

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | |
|---|---|---|--|---|--|--------|----------------|--|-------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00086218 | 2 Total pages filed: 40 | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Teresa S. | MI | OFFICE USE ONLY | | | | | | |
| | NICKNAME Terri | LAST Wilson | SUFFIX | | Date Received ELECTRONICALLY FILED 01/10/2024 | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 29 Pirates Bch W Galveston, TX 77554 | | | Date Hand-delivered or Date Postmarked | | | | | | |
| | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | Receipt # | Amount | Date Processed | | Date Imaged | |
| | Receipt # | Amount | | | | | | | | |
| | Date Processed | | | | | | | | | |
| Date Imaged | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST David M. | MI | | | | | | | |
| | NICKNAME Dave | LAST Wilson | SUFFIX | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4219 Silver Reef 29 Pirates Bch W Galveston, TX 77554 | | | | | | | | | |
| | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (580) | PHONE NUMBER 749-9020 | EXTENSION | | | | | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2023 | THROUGH | Month Day Year 12/31/2023 | | | | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE | | | | | | | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) State Representative District 23 | | 12 OFFICE SOUGHT (if known) | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|---|---|
| 13 C / OH NAME Wilson, Teresa S. (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00086218 |
|---|---|

| | | | | | | | | | | |
|--|--|--|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | | | | | | | | |
| <table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | |

| | | |
|--------------------------------|---|---------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 57,395.52 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 16,853.51 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 54,646.22 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 125,000.00 |

17 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.

