FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00053970 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Randall W. NAME Date Received **ELECTRONICALLY FILED** 01/11/2024 NICKNAME LAST **SUFFIX** Wilson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Fred S. NAME NICKNAME LAST **SUFFIX** Robertson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 906-3072 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 9 District 14 Court Of Appeals, Justice

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Wilson, Randall W. (7	he Honorable)	14 Filer ID 00053970	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been ma I officeholders are required to report this	de without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OT	HER THAN PLEDGES, LOANS,	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS I	MADE ELECTRONICALLY)	\$ 0.00
		I CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 0.00
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES	20. 20	\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 3,187.52
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 19,591.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING I TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		l swear, or affirm, ur true and correct and under Title 15, Elect	nder penalty of perjury, that the acc includes all information required t ion Code.	companying report is o be reported by me
		T	he Honorable Randall W. Wils	son
	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to ce	ertify which, witness my hand and seal o	f office.	
Signature of office	cer administering oath	Printed name of officer administeri	ng oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM **JC/OH** COVER SHEET PG 3

	3 of 8							
l	ER NAM	(Ethics Commission Filers)						
l		E SUBTOTALS SCHEDULE	SUBTOTAL AMOUNT					
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 3,187.52				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$					
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	\$ 1.11					

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)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 4/8	Wilson, Randall W. (The Honorable)	00053970
4	Date	5 Payee name	
	12/13/2023	Blackwood, Ray	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	301 Fannin, 4th Floor	
		houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Christmas present to staff attorney
			Christinas present to stair attorney
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Date	Davisa nama	
	12/14/2023	Payee name Escalante Catering	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$383.93	12821 Kimberly Lane	
	Ψ303.33	12021 Kimberry Lane	
		Houston, TX 77024	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Poou/Beverage Expense	Check if Austin, TX, officeholder living expense
			Reimbursement for Holiday dinner expense for court
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/6	'	
	Date	Payee name	
	12/13/2023	Fenelon, Kenneth	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	301 Fannin	
		4th Floor	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Christmas present for staff attorney
			SSas process for start atterney
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
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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
Conditate/Office/bolder/Political

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a settlement and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	
	Sch: 2/3 Rpt: 5/8	Wilson, Randall W. (The Honorable) 00053970	
4	Date	5 Payee name	
	07/19/2023	Go Daddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$409.09	14455 N. Hayden	
		Suite 226	
		Scottsdale, AZ 85260	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website maintenance	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit Great		
	Date	Payee name	
	07/20/2023	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.32	14455 N. Hayden	
		Suite 226	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Website maintenance	
		Wessite maintenance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	10/10/2023	Houston Bar Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1111 Bagby	
		FLB 200	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Tickets to Harvest Party	
	Commission ONU Wife allows	Condidate/Officeholder nove	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
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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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 6/8	Wilson, Randall W. (The Honorable) 00053970
4	Date	5 Payee name
L	11/02/2023	Kolanowski Studios
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$378.88	420 Harvard
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment for portrait
		T dymon for border
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/29/2023	Michael's Cookie Jar
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$53.30	5330 Weslayan
		Houston, TX 77005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for court meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/01/2023	Texas Association of Civil Trial and Appellate Specialists
H	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1414 Congress
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Annual dues
		Allitual ques
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedular K Sch: 127 Rpt: 78 2 FILER NAME Wilson, Randall W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00053970 4 Date 07/10/2023 5 Name of person from whom amount is received Wells Fargo 7 Fuppose for which amount is received Interest Date 08/07/2023 Address of person from whom amount is received Interest Date 09/09/2023 Name of person from whom amount is received Interest Date 09/09/2023 Name of person from whom amount is received Interest Date 09/09/2023 Name of person from whom amount is received Interest Date 09/09/2023 Name of person from whom amount is received Interest Date 09/09/2023 Name of person from whom amount is received Interest Date 10/09/2023 Name of person from whom amount is received Interest Date 10/09/2023 Name of person from whom amount is received City: State; Zip Code Address of person from whom amount is received Interest Date 10/09/2023 Name of person from whom amount is received Interest Date Name of person from whom amount is received Interest Date Name of person from whom amount is received Interest Date Name of person from whom amount is received Interest Date Name of person from whom amount is received Interest Amount (8) \$0.19 Puppose for which amount is received Interest Amount (8) \$0.17 Address of person from whom amount is received Interest Amount (8) \$0.17 Address of person from whom amount is received Interest Amount (8) \$0.19 Puppose for which amount is received Interest Amount (8) \$0.19 Puppose for which amount is received Interest Check if political contribution returned to filer Interest									
Wilson, Randall W. (The Honorable) 4 Date 07/10/2023 5 Name of person from whom amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 7 Purpose for which amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code Purpose for which amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 Address of person from whom amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received: City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received: City; State; Zip Code Address of person from whom amount is received: City; State; Zip Code Date 10/06/2023 Wells Fargo Address of person from whom amount is received: City; State; Zip Code Date 11/07/2023 Name of person from whom amount is received: City; State; Zip Code Purpose for which amount is received: City; State; Zip Code Amount (\$) \$0.17 Address of person from whom amount is received: City; State; Zip Code Amount (\$) \$0.17 Address of person from whom amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code Name of person from whom amount is received: City; State; Zip Code		The Instruction Guide explains how to complete this form.							
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Sious Falls, SD 57117-5190 The purpose for which amount is received mount is rec		07/10/2023	<u> </u>	Wells Fargo					\$0.22
7 Purpose for which amount is received Interest			6	Address of person from whom amount is received; City; State; Zip Code					
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Address of person from whom amount is received; City; State; Zip Code Sious Falls, SD 57117-5190		Date	Π	Name of person from whom amount is received				Amount (\$)	
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Purpose for which amount is received Interest Check if political contribution returned to filer Interest Date			ļ	Address of person from whom amount is received; City; State; Zip Code					
Purpose for which amount is received Interest Check if political contribution returned to filer Interest Date									
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Interest Date			H		Check if pol	litic	al cor	tribution returned to filer	
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10/06/2023 Wells Fargo \$0.17		Date	Ħ	Name of person from whom amount is received				Amount (\$)	
Sious Falls, SD 57117-5190 Purpose for which amount is received		10/06/2023							\$0.17
Purpose for which amount is received			ļ	Address of person from whom amount is received; City; State; Zip Code					
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Address of person from whom amount is received; City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received				·				Amount (\$)	
Sious Falls, SD 57117-5190 Purpose for which amount is received		11/07/2023	ļ	Wells Fargo					\$0.19
Purpose for which amount is received				Address of person from whom amount is received; City; State; Zip Code					
Purpose for which amount is received									
Purpose for which amount is received				Sious Falls, SD 57117-5190					
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 8/8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wilson, Randall W. (The Honorable) 00053970 5 Name of person from whom amount is received 8 Amount (\$) 12/07/2023 \$0.17 Wells Fargo 6 Address of person from whom amount is received; City; State; Zip Code Sious Falls, SD 57117-5190 Purpose for which amount is received Check if political contribution returned to filer Interest