### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (	Guide explains how to compl	ssion Filers)	<ul><li>2 Total pages filed:</li><li>42</li></ul>			
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
		The Honorable	Terry M.				
	NAME					Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	07/16/2023	
			Wilson				
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE # CI	ΓY·	ZIP CODE	Date Hand-delivered o	or Date Postmarked
Γ	OFFICEHOLDER	660 Parkline Drive		,			
	MAILING					Receipt #	Amount
	ADDRESS						
	Change of Address	Georgetown, TX 78626				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER	Mr.	Craig M.				
	NAME		-				
		NICKNAME	LAST		SUFFIX		
			Magerkurth		SOLLIX		
			Magerkarti				
F	CAMPAICN			4.0			
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BUX PLEASE);	AP	T / SUITE #; CITY;	51/	ATE; ZIP CODE
	ADDRESS	99 Hi View Dr.					
	(Residence or Business)						
		Marble Falls, TX 78654					
Ļ	CAMDAICN			EVTENSION			
7	CAMPAIGN TREASURER		IE NUMBER	EXTENSION			
	PHONE	(512) 586-0884					
Ŀ	DEDODT						
8	REPORT TYPE	January 15	30th day befor		Runoff	1 15th day after ca	mpaign treasurer
			Sour day below			appointment (offi	
		X July 15	8th day before	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
					reporting limit	_	
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	01/01/2023	TI	HROUGH	06/30/2023	3	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	X F	Primary	Runoff	Other	
		03/05/2024		General	Special		
				Seneral	Opeola		
L_						(if the entry)	
$ ^{11}$	OFFICE	OFFICE HELD (if any)	rict 20 Williams	on	12 OFFICE SOUGHT		
1		State Representative Dist	nut 20 williams		State Representa		
L							
1							
1							
1			GO <sup>-</sup>	TO PAGE 2			
	rme provided by Te	was Ethios Commission			6	1/0	$\frac{1}{2}$ $\frac{1}$
⊢0	ms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	5	Versi	on V3.5.1.a18ea2ca

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 42

13 C / OH NAME	Wilson, Terry M. (The	e Honorable)	14 Filer ID (E 00080350	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
	1. TOTAL UNITEM			
<b>16</b> CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	<b>\$</b> 0.00		
	6)	<b>\$</b> 47,210.00		
EXPENDITURE TOTALS		<b>\$</b> 0.00		
		<b>\$</b> 25,692.59		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 337,422.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 51,400.56
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hono	orable Terry M. Wilsor	1
		Signature of	Candidate or Officehold	ler
AFFIX NO				
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	/ersion V3.5.1.a18ea2ca

รเ	JBT	OTALS - C/OH		FORM C/OH SHEET PG 3 3 of 42	
-	ER NAN son, Te	//E erry M. (The Honorable)	19 Filer ID 00080350	(Ethics C	Commission Filers)
		E SUBTOTALS SCHEDULE		SUE	STOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	47,210.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	25,497.08
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	195.51
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	454.65

=				1	
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/42	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
		y M. (The Honorable)		00080350	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	06/29/2023	Allen, Mark (Mr.)			\$1,000.00
		6 Contributor address; City; State; Zip Code			
		Georgetown, TX 78633-1913			
8		upation / Job title (See Instructions)	9 Employer (See Instructions)		
	Partner		Jarrell Development Gro	oup, LLC	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/16/2023	Burns, Deborah (Mrs.)			\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78703-2350			
		upation / Job title (See Instructions)	Employer (See Instructions) Retired	;)	
	Retired				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/21/2023	Elliott, Michael			\$25,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78717			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
	Owner		Elliott Properties		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/28/2023	Gopani, Rupe			\$3,000.00
		Contributor address; City; State; Zip Code			
		Georgetown, TX 78626			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Manager		BlueAcre Development I	LLC	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/27/2023	IBC State Political Action Committee			\$500.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	\$)	
		1			
			<u>.</u>		
1					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/42	
2	FILER NAME Wilson, Terry	y M. (The Honorable)		3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/29/2023	Jarrell Town Center, LTD				\$5,000.00
		6 Contributor address; City; State; Zip Code		1		
		Jarrell, TX 76537				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/30/2023	Joshua A Schroeder Campaign				\$500.00
		Contributor address; City; State; Zip Code		1		
		Georgetown , TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
_	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/18/2023	Kubinski, Erik				\$100.00
		Contributor address; City; State; Zip Code		1		
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Executive		Undisclosed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/30/2023	LHCR214-10.6 LLC				\$500.00
		Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<b>L</b> 5)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)	
	06/21/2023	Full name of contributor out-of-state PAC (ID#: Robert T. Dickson Revocable Trust	)			\$1,010.00
	00/21/2020	Contributor address; City; State; Zip Code		ł		Ψ1,010.00
		Midland, TX 79707				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
┢			<u> </u>			

	The Instrue	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/42			
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)		