 The Honorable Teresa S. Wilson
 Signature of Candidate or Officeholder

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
 _____ Printed name of officer administering
 _____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | |
|---|--|---|
| 18 FILER NAME Wilson, Teresa S. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00086218 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 57,395.52 |
| 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 E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 16,853.51 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 7.41 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Robin <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546 | 7 Amount of Contribution (\$) \$520.51 |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) Armstrong Medical Group |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banuelos, Michael <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bary, Susan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-2909 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Russell <hr/> Contributor address; City; State; Zip Code Houston, TX 77025 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Geri <hr/> Contributor address; City; State; Zip Code League City, TX 77573-5845 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollich, Susan <hr/> 6 Contributor address; City; State; Zip Code Hankamer, TX 77560 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Della <hr/> Contributor address; City; State; Zip Code League City, TX 77573-1548 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Linda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-4921 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Briscoe <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536 | 7 Amount of Contribution (\$) \$104.10 |
| 8 Principal occupation / Job title (See Instructions) State Representative, 128 | | 9 Employer (See Instructions) Texas House |
| Date 12/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callen, Margaret A. <hr/> Contributor address; City; State; Zip Code Santa fe, TX 77513-0986 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantini, Armin <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carabajal, Michelle A. <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539-6130 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnes, Jay <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Funeral Director | | Employer (See Instructions) Carnes Funeral Home |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 12/20/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cawley, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78747 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Joe <hr/> Contributor address; City; State; Zip Code Crystal Beach, TX 77650 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Administrator | | Employer (See Instructions) Hospice Care Team Inc. |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Joe <hr/> Contributor address; City; State; Zip Code Crystal Beach, TX 77650 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Administrator | | Employer (See Instructions) Hospice Care Team Inc. |
| Date 11/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covert, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77592 | Amount of Contribution (\$) \$208.20 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Oxbow |
| Date 11/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dagley, Ryan <hr/> Contributor address; City; State; Zip Code Baytown, TX 77623 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Private Equity/Partner | | Employer (See Instructions) Saturn Equities |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrell Apffel Campaign Account <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77574-3082 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David L. Cook Campaign Account <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-1705 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Entrepreneur | | Employer (See Instructions) DeVine Promotions Printing |
| Date 10/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Rachel <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590 | Amount of Contribution (\$) \$520.51 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Mills Shirley LLP |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENPAC Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$4,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbert, Jane <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573 | 7 Amount of Contribution (\$) \$104.10 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmons, Loretta <hr/> Contributor address; City; State; Zip Code Anahuac, TX 77514 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Member | | Employer (See Instructions) Rapid Waste Solutions |
| Date 10/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Jack <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) Lobbyist | | Employer (See Instructions) Self |
| Date 11/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Donald <hr/> Contributor address; City; State; Zip Code Crystal Beach, TX 77650 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Gregory <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705-7715 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/24/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freudenburg, Henry | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Galveston, TX 77551 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Dr. Greg Bonnen PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Friendswood, TX 77546 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funston M.D., Sean | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77551-1417 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galveston County Apartment Association PAC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77551 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galveston Pilots for Good Government Inc. | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77552 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gappa, Laura <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Violetta <hr/> Contributor address; City; State; Zip Code Beach City, TX 77523 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godinich, Sandra <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Raymond Keith <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) CenterPoint Energy |
| Date 10/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halili, Lisa <hr/> Contributor address; City; State; Zip Code Bacliff, TX 77518 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Pier 6 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Brian <hr/> 6 Contributor address; City; State; Zip Code Beach City, TX 77523 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Sheriff | | 9 Employer (See Instructions) Chambers County |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes III, Richard D. <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry A. Trochesset Campaign Account <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/24/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 11/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hisler, Rachael <hr/> Contributor address; City; State; Zip Code Anahuac, TX 77514 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Don <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 11/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77002 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Partner | | Employer (See Instructions) BakerHostetler |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia P. <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hospitality Health ER Political Action Committee <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Stan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/24/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77617 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Giusti For Commissioner <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns , Kelly <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelso, Mark <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelting, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77079 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) Insurance Agent | | Employer (See Instructions) Kelting Insurance |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 12/25/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Robert | 7 Amount of Contribution (\$) \$156.15 |
| | 6 Contributor address; City; State; Zip Code Galveston, TX 77554 | |
| 8 Principal occupation / Job title (See Instructions) Finance | | 9 Employer (See Instructions) Morgan Stanley |
| Date 10/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxana | Amount of Contribution (\$) \$520.51 |
| | Contributor address; City; State; Zip Code League City, TX 77573 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 11/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Likos, Laurie | Amount of Contribution (\$) \$52.05 |
| | Contributor address; City; State; Zip Code Crystal Beach, TX 77650 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebaugh, Daniel | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77010 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) The Linebaugh Law Firm |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loney, Dorota | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77551 | |
| Principal occupation / Job title (See Instructions) Family Nurse Practitioner | | Employer (See Instructions) Optum Health |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/10/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovelady, Devon <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77590 | 7 Amount of Contribution (\$) \$52.05 |
| 8 Principal occupation / Job title (See Instructions) Procurement Materials Manager | | 9 Employer (See Instructions) Universal Plant Services |
| Date 11/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Josue <hr/> Contributor address; City; State; Zip Code Beach City, TX 77523 | Amount of Contribution (\$) \$520.51 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Premier Outdoor Living and Construction LLC |
| Date 11/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattson, Bill <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McConville, Marisa <hr/> Contributor address; City; State; Zip Code League City, TX 77573 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) Property Manager | | Employer (See Instructions) Self Employed |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mello, Cheryl <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michetich, Robert <hr/> 6 Contributor address; City; State; Zip Code LaMarque, TX 77568 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micks, Ryan <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Government Relations | | Employer (See Instructions) UTMB |
| Date 11/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Robert D. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Locke Lord LLP |
| Date 12/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills Shirley LLP <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohn, Jerry <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kenneth | 7 Amount of Contribution (\$) \$200.00 |
| | 6 Contributor address; City; State; Zip Code Pearland, TX 77581 | |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 11/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77550 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Reid | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77554 | |
| Principal occupation / Job title (See Instructions) Self employed/realtor | | Employer (See Instructions) Coldwell Banker TGRE |
| Date 10/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappous, Norman | Amount of Contribution (\$) \$520.51 |
| | Contributor address; City; State; Zip Code League City, TX 77573 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Texas City, TX 77590 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 10/11/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77590 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 11/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poyner, Tony <hr/> Contributor address; City; State; Zip Code Bacliff, TX 77518 | Amount of Contribution (\$) \$520.51 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Self Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/06/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Fred <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554-1943 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Christopher <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senec, Alan <hr/> Contributor address; City; State; Zip Code Beach City, TX 77523 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheer, Lauren <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) GR | | Employer (See Instructions) UTMB |
| Date 11/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Tess <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/06/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, J. R. | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Galveston, TX 77552 | | |
| 8 Principal occupation / Job title (See Instructions) Businessman | | 9 Employer (See Instructions) Self |
| Date 11/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunseri, Andrea | Amount of Contribution (\$) \$520.51 |
| Contributor address; City; State; Zip Code Galveston, TX 77554 | | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Independent Contractor |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swedes Real Estate LLC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Port Neches, TX 77651 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAHLI Life Insurance PAC | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78767 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSAPAC | Amount of Contribution (\$) \$1,500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701-1665 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetley, Sandra <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Cornerstone Credit Union League PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75265-5147 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Certified Public Accountants <hr/> Contributor address; City; State; Zip Code Addison, TX 75001 | Amount of Contribution (\$) \$375.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Certified Public Accountants <hr/> Contributor address; City; State; Zip Code Addison, TX 75001 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villemez, Steve <hr/> Contributor address; City; State; Zip Code Mont Belvieu, TX 77580-1320 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Bradshaw Boney Consulting <hr/> 6 Contributor address; City; State; Zip Code Webster, TX 77058 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker & Taylor, PLLC <hr/> Contributor address; City; State; Zip Code Houston, TX 77058 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Glen <hr/> Contributor address; City; State; Zip Code League City, TX 77573 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber for Congress <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber for Congress <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Paul | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Jamaica Beach, TX 77554 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James | Amount of Contribution (\$) \$52.05 |
| | Contributor address; City; State; Zip Code Hillister, TX 77624 | |
| Principal occupation / Job title (See Instructions) State of Texas | | Employer (See Instructions) Self |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, David | Amount of Contribution (\$) \$670.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77554 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson Rappaport, Marsha | Amount of Contribution (\$) \$104.10 |
| | Contributor address; City; State; Zip Code Galveston, TX 77550 | |
| Principal occupation / Job title (See Instructions) Grant Writer | | Employer (See Instructions) TCCI |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfe, Michael | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77241 | |
| Principal occupation / Job title (See Instructions) Community Engagement Specialist | | Employer (See Instructions) Office of Texas Attorney General Ken Paxton |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodcock, Bruce | 7 Amount of Contribution (\$) \$104.10 |
| | 6 Contributor address; City; State; Zip Code Dickinson, TX 77539 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zahar, Keith | Amount of Contribution (\$) \$2,602.54 |
| | Contributor address; City; State; Zip Code Crystal Beach, TX 77650 | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |

