CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Flers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr. William J. NAME Date Received LAST NICKNAME SUFFIX Meridith APT / SUITE # 4 CANDIDATE/ ADDRESS / PO BOX CITY **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI CAMPAIGN TREASURER William J. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Meridith STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: STATE ZIP CODE CITY CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year COVERED 4 24 24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Month Year Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Lewisville City Council Place 2 Lewisville City Council Place 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL 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 GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER ADDRESS

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) | \$ | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2 | 2,800.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | 41.99 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5 | 5,216.57 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | TDAY \$ | 3,100.75 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code. | / | |
| | Signatury of Car | ndidate or Officehol | der |
| | | | |
| | Please complete either option below | : | |
| | **** | | |
| (1) Affidavit | Jennifer L. Malone My Commission Expires 03/07/2025 1D No 125221874 | | |
| NOTARY STAMP/SEAL | The same of the sa | 11-th | 11 |
| 0.1 | before me by William J. Meridith this the | day of _ | tipn 1 |
| 20 20 , to certify Signature of office administer | which, writness my hand and seal of office. Tennifer L. Malone | Notary P | whie er administering oath |
| Signature of office administra | ing oath Printed name of officer administering oath OR | Title of offic | er administering bath |
| (2) Unsworn Declaration | on | | |
| My name is | , and my date of birth is | | |
| CANADA DAGARA STATE | | | |
| : 1. 100 - T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | ate) (zip code) | (country) |
| Executed in | County, State of , on the day of(month) | . 20 | - |
| | Signature of Candida | ate/Officeholder (De | clarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| Villiam J. Meridith 20 Filer ID (Ethics Con | | | | | | |
|---|---|---|---|--|--|--|
| | | | SUBTOTAL AMOUNT | | | |
| | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2,800.00 | | | |
| SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | | | | |
| SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | | | |
| SCHEDULE E: LOANS | | | | | | |
| | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLIT | ICAL CONTRIBUTIONS | \$ | | | |
| | \$ | | | | | |
| | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO | LITICAL CONTRIBUTIONS | \$ | | | |
| | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 5,216.57 | | | |
| | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | | | | |
| | \$ | | | | | |
| | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL | FICAL CONTRIBUTIONS | \$ | | | |
| 2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | | | | |
| | SCHEDL NAME O | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL EXPENDITURES MADE FROM PERSON SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO | SCHEDULE SUBTOTALS SCHEDULE SUBTOTALS SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | If the reques | ted information is not applicable | e, DO NOT II | iclude this page in the | report. |
|----|--------------------------------|--|-----------------|--------------------------|---------------------------------------|
| | The | Instruction Guide explains how to | complete this | s form. | 1 Total pages Schedule A1: |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Willia | m J. MERIDITI | H | | |
| | Date | 5 Full name of contributor | out of state PA | C (ID#:) | 7 Amount of contribution (\$) |
| | | brelo Rowlett | | | 7 20 |
| | 1 2014 | 6 Contributor address; | City: | State; Zip Code | \$500°° |
| 0 | 1-06-2027 | | J., J. | J | |
| | | | | | |
| 8 | Principal occup | pation / Job title (See Instructions) | | 9 Employer (See Instruct | ions) |
| | | | | | |
| | Date | Full name of contributor | out-of-state PA | C (ID#:) | Amount of contribution (C) |
| | Th. 510-12 | SAGE POST, FNC Contributor address; | | | Amount of contribution (\$) |
| | 12.24 | SAGE POSI 170 | | | |
| 01 | -15-2007 | Contributor address; | City; | State; Zip Code | 100.00 |
| | | | | | |
| | Principal occup | ation / Job title (See Instructions) | | Employer (See Instructi | ons) |
| | | | | | |
| | | F.11. | | | |
| | Date | Full name of contributor | | C (ID#:) | Amount of contribution (\$) |
| | | AUDRA SMOLINSK | • • | | |
| 01 | -16-2024 | Avona Smolinsk Contributor address; | City; | State; Zip Code | W 2 |
| | | | | | 40.00 |
| _ | Principal occup | ation / Job title (See Instructions) | | Employer (See Instructi | ons) |
| | electricity from the more fire | , | | | , |
| | | | | | |
| | Date | Full name of contributor | | C (ID#:) | Amount of contribution (\$) |
| | 2.216 | PEANJA CAMEL PERICO | NS. | | ** |
| 62 | -12-2029 | Contributor address; | City; | State; Zip Code | 2000 |
| | | , | | | |
| | | | | | |
| | Principal occupa | ation / Job title (See Instructions) | | Employer (See Instructi | ons) |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| _ | | | | | |
| | | ATTACH ADDITION | MAI CODIES | DE THIS SCHEDULE AS NE | EDED |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| If the reques | ted information is not applicable | le, DO NOT in | clude this page in the | report. |
|---------------------|---|------------------|--------------------------|---------------------------------------|
| The | Instruction Guide explains how to | o complete this | s form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Willia | M J. MERIPITH | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02-12-2024 | 5 Full name of contributor Sara Prag 6 Contributor address; | | State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occup | oation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 02-24-2024 | Pam Rubey Contributor address; | City; | State; Zip Code | 5000 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 02-25-2024 | Contributor address; | City; | State; Zip Code | 3000 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | ions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03-08-2024 | Contributor address; | City; | State; Zip Code | 1500 |
| | ation / 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.