		/ M. (The Honorable)				00080350	,		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)			
	06/21/2023	Roger Dickson Trust					\$495.00		
		6 Contributor address; City; Sta	te; Zip Code						
		Midland, TX 79707							
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	is)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	06/21/2023	Scott Dickson Trust				\$495.00			
		Contributor address; City; Sta	te; Zip Code						
		Midland, TX 79707							
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	06/19/2023 Strayer Properties						\$1,000.00		
	Contributor address; City; State; Zip Code								
		Georgetown, TX 78633							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	06/20/2023	Texans for Lawsuit Reform					\$2,500.00		
		Contributor address; City; Sta	te; Zip Code						
		Austin, TX 78701							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	06/28/2023	Voss, Daniel (Mr.)					\$1,000.00		
	Contributor address; City; State; Zip Code								
		Jarrell, TX 76537	i						
		pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Rancher			Voss Ranch					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/42	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
ľ		y M. (The Honorable)			00080350	5111 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7	Amount of Contribution (\$)	
	06/27/2023	Voss, Matthew (Mr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Leander, TX 78641-4206				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Homebuildn	g	Westin Homes			
	Date	Full name of contributor out-of-state PAC (ID#	:)	T	Amount of Contribution (\$)	
	06/27/2023	Voss, Matthew (Mr.)				\$1,500.00
		Contributor address; City; State; Zip Code		"		
		Leander, TX 78641-4206				
	Principal occu	ipation / Job title (See Instructions)	is)			
	Homebuildn	g				
	Date	Full name of contributor out-of-state PAC (ID#	Τ	Amount of Contribution (\$)		
	06/19/2023	Weekley, Richard (Mr.)				\$1,500.00
		Contributor address; City; State; Zip Code	··			
		-				
		Houston, TX 77027				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#	·)	Τ	Amount of Contribution (\$)	
	06/27/2023	Whiteside, Wade (Mr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Meadowlakes, TX 78654-0684				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Whiteside Insurance Ag	geno	y LLC	
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	06/27/2023	Whiteside, Wade (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		"		
		Meadowlakes, TX 78654				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
	Insurance A	gent	Whiteside Insurance Ag	geno	y, LLC	
1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Fees Food/E Gift/Av nittee Legal	Expense Beverage Expense avards/Memorials Expense Services <b>nstruction Guide explain</b>	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:					3	Filer ID (Ethics Commission Filers)		
	Sch: 1/33 Rpt: 8/42		(The Honorable)				00080350		
4	Date 06/15/2023	<sup>p</sup> ayee name Mulligans							
6	Amount (\$)	Payee address;	City; Stat	e; Zip Coo	le				
-	\$4.49	\$4.49 150 Dove Hollow Trail Georgetown, TX 78633							
•	DUDDOCE	-		L					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Constitution of the state of the schedule of						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office soug	ht		Office held		
	Date	Payee name							
	02/07/2023	2 Bits a Dollar							
	Amount (\$)	Payee address;	City; Stat	e; Zip Coo	le				
	\$118.66	L419 Euel Moore Kingsland, TX 78							
	PURPOSE OF EXPENDITURE	Category <sub>(See Cate</sub> Legal Services	gories listed at the top of this s	chedule)		I, TX,	de of Texas. Complete Schedule T. . officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office soug	ht		Office held		
	Date	Payee name							
	01/30/2023	Airtable							
	Amount (\$) \$184.93	Payee address; 799 Market St	City; Stat	e; Zip Coo	le				
		San Francisco, (	CA 94103						
	PURPOSE OF EXPENDITURE		gories listed at the top of this s /Rental Expense	chedule)		I, TX,	de of Texas. Complete Schedule T. . officeholder living expense atform		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Imittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor		Solicitation/Fundraising E Transportation Equipmen Travel in District Travel Out of District OTHER (enter a category	t & Related Expense
1	Total pages Schedule F1:	2						3	Filer ID (Ethic	s Commission Filers)
1	Sch: 2/33 Rpt: 9/42		Wilson, Terry M. (The Honora	able)				3	00080350	
4	Date	5	Payee name							
	03/01/2023		Airtable							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$179.09		799 Market St							
			San Francisco, CA 04102							
			San Francisco, CA 94103							
8	PURPOSE OF	(a)	Category (See Categories listed at the		nedule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expe	nse					de of Texas. Complete Sch	
									officeholder living expense	e
							Collaboration	i pia	auonn	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	ght			Office held	
	Date		Payee name							
	03/29/2023		Airtable							
				State	; Zip Co	do				
	Amount (\$)			State	, zip Co	ue				
	\$179.09		799 Market St							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expe						de of Texas. Complete Sch	
									officeholder living expense	e
							Collaboration	i pla	atform	
	Complete ONLY if direct		andidate/Officeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/OI	H								
	Date		Payee name							
	05/01/2023		Airtable							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$179.09		799 Market St		· •					
	+=:0:00									
			San Francisco, CA 94103							
-	PURPOSE	(a)	Category (See Categories listed at the	ton of this - 1	adula)	(b)	Description			
	OF	(``'	Office Overhead/Rental Expe		ieuuie)	,	·	outsi	de of Texas. Complete Sch	nedule T.
