# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Mr	William	J	OFFICE USE UNLT
NAME	NICKNAME	LAST	SUFFIX	Date Received
	Nontaine	Meridith	GULLIA	ECENTRAL YEAR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	ard Ln. Lewisville,	Tx 75077	OHIGHNYS CON
Change of Address				. (170)
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(214)	726-5653		Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Meteript #
TREASURER NAME	Mr.	William	J.	Date Processed
	NICKNAME	LAST	SUFFIX	
		Meridith		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS	NO PO BOX PLEASE); APT / SU	ITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	1309 Bogai	rd Ln. Lewisville, T	X 75077	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	( 214 )	726-5653	EATENSION	
	(217 /	720 0000		
9 REPORT TYPE	January 15	X 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	01,	/ 13 / 2021	THROUGH 03	22 / 2021
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
	-	2021 X General	Description	
9	00 / 01 /	2021		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	)
			Lewisville City Co	
14 NOTICE FROM	THIS BOY IS FOR NOTIC	E OS DOLITICAL CONTRIBUTIONS A		
POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 338.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 64.21
	4. TOTAL POLITICAL EXPENDITURES	\$ 699.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 338.95
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	4//	_
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		Julie Worster My Commission Expires 07/24/2024 ID No. 10573694
NOTARY STAMP/SEAL	1	215b MARCI
Sworn to and subscribed to certify	which, witness my hand and seal of office.	day of 11 WWW,
July V	Worster Julie Worster	Notan Public
Signature of officer administer	Timos name of officer administring dati	Title of officer administering oath
(2) Unsworn Declaration	OR On	
My name is		
	, and my date of birth is	
		state) (zip code) (country)
Executed in	County, State of , on the day of (month	
	Signature of Candid	date/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
	William J. Meridith		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 338.95
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 317.51
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DS	\$ 317.51
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

### **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	1 Total pages Schedule A1:		
2 FILER NAME William J.	Meridith		3 Filer ID (Ethics Commission Filers)	
4 Date	Kim Hare	(ID#:)	7 Amount of contribution (\$) \$48.25	
01-21-2021	6 Contributor address; City; 809 W. Piper St. Macomb, IL 61455	State; Zip Code		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
02-02-2021	Denice Crafton  Contributor address; City;	State; Zip Code	\$48.25	
2201 Rockbrook Dr. Lewisville, TX 75067				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)		
Date	Full name of contributor		Amount of contribution (\$)	
02-12-2021	Contributor address; City;	State; Zip Code	\$242.45	
	2601 Fireside Ln. Denton, TX 76201			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	

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

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense
Travel In District
Travel Out of District
ott Labor
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME William J. Meridith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \$64.21				
5 Date	6 Payee name		***************************************	
01-13-2021	Wix.com			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
\$253.30	500 Terry Francois Blvd.	San Francisco	o CA 94158	
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this sch	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Website Ho	esting	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Au	stin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	nedule) Description		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	ustin, 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 PERSONAL FUNDS

#### SCHEDULE G

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment  The Instruction Guide explains how to complete this form.  Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME William J. Meridith	3 Filer	r ID (Ethics Commission Filers)	
4 Date	5 Payee name			
02-16-2021	Chase			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$317.51 Reimbursement from political contributions intended	PO Box 15123	Wilmington	DE 19850-5123	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Credit Card Payment	Website/Email Hosting, Domain Names		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense	
Complete ONLY if direct expenditure to benefit C/C	omplete ONLY if direct xpenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held			
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED		