 8125.33

CONTRIBUTION BALANCE

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

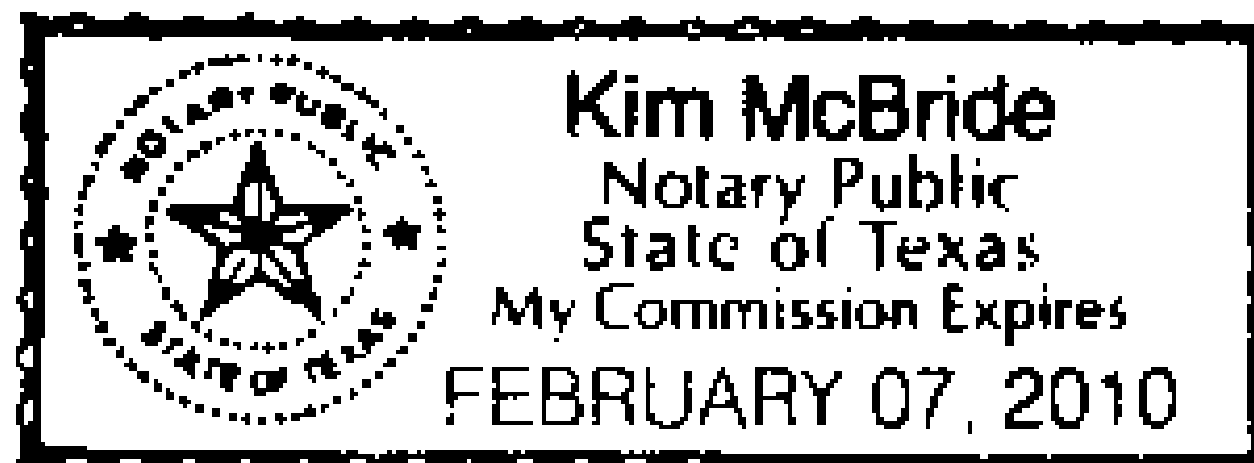
\$ 0.00

OUTSTANDING LOAN TOTALS

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

\$ 0.00

19 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.

*Amy Clark Meachum*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amy Clark-Meachum, this the 14 day of January, 2010, to certify which, witness my hand and seal of office.

*Kim McBride*

Kim McBride

Notary

Signature of officer administering oath

Printed name of officer administering oath

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 <i>Amy Clark Meachum</i>		3 ACCOUNT # (Ethics Commission fees):	
4 Date <i>7/17/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Amy Clark Meachum</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5103 Cedro Trail Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>McSinnis Lochridge &amp; Kilgore</i>	
Date <i>7/20/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Amy Clark Meachum</i>	Amount of contribution (\$) <i>4000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5103 Cedro Trail Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>McSinnis Lochridge &amp; Kilgore</i>	
Date <i>7/22/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Karen Watkins</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9005 Heiden Austin, TX 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>McSinnis Lochridge &amp; Kilgore</i>	
Date <i>7/30/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Marc Kniseley</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6310 Bon Terra Dr. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>McSinnis Lochridge &amp; Kilgore</i>	
Date <i>7/31/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Mike Lavigne</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1514 Richcreek Rd. Austin, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Public Relations</i>		Employer (See Instructions) <i>Self</i>	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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

*Amy Clark Meachum*

3 ACCOUNT # (Ethics Commission files)

4 Date

*8/1/09*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Mike McKetta*

7 Amount of contribution (\$)

*250.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*4200 Park Hollow Ct. Austin, TX 78746*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Attorney*

10 Employer (See Instructions)

*Graves Deaghty Heaton & Moody*

Date

*8/1/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Chuck Herring*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1204 Castle Hill St. Austin, TX 78703*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Herring & Irwin*

Date

*8/3/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Jan Saiter*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5408 Hurlock Dr. Austin, TX 78731*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Baron & Gould*