	EXPENDITURE		Once Overnead/Kentar Expe	1130					officeholder living expense	
							 Collaboration			
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	(	Office sou	thr			Office held	
	expenditure to benefit C/Oł			(	Since 200	JIII				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Oiffue Avards/Memorials Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 3/33 Rpt: 10/42	Wilson, Terry M. (The Honorable)	00080350						
4	Date 05/30/2023	Payee name Airtable							
6	Amount (\$) \$179.09	7 Payee address;       City;       State;       Zip Code         79.09       799 Market St       San Francisco, CA 94103							
8	8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Collaboration platform								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/29/2023	Airtable							
	Amount (\$) \$179.09	Payee address; City; State; Zip Code 799 Market St							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense on platform						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/23/2023	Anedot							
	Amount (\$) \$100.00	Payee address;City;State;Zip CodePO Box 84314							
		Baton Rouge, LA 70884							
	PURPOSE OF EXPENDITURE	during moratorium.	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense made donation during moratorium. hbursed constituent, we reimbursed						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Inmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 4/33 Rpt: 11/42		Wilson, Terry M. (The Honoral	ole)				00080350	
4	Date 06/27/2023		Payee name Anedot						
6	Amount (\$)		Payee address; City;	Stato	; Zip Co	do			
ľ	\$44.19	ľ	PO Box 84314	Siale	, zip co	ue			
	\$44.19		PO B0x 84314						
			Baton Rouge, LA 70884						
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	(b) Description			
	OF		Solicitation/Fundraising Expen		iouulo)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austir	, ТХ,	, officeholder living expense	
						Anedot fees			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	06/29/2023		Anedot						
		-		State	· Zin Co	do			
	Amount (\$)		Payee address; City;	State,	; Zip Co	ue			
	\$100.60		PO Box 84314						
			Baton Rouge, LA 70884						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Solicitation/Fundraising Expen		edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice sou	ght		Office held	
	Date		Payee name						
	01/11/2023		Armbruster Consulting						
			<b>Ç</b>	Ctoto	; Zip Co	do			
	Amount (\$)		Payee address; City;	Sidle,	, zip co	ue			
	\$2,500.00		PO Box 1413						
			Round Rock, TX 78680						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Consulting Expense				I, TX	ide of Texas. Complete Schedule T. , officeholder living expense sulting	
-	Complete ONLV if direct	Ļ	andidate/Officeholder name		Offico corr	aht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	Jur		Onice neid	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)		
-	Sch: 5/33 Rpt: 12/42	I	Wilson, Terry M. (The Honorable)				00080350		
4	Date 05/11/2023		<sup>P</sup> ayee name BSA San Gabriel District						
6	Amount (\$) \$250.00	Austin, TX 78753							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to Boy Scouts of America San Gabriel District						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held		
	Date		Payee name						
	02/02/2023	1	Best Buy						
	Amount (\$) \$2,573.42		7601 Penn Ave S.	Zip Coo	e				
	PURPOSE OF EXPENDITURE	(a) (	Richfield, MN 55423 Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense CCESSORIES for campaign use		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held		
	Date		Payee name						
	01/06/2023		Blue Bonnet Cafe						
	Amount (\$) \$22.30		Payee address; City; State; 211 US-281	Zip Coo	e				
			Marble Falls, TX 78654						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense ting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)							
-	Sch: 6/33 Rpt: 13/42	Wilson, Terry M. (The Honorable)	00080350							
4	Date 01/13/2023	Payee name Blue Bonnet Cafe								
6	Amount (\$) \$13.39	Payee address;       City;       State;       Zip Code         211 US-281								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>eeting</b>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/09/2023	Boat Town Burger								
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 151 Melodie Ln								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>eeting</b>							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/18/2023	Carter, Charles (Mr.)								
	Amount (\$) \$584.00	Payee address;City;State;Zip Code234 Old Oaks Drive								
		Georgetown, TX 78633								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ampaign sign placement prior to							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
1	Sch: 7/33 Rpt: 14/42	[	Wilson, Terry M. (The Honorable)	00080350				
	-							00080330
4	Date	5	Payee name					
	04/11/2023		Cedar Park Chamber of Commerce	се				
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е		
	\$250.00		1460 E. Whitestone Blvd					
			Suite 180					
			Cedar Park, TX 78613					
8	PURPOSE	(a)	Category (See Categories listed at the top of t	this scheo	dule)	b) Description		
	OF EXPENDITURE		Fees					side of Texas. Complete Schedule T.
								C, officeholder living expense
						Membership	tee	9
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held
	Date		Payee name					
	01/09/2023		Chick-fil-a					
_	Amount (\$)	┝	Payee address; City;	State <sup>.</sup>	Zip Cod	P		
	\$14.27		5033-D US-290	otuto,	210 000	C		
	<b>Φ14.27</b>		5053-D 03-290					
			Austin, TX 78735					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Food/Beverage Expense	this scheo	dule)		n, TX	side of Texas. Complete Schedule T. K, officeholder living expense eting
						-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held
	Date		Payee name					
	06/05/2023		Chick-fil-a					
-	Amount (\$)		Payee address; City;	State	Zip Cod	e		
	\$22.60		2105 N U.S. Hwy 281	otuto,	210 000	C		
	ψ22.00		2103 N 0.3. Hwy 201					
			Marble Falls, TX 78654					
	PURPOSE	(a)	Category (See Categories listed at the top of t	this sched	dule)	b) Description		
	OF EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T.
	EXIENDITORE							K, officeholder living expense
						Constituent r	nee	eting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held
$\vdash$								

			EXPENDITURE CATEGORIES FOR	R BC	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Over Polling Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing E           Immittee         Legal Services         Salaries/V	erhead opense xpens Vages	se s/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 co	omple	ete this form.		