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| 10/21 10 10 10 10 10 10 10 10 10 10 10 10 10 | | Description (Inc. on Section 1994) and the second of the s | |
|--|--|--|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | lian J. MERIDITH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03-25-2024 | 5 Full name of contributor 6:0 ADVOCACY & COUSU 6 Contributor address; City; | 3000 | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruction | ions) |
| Date | Full name of contributor out-of-state PAC | | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | | (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC | 30,009 | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occuj | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS NE | EEDED |

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

SCHEDULE F4

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

| | EXP | ENDITURE CAT | EGORIES | FOR BOX 1 | 0(a) | | |
|--|--|---|--------------|--|------------------|--|-----------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli | Fees Food/Beve By Gift/Award | Fees Office On Food/Beverage Expense Polling E Office On Food/Beverage Expense Printing B | | payment/Reimbur verhead/Rental E Expense Expense :/Wages/Contract! | xpense | Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out of District Other (enter a category not listed above) | |
| The Instruction | Guide explains how to co | emplete this form. | | USE A NEW P | AGE FOR EA | ACH CREDIT CA | RD ISSUER |
| 1 TOTAL PAGES SCHEDULE F4: | ² FILER NAME William J. Merid | lith | | | | 3 FILER ID (Ethi | cs Commission Filers) |
| 4 TOTAL OF UNITEMIZED EX | PENDITURES CHARGED TO A | CREDIT CARD | | | | \$ | |
| 5 CREDIT CARD ISSUER | Name of financial institut JP Morgan Chase E | | | | , | | |
| 6 PAYMENT | | | | (c) Date(s) Credit Card Issuer Paid 02-16-2024 | | | |
| 7 PAYEE | Vista Print | | (b) Payee ad | dress; | City | , Stat | e, Zip Code |
| 8 PURPOSE OF EXPENDITURE Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | | (b) Description Campaign Signs | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. | | | | Check if Austin, | TX, officeholder livi | ng expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | fice Sought | | Office He | eld |
| PAYMENT | (a) Amount Charged \$ 281.42 | (b) Date Expenditur 01/30/20 | | (c) Date(s) Cred 02-16-20 | | · Paid | |
| PAYEE | (a) Payee name | | (b) Payee ad | dress; | City | , State | e, Zip Code |
| | Amazon | | | | | | |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | | (b) Description Campaign Sign Stakes | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. | | | | Check if Austin, | TX, officeholder liv | ng expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | fice Sought | | Office He | eld |
| PAYMENT | (a) Amount Charged \$ 211.16 | (b) Date Expenditur 01/26/20 | | (c) Date(s) Cred 02-16-20 | | Paid | |
| PAYEE | (a) Payee name Vista Print | | (h) Pavee ad | | City | State | 7in Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories lis Advertising Expo | | ule) | (b) Description Door Ha | | | |
| Non-Political | (c) Check if travel out | side of Texas. Complete | Schedule T. | | Check if Austi | n, TX, officeholder li | ving expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | fice Sought | | Office He | eld |
| | ATTACH ADDIT | TIONAL COPIES | OF THIS | SCHEDULE | AS NEEDI | ED | |