Date

*8/3/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Pat Lockridge*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2943 Westlake Cove, Austin, TX 78746*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*McGinnis Lockridge & Kilgore*

Date

*8/3/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Brook Brown*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*600 Congress Ave. Suite 2100 Austin, TX 78701*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*McGinnis Lockridge & Kilgore*

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# 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 *Amy Clark Meachum*

3 ACCOUNT # (Ethics Commission files)

4 Date  
*8/3/09*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Jessica Palvino*

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
*2809 French Place, North, TX 78722*

*250.00*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
*Attorney*

10 Employer (See Instructions)  
*McGinnis Lochridge & Kilgore*

Date  
*8/5/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Brandy Mueller*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
*3905 Tonkawa Trail Austin, TX 78756*

*75.00*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
*Attorney*

Employer (See Instructions)  
*Grainger & Mueller*

Date  
*8/6/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Slack & Davis LLP*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
*2705 Bee Cave Road, Suite 220  
Austin, TX 78746*

*100.00*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*8/6/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Karen Burgess*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
*700 Panther Creek, Driftwood TX 78619*

*50.00*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
*Attorney*

Employer (See Instructions)  
*Taylor Deakam & Burgess*

Date  
*8/11/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Larry York*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
*3501 North Barker Dr. Austin, TX 78731*

*100.00*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
*Attorney*

Employer (See Instructions)  
*McGinnis Lochridge & Kilgore*

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

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

# 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

*Amy Clark Meedman*

3 ACCOUNT # (Ethics Commission files)

4 Date

*8/15/09*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Holly McIntosh*

6 Contributor address: City, State, Zip Code

*1304 Mariposa Dr. Apt. 122 Austin, TX  
78704*

7 Amount of contribution (\$)

*25.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Attorney*

10 Employer (See Instructions)

*State of Texas*

Date

*8/19/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Ray Sturm*

Contributor address: City, State, Zip Code

*3500 Barton Point Dr. Austin, TX 78733*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Brown Marcell*

Date

*8/19/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Beverly Reeves*

Contributor address: City, State, Zip Code

*5403 Tortuga Trail Austin, TX 78731*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Reeves & Bishnell*

Date

*8/25/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Steve Meagher*

Contributor address: City, State, Zip Code

*1507 Mohle Dr. Austin, TX 78703*

Amount of contribution (\$)

*50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Software engineer*

Employer (See Instructions)

*Thompson Reuters*

Date

*9/1/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Clarke Heidrich*

Contributor address: City, State, Zip Code

*3702 Easthedge Dr. Austin, TX 78731*

Amount of contribution (\$)

*50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Grass Dougherty Haron & Moody*

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

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

# 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

*Amy Clark Meacham*

3 ACCOUNT # (Ethics Commission files)

4 Date

*9/2/09*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Kirk Watson Campaign Account*

6 Contributor address; City; State; Zip Code

*P.O. Box 2004*

7 Amount of contribution (\$)

*1000.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*State Senator*

10 Employer (See Instructions)

*State of Texas*

Date

*8/10/09*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Texas Democratic Party*

Contributor address; City; State; Zip Code

*505 W. 12th Street Austin TX  
78701*

Amount of contribution (\$)

*1250.00*

In-kind contribution description (if applicable)

*Access to the Voter File (VAN) ✓*

(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# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Amy Clark Meacham*

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ *0.00*

5 Date of loan

7 Name of lender  out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION  
 not applicable

16 Name of guarantor

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender  out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Amy Clark Meachum*

3 ACCOUNT # (Ethics Commission Mers)

4 Date

5 Payee name

7 Amount (\$)

*7/21/09*

*Amy Clark Meachum*

6 Payee address, City, State, Zip Code

*5103 Ledo Trail, Austin, TX 78731*

*32.00*

8 Purpose of payment (See instructions regarding type of information required.)  
*Reimbursement for P.O. box payment originally paid to the U.S. Postal Service (If travel outside of Texas, complete Schedule T)*