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.

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|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/13 Rpt: 26/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 10/31/2023 | 5 Payee name Bateman, Andrew | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 16215 White Star Drive Houston, TX 77062 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/17/2023 | Payee name Devine Promotions & Printing LLC | |
| Amount (\$) \$352.12 | Payee address; City; State; Zip Code 5411 Brookglen Suite B Houston, TX 77017 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Printing expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/19/2023 | Payee name Devine Promotions & Printing LLC | |
| Amount (\$) \$155.32 | Payee address; City; State; Zip Code 5411 Brookglen Suite B Houston, TX 77017 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Printing expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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.

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|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/13 Rpt: 27/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
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|-----------------------------|--|
| 4 Date 12/21/2023 | 5 Payee name Dickinson Chamber of Commerce |
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| 6 Amount (\$) \$35.00 | 7 Payee address; City; State; Zip Code 1911 FM 517 Rd E Dickinson, TX 77539 |
|---------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
|---------------------------------|--|---|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------------|
| Date 09/18/2023 | Payee name Dollar General |
|--------------------|------------------------------|

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|------------------------|---|
| Amount (\$) \$19.05 | Payee address; City; State; Zip Code 14322 Termini-San Luis Pass Rd Galveston, TX 77554 |
|------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
|-------------------------------|--|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|------------------------------|
| Date 11/19/2023 | Payee name Dollar General |
|--------------------|------------------------------|

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|-----------------------|---|
| Amount (\$) \$5.41 | Payee address; City; State; Zip Code 14322 Termini-San Luis Pass Rd Galveston, TX 77554 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event expenses |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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: 3/13 Rpt: 28/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
|---|--|--|

| | |
|-----------------------------|--|
| 4 Date 12/13/2023 | 5 Payee name Galveston Chamber of Commerce |
|-----------------------------|--|

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|----------------------------------|---|
| 6 Amount (\$) \$375.00 | 7 Payee address; City; State; Zip Code 2228 MECHANIC ST Suite 101 Galveston, TX 77550 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual membership fee |
|---------------------------------|---|---|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 08/14/2023 | Payee name Galveston Republican Women |
|--------------------|--|

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| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 908 Layfair Place Friendswood, TX 77546 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|--|
| Date 10/23/2023 | Payee name Galveston Republican Women |
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| Amount (\$) \$60.00 | Payee address; City; State; Zip Code 908 Layfair Place Friendswood, TX 77546 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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: 4/13 Rpt: 29/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
|---|--|--|

| | |
|-----------------------------|---|
| 4 Date 11/06/2023 | 5 Payee name Galveston Republican Women |
|-----------------------------|---|