1	Total pages Schedule F1:	2				3	Filer ID(Ethics Commission Filers)
	Sch: 8/33 Rpt: 15/42		Wilson, Terry M. (The Honorable)				00080350
4	Date	5	Payee name				
	04/10/2023		Citizens Defending				
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode			
	\$1,050.00		PO Box 156				
			Mulberry, FL 33860				
_			-				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	toir	de of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee				officeholder living expense
							ens Defending Freedom
							-
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ight			Office held
	Date		Payee name				
	01/09/2023		Daybreak Rotary				
	Amount (\$)	-	Payee address; City; State; Zip Co	ohe			
			PO Box 706	Jue			
	\$195.51		PO B0x 700				
			Marble Falls, TX 78654				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense hip fee
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ight			Office held
	Date		Payee name				
	02/10/2023		Florence Chamber of Commerce				
	Amount (\$)		Payee address; City; State; Zip Co	ode			
	\$100.00		301 Brewster Street				
			Florence, TX 76527	ī			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE		Fees				de of Texas. Complete Schedule T. officeholder living expense
					Chamber mei		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ıght			Office held
$\vdash$							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 9/33 Rpt: 16/42	Wilson, Terry M. (The Honorable)	00080350							
4	Date 02/21/2023	Payee name Georgetown Animal Shelter								
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$200.00       110 Walden Dr         Georgetown, TX 78626									
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Donation</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/30/2023	Georgetown Area Republican Women's PAC								
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 393								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense t in GARW directory							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/05/2023	Google								
	Amount (\$) \$69.30	Payee address;City;State;Zip Code2710 Gateway Oaks Drive								
		Sacramento, CA 96833								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S							
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Imittee Legal Services The Instruction (	ls Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	Tatal same Oak adula E1			Sulue explains				Files ID (Ethics Commission Filers)		
1	Total pages Schedule F1: Sch: 10/33 Rpt: 17/42		FILER NAME Wilson, Terry M. (The Hor	norable)			3	Filer ID(Ethics Commission Filers)00080350		
4	Date	5	Payee name							
	02/06/2023		Google							
6	Amount (\$) \$69.30		Payee address; City; 2710 Gateway Oaks Drive Sacramento, CA 96833	,	; Zip Co	le				
8	PURPOSE	<u> </u>				(b) Description				
o	OF EXPENDITURE		Category (See Categories listed a Office Overhead/Rental E		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office held		
	Date		Payee name							
	03/06/2023		Google							
	Amount (\$)		Payee address; City;	State;	; Zip Co	le				
	\$69.30		2710 Gateway Oaks Drive Sacramento, CA 96833	2						
	PURPOSE OF EXPENDITURE		Category <sub>(See Categories listed a</sub> Office Overhead/Rental E		edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	04/05/2023		Google							
	Amount (\$) \$69.30		Payee address; City; 2710 Gateway Oaks Drive		; Zip Co	le				
			Sacramento, CA 96833							
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Office Overhead/Rental E		edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ıht		Office held		

				EXPENDITU	JRE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services	als Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
	-				Guide explains	how to cor	nplete this form.	-			
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commission Filer	s)
	Sch: 11/33 Rpt: 18/42		Wilson, Ter	ry M. (The Ho	norable)				00080350		
4	Date	5	Payee name								
	05/05/2023		Google								
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	le				
	\$69.30		2710 Gatev	vay Oaks Driv	е						
			Sacramente	o, CA 96833							
8	PURPOSE	(a)	Category (s	ee Categories listed a	at the top of this sch	edule)	(b) Description				
				head/Rental E		cuuc)		outsi	ide of Texas. Comp	lete Schedule T.	
	EXPENDITURE								, officeholder living	expense	
							Email service	es			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	jht		Office he	ld	
	Date		Payee name								
	06/05/2023		Google								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	le				
	\$76.44		2710 Gatev	vay Oaks Driv	е						
			Sacramente	o, CA 96833							
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE			head/Rental E					ide of Texas. Comp		
									, officeholder living	expense	
							Email service	es			
									045	1.1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	ceholder name	C	Office sou	Int		Office he	Ia	
		-									
	Date		Payee name								
	02/06/2023		Home Depo								
	Amount (\$)		Payee addre		State;	; Zip Co	le				
	\$411.96		307 Mormo	n Mill Rd							
			Marble Fall	s, TX 78654							
	PURPOSE OF	(a)		ee Categories listed a		edule)	(b) Description				
	EXPENDITURE		Office Over	head/Rental E	Expense				ide of Texas. Comp		
							Storage for C		, officeholder living	expense	
							clorage for c				
-	Complete ONLY if direct	<u></u>	Candidate/Off	ceholder name		Office soug	iht		Office he	ld	
	expenditure to benefit C/OF					21100 3000	j		Child He		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/33 Rpt: 19/42	Wilson, Terry M. (The Honorable)	00080350
4	Date 04/14/2023	5 Payee name Home Slice Pizza	
6	Amount (\$) \$124.41	7 Payee address; City; State; Zip Code 501 E 53rd Street Austin, TX 78751	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2023	I Fratelli Pizza	
	Amount (\$) \$217.71	Payee address; City; State; Zip Code 501 W 15th St Austin, TX 78701	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2023	I Fratelli Pizza	
	Amount (\$) \$217.71	Payee address; City; State; Zip Code 501 W 15th St	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense of Clerk's office
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EX	PENDITURE CA	TEGOR	RIES FOR	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/B Gift/Aw mittee Legal S	xpense everage Expense ards/Memorials Expen ervices astruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rhead/ pense pense (ages/0	Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Re trict	lated Expense
1	Total pages Schedule F1:	2			-		-		3	Filer ID	(Ethics Cor	nmission Filers)
-	Sch: 13/33 Rpt: 20/42		Wilson, Terry M.	(The Honorable	e)				-	00080350		
4	Date 01/26/2023		Payee name IHOP									
6	Amount (\$) \$16.28		Payee address; 750 S I-35 Georgetown, TX	City; 78628	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category <sub>(See Categ</sub> Food/Beverage E		of this sche	edule)	[ [		, TX,	le of Texas. Com officeholder living ting		т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	01/26/2023		IHOP									
	Amount (\$) \$19.72		Payee address; 750 S I-35	City;	State;	Zip Co	de					
	PURPOSE		Georgetown, TX Category <sub>(See Categ</sub>		of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage E						, TX,	le of Texas. Com officeholder living ting		Τ.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	01/10/2023		IKEA									
	Amount (\$) \$425.31		Payee address; 1 Ikea Way	City;	State;	Zip Co	de					
			Round Rock, TX	78665								
	PURPOSE OF EXPENDITURE		Category <sub>(See Categ</sub> Office Overhead/			edule)	[		, TX,	le of Texas. Compofficeholder living		т.
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	ler name	C	)ffice sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 14/33 Rpt: 21/42		erry M. (The Honora	uble)				00080350			
4	Date	Payee na	ne				-				
	01/10/2023		bs, Tacos and More								
6	Amount (\$)	Payee ad	dress; City;	State;	Zip Co	le					
	\$123.49	9408 De									
	Austin, TX 78701										
8	PURPOSE	) Category	(See Categories listed at the	top of this sche	edule)	(b) Description					
	OF EXPENDITURE	Food/Be	verage Expense					ide of Texas. Comp			
	-					Food for staff		, officeholder living	expense		
						Food for stan					
9	9 Complete ONLY if direct expenditure to benefit C/OH     Candidate/Officeholder name     Office sought     Office held							ld			
	Date	Payee na	ne								
	01/18/2023	Kerry, Ja	mes (Mr.)								