SCHEDULE F4

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

| | EXP | ENDITURE CATE | GORIES | FOR BOX 10(a) | | | |
|--|---|--|--------------------------------------|---|-------------------------------------|--|------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol | de By Gift/Award litical Committee Legal Ser | erage Expense ds/Memorials Expense vices | Office O Polling E Printing | payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor | Transp Travel Travel Other | ation/Fundraising Exper portation Equipment & R I In District I Out Of District (enter a category not list | elated Expension |
| ine instruction | n Guide explains how to c | omplete this form. | | USE A NEW PAGE F | OR EACH | CREDIT CARD ISSU | EK |
| 1 TOTAL PAGES 2 FILER NAME William J. Meridith | | | | | | ER ID (Ethics Comm | ission Filers) |
| 4 TOTAL OF UNITEMIZED EX | PENDITURES CHARGED TO A | CREDIT CARD | | | \$ | | |
| 5 CREDIT CARD ISSUER | Name of financial institu JP Morgan Chase I | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date Expenditure | Charged | (c) Date(s) Credit Card | d Issuer Paid | | |
| | \$ 379.52 | 02/13/202 | 24 | 02-16-2024 | | | |
| 7 PAYEE | (a) Payee name | (Ł |) Payee ad | dress; | City, | State, Zip Co | ode |
| | First Graphic | Services | | | | | |
| 8 PURPOSE OF EXPENDITURE Political | Advertising Expense | | | (b) Description Campaign Signs | | | |
| Political Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, | | | | Austin, TX, of | ficeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office Sought | | | | Office Held | | |
| PAYMENT | (a) Amount Charged \$ 231.21 | (b) Date Expenditure 02/29/202 | | (c) Date(s) Credit Card 03-15-2024 | d Issuer Paid | | |
| PAYEE | (a) Payee name Vista Print | () | o) Payee ad | dress; | City, | State, Zip Co | ode |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories I Advertising Expens | |) | (b) Description Postcard Mai | lers | | |
| Non-Political | (c) Check if travel ou | tside of Texas. Complete So | chedule T. | Check it | f Austin, TX, o | fficeholder living expense | į |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | ice Sought | | Office Held | |
| PAYMENT | (a) Amount Charged \$ 653.85 | (b) Date Expenditure 03/19/202 | entra en la c onstitución | (c) Date(s) Credit Card 04-18-2024 | l Issuer Paid | | |
| PAYEE | (a) Payee name Vista Print | (b |) Payee ad | dress; | City, | State, Zip Co | ode |
| PURPOSE OF EXPENDITURE Political | (a) Category (see Categories II Advertising Exp | ense | | (b) Description Postcard Ma | | | |
| Non-Political | (c) Check if travel ou | tside of Texas. Complete Sc | hedule T. | Check | if Austin, TX, | officeholder living expens | se |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | ice Sought | | Office Held | |

