CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	r to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	filed:		
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr Mr	FIRST William	мі J	OFFICE Date Received	E USE ONLY		
	NICKNAME	Meridith	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	gard Ln. Lewisville,	Tx 75077	APR 21 2021			
Change of Address				13/			
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	726-5653	EXTENSION	100	d or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
TREASURER	Mr.	William	J.	Date Processed			
NAME	NICKNAME	LAST	Date 1 10003300				
		Meridith	SUFFIX	Date Imaged			
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	NTC 46 OFDA	OTATE:	710 0005		
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO FO BOX FLEASE), AFT / SC	JITE #; CITY;	STATE;	ZIP CODE		
ADDRESS	1200 Daga	nal the Harrison illa Ti	V 35033				
(Residence or Business)	1309 Boga	rd Ln. Lewisville, T	X 75077				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER							
PHONE	(214)	726-5653					
9 REPORT TYPE	January 15	30th day before el	ection Runoff		fter campaign appointment er Only)		
	July 15	X 8th day before elec	ction Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Yea	F		
COVERED	03 / 23 / 2021 THROUGH 04 / 21 / 2021				21		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE				
	Month Day	Year Primary	Runoff Other				
	05 / 01	/2021 X General	Description Special				
	00 / 01 /	/ 2021 X 30.10.10.					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known))			
			Lewisville City Co	ouncil - Place	e 2		
14 NOTICE FROM	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS A					
POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE.				MDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
		GO TO I	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 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)	\$.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$.00
·	4. TOTAL POLITICAL EXPENDITURES	\$.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 339.11
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	* 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information
100	quilde to be reported by the uniter Title 13, Election Code.	
	12/-//-	
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
	•	***************************************
		Julie Worster
(1) Affidavit		My Commission Expires 07/24/2024 ID No. 10572694
	£	
NOTARY STAMP/SEAL		
	1 marilia	18th Novel
Sworn to and subscribed		day of PP 11,
20 , to certify	which, witness my hand and seal of office.	Mala P. Wi
Signature of officer administer	200000000000000000000000000000000000000	Title of officer administering oath
1 2 1 2 2 4 1	OR	This of officer administrating cath
(2) Unsworn Declaration		
My name is	, and my date of birth is	
		e) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20
	Signature of Candidate	/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)	
	William J. Meridith		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	- \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.16	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:	
2 FILER NAME William J. Meridith 3 Filer ID (Ethic			s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	BlueVine			
04-01-2021	6 Address of person from whom amount is received; City; Stat	te; Zip Code	\$0.16	
	830 3rd Street Gretna, LA	A 70053		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
	Interest earned - March			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if p	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	e; Zip Code		
	Purpose for which amount is received Check if p	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Stat	te; Zip Code		
	Purpose for which amount is received Check if p	olitical contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				