	Amount (\$)	Payee ad	dress; City;	State;	Zip Co	le					
	\$750.00	200 Alan	no Heights Avenue								
		Austin, T	X 78754								
	PURPOSE OF EXPENDITURE	D) Category Event Ex	(See Categories listed at the pense	top of this sche	edule)		, TX	ide of Texas. Comp , officeholder living Opening day	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H						Office he	ld		
	Date	Payee na	ne								
	01/04/2023	Magerku									
	Amount (\$)	Payee ad	dress; City;	State:	Zip Co	le					
	\$525.00	99 Hi Vie			•						
		Marble F	alls, TX 78654								
	PURPOSE	) Category	(See Categories listed at the	top of this sche	edule)	<b>(b)</b> Description					
	OF EXPENDITURE	Salaries/	Wages/Contract Lab	or		Check if Austin	I, TX	ide of Texas. Comp , officeholder living <b>ay for legisla</b>			
	Complete ONLY if direct	Candidate/	Officeholder name	C	Office soug	ht		Office he	ld		
	expenditure to benefit C/Oł							0	-		

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 15/33 Rpt: 22/42	Wilson, Terry M. (The Honorable)00080350
4	Date	5 Payee name
	01/31/2023	Magerkurth, Kiley
6	Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 99 Hi View Drive
		Marble Falls, TX 78654
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Supplemental pay for legislative staff duties</li> </ul> </li> </ul>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Magerkurth, Kiley
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	99 Hi View Drive
		Marble Falls, TX 78654
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Supplemental pay for legislative staff duties</li> </ul>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2023	McVay, Richard
	Amount (\$) \$420.00	Payee address; City; State; Zip Code 402 West Palm Valley Boulevard #164 Round Rock, TX 78664
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pocket Constitutions donated to the Field of Honor</li> </ul>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filers)	
1	Sch: 16/33 Rpt: 23/42	2	Wilson, Terry M. (The Honorable	e)				3	00080350	
4	Date	5	Payee name							
	01/23/2023		Microsoft							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$8.53		One Microsoft Way							
			Redmond, WA 98052							
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense		,				de of Texas. Complete Schedule T.	
	LAFENDITORE								officeholder living expense	
							Software Lice	ense	e	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(	Office sou	ght			Office held	
	Date		Payee name							
	01/23/2023		Microsoft							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$108.25		One Microsoft Way							
			-							
			Redmond, WA 98052							
	PURPOSE OF	(a)	Category (See Categories listed at the top of		nedule)	(b)	Description	outei	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense	9					officeholder living expense	
							Software Lice			
	Complete ONLY if direct	(	Candidate/Officeholder name	(	Diffice sour	ght			Office held	
	expenditure to benefit C/OI	H								
	Date		Payee name							
	02/22/2023		Microsoft							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$8.53		One Microsoft Way		,					
	\$0.00									
			Redmond, WA 98052							
	PURPOSE OF	(a)	Category (See Categories listed at the top of		nedule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expense	9					de of Texas. Complete Schedule T.	
							Software Lice		officeholder living expense	
								113		
	Complete ONL V if direct	Ļ	Candidate/Officeholder name		Office sou	tdr			Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C		ynt				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filers)	
T	Sch: 17/33 Rpt: 24/42	2	Wilson, Terry M. (The Honorable	e)				3	00080350	
4	Date	5	Payee name							
	02/22/2023		Microsoft							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$115.68		One Microsoft Way							
			Redmond, WA 98052							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of		nedule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expense	9					de of Texas. Complete Schedule T.	
							Software lice		officeholder living expense	
							Soltware lice	1130		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	(	Office sou	ght			Office held	
_										
	Date		Payee name							
	03/22/2023		Microsoft							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$108.25		One Microsoft Way							
			Redmond, WA 98052							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T.	
									officeholder living expense	
							Email service	s		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(	Office sou	ght			Office held	
	Date		Payee name							
	03/22/2023		Microsoft							
-	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$8.53		One Microsoft Way	Jule	, <u>-</u> ip CO	uc				
	ψ0.05		Che microsoft way							
			Redmond, WA 98052							
	PURPOSE OF	(a)	Category (See Categories listed at the top of		nedule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expense	e					de of Texas. Complete Schedule T.	