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SCHEDULE F4

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

| | EXP | ENDITURE CATE | GORIES | FOR BOX 10(a) | | | |
|--|--|--|-----------------------------------|---|---------------------|--------------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ms Candidate/Officeholder/Ps | ide By Gift/Award | erage Expense ds/Memorials Expense | Office C Polling I Printing | epayment/Reimbursement tverhead/Rental Expense Expense Expense Wages/Contract Labor | Transport Travel | In District Out Of District | g Expense nent & Related Expense y not listed above) |
| The Instruction | on Guide explains how to co | omplete this form. | | USE A NEW PAGE F | OR EACH C | REDIT CARE | ISSUER |
| 1 TOTAL PAGES SCHEDULE F4: | | 3 FILE | R ID (Ethics | Commission Filers) | | | |
| 4 TOTAL OF UNITEMIZED E | XPENDITURES CHARGED TO A | CREDIT CARD | | | \$ | | |
| 5 CREDIT CARD ISSUER | Name of financial institut JP Morgan Chase E | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date Expenditure | Charged | (c) Date(s) Credit Card | Issuer Paid | | |
| | \$ 1,360.32 | 03/31/202 | 24 | 04-18-2024 | | | |
| 7 PAYEE | Vista Print | (b |) Payee ad | dress; | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE Political | (a) Category (See Categories II Advertising Expens | |) | (b) Description Postcard Mai | lers | | |
| Non-Political | (c) Check if travel out | tside of Texas. Complete Sc | hedule T. | Checkif | Austin, TX, offi | ceholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | fice Sought | | Office Held | | | |
| PAYMENT | (a) Amount Charged \$ 623.94 | (b) Date Expenditure 04/02/202 | | (c) Date(s) Credit Card | Issuer Paid | | |
| PAYEE | (a) Payee name (b) Pa | | | dress; | City, | State, | Zip Code |
| | Community In | npact | | | | | |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | | (b) Description Campaign Ad | | | |
| Non-Political | (c) Check if travel out | Check if Austin, TX, officeholder living expense | | | expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | ice Sought | | Office Held | |
| PAYMENT | (a) Amount Charged \$ 176.60 | (b) Date Expenditure (| | (c) Date(s) Credit Card 04-18-2024 | Issuer Paid | | |
| PAYEE | (a) Payee name Swag Angels Po | |) Payee ad | dress; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | | (b) Description T-shirts | | | | |
| Non-Political | (c) Check if travel out | side of Texas. Complete Sci | hedule T. | Check | if Austin, TX, a | fficeholder livin | g expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | ice Sought | | Office Held | |
| | | | | SCHEDULE AS NI | EEDED | | |
| orms provided by Texas Et | hics Com | ics. | 4 | D D | | | Revised 1/1/2024 |

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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
Conditato/Officebalder/Palifical Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Leaal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Po | olitical Committee Legal Ser | | | -Xpense -Wages/Contract Lat | oor Other (| | y not listed above) |
|---|--|---|-------------------------|--|------------------------|------------------|---------------------|
| | on Guide explains how to c | omplete this form. | | USE A NEW PAC | | | |
| 1 TOTAL PAGES SCHEDULE F4: | William J. Meric | 3 FILE | R ID (Ethics | Commission Filers) | | | |
| 4 TOTAL OF UNITEMIZED E | XPENDITURES CHARGED TO A | A CREDIT CARD | | | \$ | 41.99 |) |
| 5 CREDIT CARD ISSUER | Name of financial institu Pay Pal | Name of financial institution Pay Pal | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date Expenditure Charged (c) D | | | Card Issuer Paid | | |
| 7 PAYEE | (a) Payee name | (b) Payee address; | | | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories | (a) Category (See Categories listed at the top of this schedule) (b) Desc | | | | | |
| Political Non-Political | (c) Check if travel ou | Che | eck if Austin, TX, offi | ceholder living | expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office Sought | | | fice Sought | | Office Held | |
| PAYMENT | (a) Amount Charged (b) Date Expenditure Charged | | | (c) Date(s) Credit Card Issuer Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee ad | dress; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories | listed at the top of this sche | I dule) | (b) Description | | | |
| Non-Political | (c) Check if travel ou | tside of Texas. Complet | e Schedule T. | Ch | eck if Austin, TX, off | iceholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | fice Sought | | Office Held | |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditu | ure Charged | (c) Date(s) Credit | Card Issuer Paid | | |
| PAYEE | (a) Payee name | | (b) Payee ad | dress; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE Political | (a) Category (See Categories listed at the top of this sch | | dule) | (b) Description | | | |
| Non-Political | (c) Check if travel ou | tside of Texas. Complet | e Schedule T. | . Check if Austin, TX, officeholder living expense | | | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder | name | Off | fice Sought | | Office Held | |
| | ATTACH ADDI | TIONAL COPIE | S OF THIS | SCHEDULE A | S NEEDED | | |