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| 6 Amount (\$) \$125.00 | 7 Payee address; City; State; Zip Code 908 Layfair Place Friendswood, TX 77546 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
|---------------------------------|--|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 12/13/2023 | Payee name Galveston Republican Women |
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| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 908 Layfair Place Friendswood, TX 77546 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
|------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|------------------------------|
| Date 08/29/2023 | Payee name Greene, Gloria |
|--------------------|------------------------------|

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| Amount (\$) \$511.01 | Payee address; City; State; Zip Code 2300 Repsdorph Rd. Apt 5312 Seabrook, TX 77586 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages |
|------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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: 5/13 Rpt: 30/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 11/15/2023 | 5 Payee name Irwin, Jacqui | |
| 6 Amount (\$) \$740.96 | 7 Payee address; City; State; Zip Code 1612 Ballinger Creek Lane League City, TX 77573 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event expenses |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/06/2023 | Payee name La Brisa | |
| Amount (\$) \$40.00 | Payee address; City; State; Zip Code 501 North Wesley Drive League City, TX 77573 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/22/2023 | Payee name La Brisa | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 501 North Wesley Drive League City, TX 77573 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: 6/13 Rpt: 31/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
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|-----------------------------|---------------------------------------|
| 4 Date 09/21/2023 | 5 Payee name LeBlanc, Susan |
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| 6 Amount (\$) \$303.77 | 7 Payee address; City; State; Zip Code 7134 FM 563 Wallisville, TX 77597 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
|---------------------------------|--|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date 10/09/2023 | Payee name LeBlanc, Susan |
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| Amount (\$) \$36.00 | Payee address; City; State; Zip Code 7134 FM 563 Wallisville, TX 77597 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date 11/14/2023 | Payee name LeBlanc, Susan |
|--------------------|------------------------------|

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|---------------------------|--|
| Amount (\$) \$1,194.64 | Payee address; City; State; Zip Code 7134 FM 563 Wallisville, TX 77597 |
|---------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event expenses |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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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: 7/13 Rpt: 32/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 08/29/2023 | 5 Payee name Office Depot | |
| 6 Amount (\$) \$3.25 | 7 Payee address; City; State; Zip Code 2711 61st St Galveston, TX 77551 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Copies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/20/2023 | Payee name Republican Party of Texas | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 807 Brazos St. Suite 701 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Candidate filing fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate filing fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/30/2023 | Payee name Texas City/LaMarque Chamber of Commerce | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 9702 E.F. Lowry Expressway Texas City, TX 77591 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: 8/13 Rpt: 33/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 07/29/2023 | 5 Payee name Texas Department of Criminal Justice | |
| 6 Amount (\$) \$315.25 | 7 Payee address; City; State; Zip Code 8801 South 1st Street Suite 100 Austin, TX 78748 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office decor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office decor |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/04/2023 | Payee name Texas Department of Criminal Justice | |
| Amount (\$) \$216.50 | Payee address; City; State; Zip Code 8801 South 1st Street Suite 100 Austin, TX 78748 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Item donated for auction |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/09/2023 | Payee name Texas Department of Criminal Justice | |
| Amount (\$) \$10.83 | Payee address; City; State; Zip Code 8801 South 1st Street Suite 100 Austin, TX 78748 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Service | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirt embroidery |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: 9/13 Rpt: 34/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 07/01/2023 | 5 Payee name Texas Ethics Commission | |
| 6 Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code P.O. Box 12070 Austin, TX 78711-2070 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Late filing penalty |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/24/2023 | Payee name The Grand 1894 Opera House | |
| Amount (\$) \$175.00 | Payee address; City; State; Zip Code 2020 Postoffice St. Galveston, TX 77550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/07/2023 | Payee name USPS | |
| Amount (\$) \$26.40 | Payee address; City; State; Zip Code 5826 BROADWAY ST Galveston, TX 77551-9998 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Stamps | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: 10/13 Rpt: 35/40 | 2 | FILER NAME Wilson, Teresa S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00086218 |
| 4 | Date 10/18/2023 | 5 | Payee name Village Hardware | | |
| 6 | Amount (\$) \$3.02 | 7 | Payee address; City; State; Zip Code 6711 Stewart Rd Galveston, TX 77551 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) District Office Key | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office Key | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 11/07/2023 | | Payee name Walmart | | |
| | Amount (\$) \$9.72 | | Payee address; City; State; Zip Code 6702 Seawall Blvd Galveston, TX 77551 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Thank you cards | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 11/19/2023 | | Payee name Walmart | | |
| | Amount (\$) \$26.40 | | Payee address; City; State; Zip Code 6702 Seawall Blvd Galveston, TX 77551 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event expenses | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