									officeholder living expense	
							Email service	5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 18/33 Rpt: 25/42		Wilson, Terry M. (The Honorab	le)				00080350	
4	Date 04/24/2023		Payee name Microsoft						
6	Amount (\$) \$8.53		Payee address; City; Dne Microsoft Way Redmond, WA 98052	State;	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expen		iedule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	yht		Office held	
	Date		Payee name						
	04/23/2023		Microsoft						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$108.25		Dne Microsoft Way Redmond, WA 98052		T				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expen		edule)		ι, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	05/22/2023		Microsoft						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$108.25		Dne Microsoft Way						
			Redmond, WA 98052						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expen		iedule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense e	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	uins h	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_	Tatal same Oak adula E1	<u> </u>	· · · · · · · · · · · · · · · · · · ·			piete this form.		Files ID (Ethics Commission Files)	
1	Total pages Schedule F1: Sch: 19/33 Rpt: 26/42	2	FILER NAME Wilson, Terry M. (The Honorable)				3	Filer ID     (Ethics Commission Filers)       00080350	
4	Date	5	Payee name				•		
	05/22/2023		Microsoft						
6	Amount (\$) \$8.53	7	Payee address; City; S One Microsoft Way Redmond, WA 98052	tate;	Zip Cod	9			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Office Overhead/Rental Expense	s sche	dule) (		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	nt		Office held	
	Date		Payee name						
	06/22/2023		Microsoft						
	Amount (\$)		Payee address; City; Si	tate:	Zip Cod	9			
	\$8.53		One Microsoft Way Redmond, WA 98052						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Office Overhead/Rental Expense	s sche	dule) (		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	nt		Office held	
	Date		Payee name						
	04/17/2023		Mikey V's						
	Amount (\$) \$17.98		Payee address; City; S 112 West 8th Street	tate;	Zip Cod	9			
			Georgetown, TX 78626						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Contributions/Donations Made By Candidate/Officeholder/Political Co			Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense te of Texas fundraiser for Brighter	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	nt		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin	ice Overh Iling Expe nting Expe laries/Wag	ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · · ·			3	Filer ID (Ethics Commission Filers)		
-	Sch: 20/33 Rpt: 27/42		Wilson, Terry M. (The Honorable)				00080350		
4	Date	5	Payee name						
	01/03/2023		Numinous Coffee Roasters						
6	Amount (\$)	7	Payee address; City; State; Zig	p Code	9				
	\$28.83		715 Ranch Road 1431						
			Marble Falls, TX 78654						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	.) (k	) Description				
	OF EXPENDITURE		Food/Beverage Expense	,		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Constituent r	nee	eting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	nt		Office held		
	Date		Payee name						
	01/12/2023		Numinous Coffee Roasters						
	Amount (\$)		Payee address; City; State; Zig	p Code	9				
	\$13.12		715 Ranch Road 1431						
			Marble Falls, TX 78654						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	<sub>e)</sub> (k	Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Constituent r				
							5		
	Complete ONLY if direct		Candidate/Officeholder name Office	e sough	nt		Office held		
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	06/05/2023		Numinous Coffee Roasters						
-	Amount (\$)		Payee address; City; State; Zig	p Code	9				
	\$13.69		715 Ranch Road 1431						
			Marble Falls, TX 78654						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (k	) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Constituent r	nee	eung		
	Operations Objective in						Office heads		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	IT		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labo	nse or	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · ·		•		3 Filer ID (Ethics Commission Filers)			
-	Sch: 21/33 Rpt: 28/42		Wilson, Terry M. (The Honorable)				00080350			
4	Date	5	Payee name							
	06/21/2023		Numinous Coffee Roasters							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$6.41		715 Ranch Road 1431							
			Marble Falls, TX 78654							
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description	n				
	OF EXPENDITURE		Food/Beverage Expense	,	Check if t	travel ou	utside of Texas. Complete Schedule T.			
	EXPENDITORE						TX, officeholder living expense			
					Constitue	ent me	eeting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	06/08/2023		Polvo's Interior Mexican Food							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$24.57		360 Nueces St.	•						
			Austin, TX 78701							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		utside of Toylog, Complete Schedule T			
	EXPENDITURE	Food/Beverage Expense					utside of Texas. Complete Schedule T. TX, officeholder living expense			
					Staff lunc		· · · · · · · · · · · · · · · · · · ·			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht		Office held	—		
	expenditure to benefit C/OI	Η		,	0					
	Date		Payee name					╡		
	06/08/2023		Polvo's Interior Mexican Food							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$531.28		360 Nueces St.							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	n				
	OF EXPENDITURE		Food/Beverage Expense				utside of Texas. Complete Schedule T.			
							TX, officeholder living expense			
					Staff lunc	11				
		Ļ	Condidate /Office helder		- lat			_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt		Office held			
	-							_		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 22/33 Rpt: 29/42		Wilson, Terry M. (The Honorable)					00080350	
4	Date		Payee name						
	04/17/2023		Prima Dora						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$72.31		114 W Eighth Street						
			Georgetown, TX 78626						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By	,				de of Texas. Complete Schedule T.	
	EXPENDITORE		Candidate/Officeholder/Political Comm	ittee				officeholder living expense	
						Donation to T	ast	te of Texas	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ght			Office held	
	Date		Payee name						
	04/17/2023		Red Horn Coffee House						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$44.90		13010 W Parmer Ln #800						
			Cedar Park, TX 78613						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comm	ittee				officeholder living expense te of Texas fundraiser for Brighter	
						Bites	ası		
	Complete ONLY if direct		andidate/Officeholder name C	)ffice sou	aht			Office held	
	expenditure to benefit C/OI				gin			Unice neid	
_	Data	<u> </u>	D						
	Date 01/09/2023		Payee name Residence Inn						
				7: 0	-1 -				
	Amount (\$)			Zip Co	de				
	\$140.00		300 East 4th Street						
			Austin, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T.	