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Revised 1/1/2024

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William J. Meridith Date 5 Payee name 01/25/2024 Vista Print 6 Amount (\$) 7 Payee address; City: State; Zip Code 1,256.53 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Campaign Signs Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/30/2024 Amazon Payee address; Amount (\$) City; State; Zip Code 281.42 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Campaign Sign Stakes Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Vista Print 01/26/2024 Amount (\$) Pavee address: City State: Zip Code 211.16 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE Advertising Expense Door Hangers OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

| Candidate/Officeholder/Politi Credit Card Payment | 10 man 1 man 2 man | Legal Services The Instruction Gu | Salaries | s/Wages/Contract Labor complete this form. | Other (enter a catego | |
|--|--|---|-------------------------|---|---------------------------|--------------------|
| 1 Total pages Schedule G: | | n J. Meridith | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 02/13/2024 | 5 Payee na First G | ne raphic Services | S | | | |
| 6 Amount (\$) 379.52 Reimbursement from political contributions intended | 7 Payee ad | dress; | | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | 1 000 L 000 L 000 L 000 | (See Categories listed at th ng Expense | e top of this schedule) | (b) Description Campaign Sign | ns | |
| | (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 | Candid | ate / Officeholder na | me | Office sought | | Office held |
| Date 02/29/2024 | Payee nar Vista P | | | | | |
| Amount (\$) 231.21 Reimbursement from political contributions intended | Payee ad | dress; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | 10277 237 | (See Categories listed at th ng Expense | e top of this schedule) | Postcard Maile | ers | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp | | | | expense | |
| Complete ONLY if direct expenditure to benefit C/C | | ate / Officeholder na | me | Office sought | | Office held |
| 03/19/2024 | Payee nar Vista P | | | | | |
| Amount (\$) 653.85 Reimbursement from political contributions intended | Pavee add | ress: | | Cibe | State: | Zin Code |
| PURPOSE OF EXPENDITURE | | (See Categories listed at the ng Expense | e top of this schedule) | Postcard Maile | ers | |
| | (| Check if travel outside of Texas. | Complete Schedule T. | Check if Austin, | TX, officeholder living e | xpense |
| Complete ONLY if direct expenditure to benefit C/OH | Candid | ate / Officeholder nar | me | Office sought | | Office held |
| | ATTA | CH ADDITIONAL C | OPIES OF THIS S | SCHEDULE AS NEED | ED | |

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

| Candidate/Officeholder/Politi Credit Card Payment | ical Committee | | to complete this form. | Other (enter a catego | | | | |
|---|---|--|------------------------|-----------------------------|-------------|--|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME William J. Meridith 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| 4 Date | 5 Payeena | me | | | | | | |
| 03/31/2024 | Vista F | Print | | | | | | |
| 6 Amount (\$) | 7 Payee ad | dress; | City; | State; | Zip Code | | | |
| 1,360.32 Reimbursement from political contributions intended | | | | | | | | |
| 8 | (a) Category | (See Categories listed at the top of this schedule) | (b) Description | | | | | |
| PURPOSE OF EXPENDITURE | Advertis | ing Expense | Postcard Maile | ers | | | | |
| 5044499 1445 151 515 615 151 151 151 151 151 151 15 | (c) | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living e | xpense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | late / Officeholder name | Office sought | | Office held | | | |
| Date | Payee na | me | | | | | | |
| 04/02/2024 | Comm | unity Impact | | | | | | |
| Amount (\$) | Payee ad | dress; | City; | State; | Zip Code | | | |
| 623.94 | | | | | | | | |
| Reimbursement from political contributions intended | | | | | | | | |
| | Category | (See Categories listed at the top of this schedule) | | | | | | |
| PURPOSE OF EXPENDITURE | Advertis | ing Expense | Campaign Ad | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/G | | ate / Officeholder name | Office sought | | Office held | | | |
| Date | Payee nar | me | | | | | | |
| 04/03/2024 | 1050 | Angels Postal Center | | | | | | |
| Amount (\$) | Payee ad | dress; | City; | State; | Zip Code | | | |
| 176.60 | | | | | | | | |
| Reimbursement from political contributions intended | | | | | | | | |
| DUDDOOF | | (See Categories listed at the top of this schedule) | | | | | | |
| PURPOSE OF EXPENDITURE | Advertis | ng Expense | T-Shirts | | | | | |
| | | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living e | xpense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candid | ate / Officeholder name | Office sought | | Office held | | | |
| | ATTA | CH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEED | ED | | | | |
| Mary Street Mary Street | SHEW DOWN TOWN I | | MICHEL CO. | | | | | |