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:		
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr.	FIRST William	мі J .	OFFICE USE ONLY		
NAME	NICKNAME	Meridith	SUFFIX	Date Received 4125/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #; C	CITY; STATE; ZIP CODE	7:54 am m		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Hand-delivered by Date Postmarked 4/25/2024 Receipt # Amount \$		
6 CAMPAIGN TREASURER	Ms/MRs/MR Mr.	FIRST William	мі J.	Date Processed		
NAME	NICKNAME	LAPT	SUFFIX	Date 110003300		
	NICKNAME	Meridith	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE#; CITY;	STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	Month					
	4	/ 5 / 24	THROUGH 4	/ 24 / 24		
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day	Year Primary	Runoff Other			
			Description			
	5 / 4 /	24 General	Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)					
	Lewisville (City Council Plac	ce 2 Lewisville City C	Council Place 2		
14 NOTICE FROM				ADE BY POLITICAL COMMITTEES TO SUPPORT		
POLITICAL				DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER 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)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,600.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3.38			
	4. TOTAL POLITICAL EXPENDITURES	\$ 753.38			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 4,447.37			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
18 SIGNATURE 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. Signature of Candidate or Officeholder					
	Please complete either option below	T.			
(1) Affidavit	Jénnifer L. Malone My Commission Expires 03/07/2025 ID No 125221874				
NOTARY STAMP/SEAL		0-44			
0.1		25th day of April			
20 24 to certify	which witness my hand and seal of office. Malone Tennifer L. Malone	Notary Public			
Signalure of officer administe	ring oath Printed name of officer administering oath	Title officer administering oath			
(2) Unsworn Declaration					
	, and my date of birth is				
wy address is	(street) (city) (s	tate) (zip code) (country)			
Executed in	County, State of , on the day of (month	00			
	Signature of Candid	ate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME William J. Meridith				n Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS				1,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				\$	
4.	4. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				250.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	888.44
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			500.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$		

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	1 Total pages Schedule A1:		
2 FILER NAME William J. Me	eridith			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor AAGD	out-of-state PA	7 Amount of contribution (\$)	
04/16/2024		City; State; Zip Code		1,500.00
8 Principal occur PAC	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:		C (ID#:)	Amount of contribution (\$)
04/12/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instruct	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	Distriction Court Court	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions)			Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Polling Expense Printing Expense Salaries/Wanes/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME William J. Meridith		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/2024	5 Payee name David Hernandez	,		
6 Amount (\$) 250.00	7 Payee address;	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Installation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 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	
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, officeholder living expense		
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	
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	n, 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				

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 Legal 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/Politi	_		Salaries	Wages/Contract Labor			not listed above)
The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER							
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME William J. Meridith				3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP		\$	3.38				
5 CREDIT CARD	Name of financial instituti	ion					
ISSUER	Chase Bank	v		73			
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card Issuer Paid			
	\$ 231.21	03/01/20	024	04-16-2024			
7 PAYEE	(a) Payee name		(b) Payee ad	ddress; City, State, Zip Code			Zip Code
	Vista Print			2			
8 PURPOSE OF	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description			
EXPENDITURE	Advertising Expens	е		Postcards			
Political							
Non-Political		side of Texas. Complet			istin, TX, off	iceholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						
PAYMENT	(a) Amount Charged (b) Date Expenditure Ch			(c) Date(s) Credit Card Is	suer Paid		
	s 653.85 03/20/2024			04-16-2024			
PAYEE	(a) Payee name	ee name (b) Pavee ad		dress:	Citv.	State,	Zip Code
	Vista Print				U		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			(b) Description			
EXPENDITURE	Advertising Expense			Postcards			
Political							
Non-Political		side of Texas. Complet					expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Issuer Paid			
	\$						
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF	(a) Category (San Categories III-	tad at the ten of this satur	dula)	(b) Description			
EXPENDITURE	(-,		uuiej				
Political							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Of			ice Sought		Office Held	
					-		
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED		

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 Legal 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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Carlot Consider Annual Consider Conside	
1 Total pages Schedule G:	2 FILER NAME William J. Meridith		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
04/12/2024	Castle Hills Master Association			
6 Amount (\$) 500.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code	
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Post Cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	, TX, officeholder living expense		
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	
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.	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	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, 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 NEED	ED	