						Meeting in Au		officeholder living expense	
						Meeting III At	JUI		
-	Complete ONLY if direct		Candidate/Officeholder name C	office sou	nht			Office held	
	expenditure to benefit C/OF			AUCE SOU	giit				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pense (ages/	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 Guid	e explains	now to co	mpiei	te this form.	-		
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filer	rs)
	Sch: 23/33 Rpt: 30/42		Wilson, Terry M. (The Honora	ible)					00080350	
4	Date 06/16/2023	5	Payee name Rosa's Cafe							
6	Amount (\$)	7	Payee address; City;	State	Zip Co	de				
	\$16.25	·	1509 E. Whitestone Blvd.	etato,	, <u></u> p 00					
	\$10120									
			Coder Dark TV 70010							
			Cedar Park, TX 78613							
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense						de of Texas. Complete Schedule T. , officeholder living expense	
							Constituent m			
							Conolicaonen	.00		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	04/11/2023		Speaker Special Services							
		<u> </u>		01-1-1	7: 0	-1 -				
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$100.00		1100 Congress Avenue							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)			ΤX,	de of Texas. Complete Schedule T. officeholder living expense COMMITTEE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ght			Office held	
⊨	Date		Payee name							
	01/03/2023		Squarespace							
	Amount (\$)		Payee address; City;	Stato <sup>.</sup>	Zip Co	do				
	\$31.39		225 Varick St	Siale,	, Zip Cu	ue				
	<b>Ф</b> ЭТ.39		225 VALICK SL							
			New York, NY 10014							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expe	nse					de of Texas. Complete Schedule T. , officeholder living expense	
-	Complete ONLY if direct	L	andidate/Officeholder name		Office sou	aht			Office held	
	expenditure to benefit C/Oł		מהטוטמנכי שהונכחטוטכו חמוווכ	Ĺ	50U	gin				
_										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contrac	Expense ct Labor		Travel in District Travel Out of Dist	uipment & Related Expense
		-	The Instruction Guide	explains	now to col	npiete this		_		
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 24/33 Rpt: 31/42		Wilson, Terry M. (The Honorab	ole)					00080350	
4	Date	5	Payee name							
	02/03/2023		Squarespace							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$31.39		225 Varick St							
			New York, NY 10014							
8	PURPOSE	(a)	Category (See Categories listed at the to	n of this sch	(elube)	(b) Desc	ription			
	OF	Ľ	Office Overhead/Rental Expen		ieuuie)			outsid	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		·				ieck if Austin,	, TX,	officeholder living	expense
						Web	site			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Jht			Office he	ld
	Date		Payee name							
	03/03/2023		Squarespace							
	Amount (\$)		Payee address; City;	State;	; Zip Co	le				
	\$31.39		225 Varick St							
			New York, NY 10014							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Office Overhead/Rental Expen		edule)		ieck if travel o leck if Austin,		de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Iht			Office he	ld
-	Data	_								
	Date 04/03/2023		Payee name							
			Squarespace	<u> </u>						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le				
	\$31.29		225 Varick St							
			New York, NY 10014							
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	iedule)	(b) Desc	•			
	OF EXPENDITURE		Office Overhead/Rental Expen	se			ieck if Austin,		de of Texas. Comp officeholder living	
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	<u></u> ر	Office sou	tht			Office he	Id
	expenditure to benefit C/OI			C	Surge Son	jiit			Unice ne	iu

				EXPENDI	TURE CATEGO	RIES FOF	BO	)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	orials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Solicitation/Fund Transportation Ed Travel in District Travel Out of Dis OTHER (enter a	quipment & R	elated Expense
	-				n Guide explains	how to co	nple	te this form.				
1	Total pages Schedule F1:				lanarahla)					Filer ID	(Ethics Co	mmission Filers)
_	Sch: 25/33 Rpt: 32/42	-	Wilson, Terr	y M. (The H	ionorable)					00080350		
4	Date 05/03/2023		Payee name Squarespac	е								
6	Amount (\$) \$31.39		Payee addres 225 Varick S New York, N	St	State	; Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Office Overh		id at the top of this sch Expense	nedule)	(b)			de of Texas. Comp officeholder living		e T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder nam	e (	Office sou	ght			Office he	ld	
	Date		Payee name									
	06/05/2023		Squarespac	е								
	Amount (\$) \$31.39		Payee addres 225 Varick S		State	; Zip Co	de					
			New York, N	IY 10014								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Office Overl		d at the top of this sch Expense	nedule)	(b)			de of Texas. Comp officeholder living		e T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder nam	e (	Office sou	ght			Office he	ld	
	Date		Payee name									
	01/10/2023		Starbucks									
	Amount (\$) \$45.30		Payee addres 705 William		State	; Zip Co	de					
			Georgetowr									
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Food/Bevera		d at the top of this sch	nedule)			, TX,	de of Texas. Comp officeholder living		э Т.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder nam	e (	Office sou	ght			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 26/33 Rpt: 33/42	Wilson, Terry M. (The Honorable)	00080350							
4	Date 06/15/2023	5 Payee name Starbucks								
6	Amount (\$) \$6.14	7 Payee address; City; State; Zip Code 705 Williams Drive Georgetown, TX 78626								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>eeting</b>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/31/2023	Sun City Republican Club								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$20.00	1530 Sun City Blvd, Suite 120 PMB 227 Sun City, TX 78633								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense C							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/14/2023	Sweetwaters Coffee and Tea								
	Amount (\$) \$9.71	Payee address;City;State; Zip Code316 W 12th Street								
		Austin, TX 78701								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>eeting</b>							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/33 Rpt: 34/42	ilson, Terry M. (The Honorable)		00080350
4	Date 02/22/2023	ayee name exas Conservative Coalition		
6	Amount (\$) \$2,000.00	ayee address; City; Sta O Box 2659 ustin, TX 78681	te; Zip Code	
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>rShip fee</b>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held
	Date	ayee name		
	01/31/2023	exas Correctional Industries		
	Amount (\$) \$216.50	ayee address; City; Sta O. Box 4013	te; Zip Code	
	DUDDOOF	untsville, TX 77342		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ontributions/Donations Made By andidate/Officeholder/Political Con	mittee Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense to the Highland Lakes Service League
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held
	Date	ayee name		
	02/08/2023	exas Department of Criminal Justic	e	
	Amount (\$) \$216.50	ayee address; City; Sta O. Box 4013	te; Zip Code	
		untsville, TX 77342		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this ontributions/Donations Made By andidate/Officeholder/Political Con	mittee Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense donated to Williamson Country Party
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 28/33 Rpt: 35/42	Wilson, Terry M. (The Honorable)	00080350						
4	Date 06/20/2023	5 Payee name Texas Department of Criminal Justice							
6	Amount (\$)								
