

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087652	2 Total pages filed: 9
3 COMMITTEE NAME Lewisville Fire Fighters for a Safer Lewisville PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/03/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1079 W. Round Grove Rd Suite 300 - 528 Lewisville, TX 75067		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Justin	MI
	NICKNAME	LAST Phillips	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 205 Pennsylvania Ave. SE Washington, DC 20003		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(202)	543-8345	
9 REPORT TYPE	<input type="checkbox"/> January 15		
	<input type="checkbox"/> 30th day before election		
	<input type="checkbox"/> 8th day before election		
	<input type="checkbox"/> Runoff		
<input type="checkbox"/> Dissolution (Attach PAC-DR)			
<input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month	Day	Year
	01	01	2024
THROUGH		Month	Day
		06	30
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	05	2024
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Lewisville Fire Fighters for a Safer Lewisville PAC	13 Filer ID (Ethics Commission Filers) 00087652
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported William Meredith
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 315.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 555.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Justin Phillips

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 9

12 COMMITTEE NAME Lewisville Fire Fighters for a Safer Lewisville PAC		13 Filer ID (Ethics Commission Filers) 00087652
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported TJ Gilmore
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Lewisville Fire Fighters for a Safer Lewisville PAC		18 Filer ID (Ethics Commission Filers) 00087652
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 315.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 200.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 5/9
2 FILER NAME Lewisville Fire Fighters for a Safer Lewisville PAC		3 Filer ID (Ethics Commission Filers) 00087652
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) City of Lewisville
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/9
2 FILER NAME Lewisville Fire Fighters for a Safer Lewisville PAC		3 Filer ID (Ethics Commission Filers) 00087652
4 Date 03/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) City of Lewisville
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Joaquin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burleson, TX 76097-2436		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/9
2 FILER NAME Lewisville Fire Fighters for a Safer Lewisville PAC		3 Filer ID (Ethics Commission Filers) 00087652
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) City of Lewisville
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/9
2 FILER NAME Lewisville Fire Fighters for a Safer Lewisville PAC		3 Filer ID (Ethics Commission Filers) 00087652
4 Date 05/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) City of Lewisville
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Joshua	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lewisville, TX 75067-3397		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Lewisville

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/9	2 FILER NAME Lewisville Fire Fighters for a Safer Lewisville PAC	3 Filer ID (Ethics Commission Filers) 00087652
4 Date 06/14/2024	5 Payee name Committee to Elect William J. Meredith	
6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1309 Bogard Ln Lewisville, TX 75077-7678	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind- Facebook Advertisement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2024	Payee name Committee to Elect William J. Meredith	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1309 Bogard Ln Lewisville, TX 75077-7678	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to local committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2024	Payee name TJ Gilmore for Lewisville Mayor	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 724 Juniper Ln Lewisville, TX 75007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to local committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held