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: 11/13 Rpt: 36/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 12/21/2023 | 5 Payee name Walmart | |
| 6 Amount (\$) \$9.72 | 7 Payee address; City; State; Zip Code 6702 Seawall Blvd Galveston, TX 77551 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Thank you cards | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/21/2023 | Payee name Walmart | |
| Amount (\$) \$13.20 | Payee address; City; State; Zip Code 6702 Seawall Blvd Galveston, TX 77551 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Stamps | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/30/2023 | Payee name West Chambers County Chamber of Commerce | |
| Amount (\$) \$45.00 | Payee address; City; State; Zip Code 2830 North Farm to Market 565 Road Suite 200 Mont Belvieu, TX 77523 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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.

| | | |
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| 1 Total pages Schedule F1: Sch: 12/13 Rpt: 37/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
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| 4 Date 08/02/2023 | 5 Payee name West Chambers County Chamber of Commerce |
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|---------------------------------|--|
| 6 Amount (\$) \$90.00 | 7 Payee address; City; State; Zip Code 2830 North Farm to Market 565 Road Suite 200 Mont Belvieu, TX 77523 |
|---------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
|---------------------------------|--|---|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------|
| Date 11/04/2023 | Payee name Wilson, David |
|--------------------|-----------------------------|

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|---------------------------|---|
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 29 Pirates Bch W Galveston, TX 77554 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment/Reimbursement |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------|
| Date 12/06/2023 | Payee name Wilson, David |
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|---------------------------|---|
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 29 Pirates Bch W Galveston, TX 77554 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment/Reimbursement |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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.

| | | |
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| 1 Total pages Schedule F1: Sch: 13/13 Rpt: 38/40 | 2 FILER NAME Wilson, Teresa S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 12/25/2023 | 5 Payee name WinRed | |
| 6 Amount (\$) \$595.94 | 7 Payee address; City; State; Zip Code 1776 Wilson Blvd Arlington, VA 22209 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Solicitation/Fundraising Expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/17/2023 | Payee name Winnie Chamber of Commerce | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 327 East Leblanc Winnie, TX 77665 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/16/2023 | Payee name Winnie Chamber of Commerce | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 327 East Leblanc Winnie, TX 77665 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event expenses |
| Complete ONLY 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

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 39/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 07/09/2023 | 5 Name of person from whom amount is received Frost Bank | 8 Amount (\$) \$0.69 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Galveston, TX 77551 | |
| | 7 Purpose for which amount is received Interest payment <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 08/06/2023 | Name of person from whom amount is received Frost Bank | Amount (\$) \$0.85 |
| | Address of person from whom amount is received; City; State; Zip Code Galveston, TX 77551 | |
| | Purpose for which amount is received Interest payment <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 09/07/2023 | Name of person from whom amount is received Frost Bank | Amount (\$) \$1.01 |
| | Address of person from whom amount is received; City; State; Zip Code Galveston, TX 77551 | |
| | Purpose for which amount is received Interest payment <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 10/05/2023 | Name of person from whom amount is received Frost Bank | Amount (\$) \$0.94 |
| | Address of person from whom amount is received; City; State; Zip Code Galveston, TX 77551 | |
| | Purpose for which amount is received Interest payment <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 11/06/2023 | Name of person from whom amount is received Frost Bank | Amount (\$) \$1.27 |
| | Address of person from whom amount is received; City; State; Zip Code Galveston, TX 77551 | |
| | Purpose for which amount is received Interest payment <input type="checkbox"/> Check if political contribution returned to filer | |

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

SCHEDULE K

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/2 Rpt: 40/40 |
| 2 FILER NAME Wilson, Teresa S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00086218 |
| 4 Date 12/06/2023 | 5 Name of person from whom amount is received Frost Bank | 8 Amount (\$) \$2.65 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Galveston, TX 77551 | |
| | 7 Purpose for which amount is received | <input type="checkbox"/> Check if political contribution returned to filer |