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*7/21/09*

*Paddington Media*

Payee address, City, State, Zip Code

*504 West 7th Street, Suite B, Austin, TX 78701*

*1645.00*

Purpose of payment (See instructions regarding type of information required.)  
*Website Design*  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*7/31/09*

*Texas Democratic Party*

Payee address, City, State, Zip Code

*505 W. 12th St. Suite 200, Austin, TX 78701*

*175.00*

Purpose of payment (See instructions regarding type of information required.)  
*Access to the VAN (work file)*  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*8/8/09*

*Austin AFL-CIO Council*

Payee address, City, State, Zip Code

*2520 Lensview St. Suite 211 Austin, TX 78705*

*215.00*

Purpose of payment (See instructions regarding type of information required.)  
*Ad in the AFL-CIO Labor Day program*  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Amy Clark Meacham*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*8/8/09*

5 Payee name

*Paddington Media*

7

Amount (\$)

*705.00*

6 Payee address; City, State; Zip Code

*504 West 7th St, Suite 6, Austin, TX 78701*

8 Purpose of payment (See instructions regarding type of information required.)

*Website Design*

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

*8/13/09*

Payee name

*Amy Clark Meacham*

Amount (\$)

*440.00*

Payee address; City, State; Zip Code

*5103 Cedro Trail Austin, TX 78731*

Purpose of payment (See instructions regarding type of information required.)

*Reimbursements for 1000 stamps purchased from the USPS*

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

*8/15/09*

Payee name

*Kelley Graphics*

Amount (\$)

*883.89*

Payee address; City, State; Zip Code

*1409 Quaker Ridge Austin, TX 78746*

Purpose of payment (See instructions regarding type of information required.)

*Printing for campaign materials*

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

*8/21/09*

Payee name

*Full Moon Design Group*

Amount (\$)

*430.59*

Payee address; City, State; Zip Code

*3355 Bee Cave Rd, Suite 501 Austin, TX 78746*

Purpose of payment (See instructions regarding type of information required.)

*Printing for campaign materials*

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Ang Clark Meacham* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>8/24/09</i>	5 Payee name <i>Asian American Democrats of Texas</i>	7 Amount (\$) <i>100.00</i>
6 Payee address: City, State, Zip Code <i>12422 Shadow Island Dr. Houston, TX 77082</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship for AADT Event</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	---

Date <i>8/26/09</i>	Payee name <i>BOA</i>	Amount (\$) <i>2268.91</i>
Payee address: City, State, Zip Code <i>575 Round Rock West Dr. Bldg. K Suite 400 Round Rock, TX 78681</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing for Campaign materials</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	---

Date <i>8/31/09</i>	Payee name <i>Full Moon Design Group</i>	Amount (\$) <i>179.70</i>
Payee address: City, State, Zip Code <i>3355 Bee Cave Rd., Suite 501 Austin, TX 78746</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing for Campaign materials</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>9/1/09</i>	Payee name <i>Wells Fargo</i>	Amount (\$) <i>11.98</i>
Payee address: City, State, Zip Code <i>3601 Far West Blvd. Austin, TX 78731</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Bank Fee for checks</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	---

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Amy Clark Meacham* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9/8/09</i>	5 Payee name <i>Kirk Watson Campaign Account</i>	7 Amount (\$) <i>1000.00</i>
6 Payee address; City, State, Zip Code <i>P.O. Box 2004 Austin, TX 78768</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Return of Contribution</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
--	---

Date <i>9/8/09</i>	Payee name <i>Pinyx</i>	Amount (\$) <i>38.26</i>
Payee address; City, State, Zip Code <i>401 W. 15th St. Suite 520 Austin, TX 78701</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Aggregated fundraising expense for all online contributions</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
---	---

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

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

*Amy Clark Meachen*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

*Amy Clark Meachum*

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Amy Clark Meachum*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	6 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Amy Clark Meachum</i>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# 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 <i>Amy Clark Meachum</i>	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