0	\$248.98	7 Payee address; City; State; Zip Code P.O. Box 4013 Huntsville, TX 77342							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	itside of Texas. Complete Schedule T. IX, officeholder living expense em for donation to Fish Fry						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/04/2023	Texas House Republican Caucus							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	PO BOX 13305 Austin, TX 78711							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense B <b>C</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/20/2023	Texas House of Representatives							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$125.00	1100 Congress Avenue							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense DhotoS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi	ce Overhea ing Expens ting Expen aries/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 29/33 Rpt: 36/42		Wilson, Terry M. (The Honorable)				00080350		
4	Date	5	Payee name						
	04/17/2023		The Georgetown Winery						
6	Amount (\$)	7	Payee address; City; State; Zip	Code					
	\$91.19		715 S Main Street						
			Georgetown, TX 78626						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
Ĩ	OF		Contributions/Donations Made By	()		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Committee	9	Check if Austin	, тх,	officeholder living expense		
					Donation to T	ast	te of Texas		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	sought			Office held		
	Date		Payee name						
	01/10/2023		Walmart						
_	Amount (\$)	-	Payee address; City; State; Zip	Code					
	\$70.10		12900 N IH-35 Service Rd						
			Austin, TX 78753						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE		Ice chest for office				de of Texas. Complete Schedule T. officeholder living expense		
							ters for constituents		
_	Complete ONLY if direct		candidate/Officeholder name Office	sought			Office held		
	expenditure to benefit C/OI			<b>j</b> -					
-	Date	<u> </u>	Payee name						
	01/10/2023		Whole Foods						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$119.33		525 N Lamar						
	φ113.35								
			Austin, TX 78703						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF		Food/Beverage Expense		Check if travel	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		<b>o</b> 1				officeholder living expense		
					Food for offic	е			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sought			Office held		
		1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursem       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       mmittee     Legal Services     Salaries/Wages/Contract Labo	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 30/33 Rpt: 37/42	Wilson, Terry M. (The Honorable)	00080350			
4	Date 01/10/2023	5 Payee name Whole Foods				
6	Amount (\$) \$23.46	7 Payee address;       City;       State; Zip Code         46       525 N Lamar         Austin, TX 78703				
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for office			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/07/2023	Williamson County Republican Party				
	Amount (\$) \$2,150.00	Payee address;     City;     State;     Zip     Code       716 S Rock Street				
		Georgetown, TX 78626				
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Made By Check if travel outside of Texas. Complete Schedule T.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/21/2023	Williamson County Republican Party				
	Amount (\$) \$750.00	Payee address;     City;     State;     Zip     Code       716 S Rock Street				
		Georgetown, TX 78626				
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense to WCRP			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 31/33 Rpt: 38/42	Wilson, Terry M. (The Honorable)	00080350			
4	Date 03/09/2023	5 Payee name Wornardt, Rochelle				
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2323 Wolf Ranch Parkway #438 Georgetown, TX 78628				
8	PURPOSE OF EXPENDITURE		<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Supplemental pay for legislative staff duties</li> </ul>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/20/2023	Yeti				
	Amount (\$) \$454.65	Payee address; City; State; Zip Code 7601 Southwest Parkway. Austin, TX 78735				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/27/2023	Yeti				
	Amount (\$) \$1,164.44	Payee address;City;State;Zip Code7601 Southwest Parkway.				
	Austin, TX 78735					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense tis for staff			
ļ	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)			
-	Sch: 32/33 Rpt: 39/42	Wilson, Terry M. (The Honorable)	00080350			
4	Date 01/18/2023	5 Payee name Zapier				
6	Amount (\$) \$62.50	Payee address;       City;       State;       Zip       Code         548 Market Street       Suite 62411       San Francisco, CA 94104       San Francisco, CA 94104				
8	PURPOSE OF EXPENDITURE		ule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Automation cloud software			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/21/2023	Zapier				
	Amount (\$) \$62.50	Payee address;       City;       State;       Zip       Code         548 Market Street       Suite 62411       San Francisco, CA 94104       San Francisco, CA 94104				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Cloud software			
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held						
	Date	Payee name				
	03/20/2023	Zapier				
	Amount (\$) \$62.50	Payee address;City;State;ZipCode548 Market StreetSuite 62411San Francisco, CA 94104				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Cloud software			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 33/33 Rpt: 40/42	Wilson, Terry M. (The Honorable)	00080350			
4	Date 04/18/2023	5 Payee name Zapier				
6	Amount (\$) \$62.50	7 Payee address; City; State; Zip Code 548 Market Street Suite 62411 San Francisco, CA 94104				
8	PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Automation Cloud Software			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/18/2023	Zapier				
	Amount (\$) \$62.50	Payee address;City;State;Zip Code548 Market StreetSuite 62411San Francisco, CA 94104				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ioud Software			
	Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH					
	Date	Payee name				
	06/20/2023	Zapier				
	Amount (\$) \$62.50	Payee address;City;State; Zip Code548 Market StreetSuite 62411San Francisco, CA 94104				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ioud Software			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Exp	yment/Reinbursement       Solicitation/Fundraising Expense         head/Rental Expense       Transportation Equipment & Related Expense         ense       Travel in District         pense       Travel Out of District         ages/Contract Labor       OTHER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 1/1 Rpt: 41/42	2 FILER NAME Wilson, Terry M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080350			
4	Date 06/11/2023	5 Payee name Daybreak Rotary				
6	Amount (\$) \$195.51 X Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip Code</li> <li>PO Box 706</li> <li>Marble Falls, TX 78654</li> </ul>	le			
8	PURPOSE OF EXPENDITURE	Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rotary fees			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			

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

SCHEDULE K

	The Instruction Guide explains how to complete this form				ages Schedule K: /1 Rpt: 42/42	
2					(Ethics Commission Filers)	
	Wilson, Terry M. (The Honorable)			00080		
	Date	5	Name of person from whom amount is received			8 Amount (\$)
	03/20/2023		Yeti			\$454.65
		6	Address of person from whom amount is received; City; State; Zip Code			
			Austin, TX 78735			
		7		eck if politi	cal contr	ibution returned to filer
			Refund - error in processing payment			