

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087899	<b>2</b> Total pages filed: 55				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Denise V.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/12/2024			
	NICKNAME	LAST Wilkerson	SUFFIX				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1808 Winewood Lane  Arlington, TX 76013		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Gabriel	MI				
	NICKNAME	LAST Rivas	SUFFIX IV				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2024 Mill Creek Dr  Arlington, TX 76010						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	899-4622					
<b>8</b> 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)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2023		12	31	2023
<b>10</b> 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			
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known)			
<b>GO TO PAGE 2</b>							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13** C / OH NAME      Wilkerson, Denise V. (Mrs.)      **14** Filer ID      (Ethics Commission Filers)  
00087899

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	26,779.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	26,075.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,552.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,938.00

**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.

Mrs. Denise V. Wilkerson  
\_\_\_\_\_  
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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<b>18 FILER NAME</b> Wilkerson, Denise V. (Mrs.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00087899
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,279.06
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,500.00
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 9,938.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26,013.53
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 62.00
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 type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/31 Rpt: 4/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alcala, Diana	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) BRS
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avillon, Deborah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Fort Smith, AR 72916		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walters Law Firm
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaty, Ryan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Clinical Director		Employer (See Instructions) The Therapy Spot
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Jessica	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blunt, Elizabeth	Amount of Contribution (\$) \$2,094.06
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) retired writer		Employer (See Instructions) right Management

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/31 Rpt: 5/55
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 09/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brandt, Gary	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76013	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brock, Michele	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Santa Fe, NM 87506	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brock, Michele	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Santa Fe, NM 87506	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockenbush, Beth	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Arlington ISD
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Steven	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Pantego, TX 76013	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Advocates for Special People Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/31 Rpt: 6/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burnham, Lon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carnesi, Emily <hr/> Contributor address; City; State; Zip Code  ARLINGTON, TX 76013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Owen <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Reporter		Employer (See Instructions) Fort Worth Reporter
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Deborah B. <hr/> Contributor address; City; State; Zip Code  Crawford, TX 76038	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Pamela <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/31 Rpt: 7/55
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 10/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cope, Travis W	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Colleyville, TX 76034	
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Company
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corgill, Catherine	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Santa Fe, NM 87507	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DYCK, DEBRAH	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  ARLINGTON, TX 76013	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Commercial Real Estate
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Darovich, Donna	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) UTA
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Sharon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/31 Rpt: 8/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derozier, Arlene	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013		
<b>8</b> Principal occupation / Job title (See Instructions) Auditor		<b>9</b> Employer (See Instructions) SFC
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dipert, Linda	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Disnard, Ann	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Arlington, TX 76012		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Disnard, Ann	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Arlington, TX 76012-1754		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Disnard, Ann	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/31 Rpt: 9/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 12/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Disnard, Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duje, Suzanne <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duke, Lisa <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Instructional Design		Employer (See Instructions) American Airlines
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duke, Suzanne <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$75.00
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#: _____ ) Duman, Jo Ann <hr/> Contributor address; City; State; Zip Code  TEXARKANA, TX 75503	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/31 Rpt: 10/55
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 11/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76002	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyck, Debrah	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Real Synergy
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyck, Trevor	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Self
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Everett, Betty J	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farr, Jacob	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Teaching Assistant		Employer (See Instructions) University of Texas at Arlington

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/31 Rpt: 11/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farr, Natalie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76015	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Speech Pathologist		<b>9</b> Employer (See Instructions) Self-employed
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farr, Natalie <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Epic
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleming, Bill <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76010	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamber, Russell <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UNT - Health Science
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gayden, Crystal <hr/> Contributor address; City; State; Zip Code  FortWorth, TX 76120	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/31 Rpt: 12/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gentry, Carla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75056	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Systemware Professional Serices
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gist, Belinda <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Ardelyx
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldberg, Kristi <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldberg, Kristi <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldberg, Kristi <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/31 Rpt: 13/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 12/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldberg, Kristi	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale, Abigail	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Barton, VT 58220		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Cheryl	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Arlington, TX 76012		
Principal occupation / Job title (See Instructions) piano teacher		Employer (See Instructions) self employed
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hazle, Terry	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Harris Cook LLP
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hazle, Timi	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Arlington, TX 76913		
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Harris cook

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/31 Rpt: 14/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, Gregory	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Austin Construction
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heid, Holly	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Nurse practitioner		Employer (See Instructions) Urgent care
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Laura	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Csr		Employer (See Instructions) Harrison Aviation
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Christopher	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillin, Jlm	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90064		
Principal occupation / Job title (See Instructions) VFX Artist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/31 Rpt: 15/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillin, Jim	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90064		
<b>8</b> Principal occupation / Job title (See Instructions) VFX		<b>9</b> Employer (See Instructions) Self Employed
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillin, Jim	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90064		
Principal occupation / Job title (See Instructions) VFX Artist		Employer (See Instructions) Self
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillin, Jim	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90064		
Principal occupation / Job title (See Instructions) VFX Artist		Employer (See Instructions) Self
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hissin, Sarah	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) J Loveless, Stephen	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/31 Rpt: 16/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jabri, Nidal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) analytics		<b>9</b> Employer (See Instructions) walgreens
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jabri, Nidal Radwan <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) ANALYTICS		Employer (See Instructions) Walgreens
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, David <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self-employed
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jurgens, Stephanie <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) AISD
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kauth, Daniel <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Mayer



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/31 Rpt: 17/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 08/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kellam, Theresa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pantego, TX 76013	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Psychologist		<b>9</b> Employer (See Instructions) Luma Psychology PLLC
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Kevin <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Sydaptic Inc.
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Michael <hr/> Contributor address; City; State; Zip Code  Cleveland Heights, OH 44118	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Game Developer		Employer (See Instructions) Question LLC
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Ryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Ryan Kelly Group LLC
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Suzanne <hr/> Contributor address; City; State; Zip Code  Crawford, TX 76638	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/31 Rpt: 18/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Gary	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76015		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lane, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) TCU
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lautensack, Erica	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Arlington, TX 76011		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Sandra	Amount of Contribution (\$) \$94.00
Contributor address; City; State; Zip Code  Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Elected Official		Employer (See Instructions) Tarrant County
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leveridge, Renee	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Perry & Leveridge

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/31 Rpt: 19/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loveless, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) not employed		<b>9</b> Employer (See Instructions) not employed
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luchesi, Valerie <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) na
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyons, Franceen <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$94.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mack, Donna <hr/> Contributor address; City; State; Zip Code  Pantego, TX 76013	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Donna Mack
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Kim <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Arlington ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/31 Rpt: 20/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Kathy	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76028		
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Kathy Buys Houses
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Rhonda	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Jessica	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Graham, TX 76450		
Principal occupation / Job title (See Instructions) Pet care service		Employer (See Instructions) Self
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Jessica	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Graham, TX 76450		
Principal occupation / Job title (See Instructions) Pet care service		Employer (See Instructions) Self
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Ella Jo	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/31 Rpt: 21/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIntire, Terry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76011	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moody, Rose <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nicol, Robert A <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$94.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owens, Jeff <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76054	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Director of Software Development		Employer (See Instructions) Semaphore Mobile
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padgett, Thomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77401	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Buenker Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 19/31 Rpt: 22/55
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palla, Deanna	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76012	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peay, Kelly	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Burrell Enterprise
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petersen, Aubin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dalworthington gardens, TX 76016	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pewitt, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Mohawk Industries inc
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pewitt, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Mohawk Industries inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/31 Rpt: 23/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Christine	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Uplift Summit International Preparatory High School
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinnacle Management Company, LLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Arlington, TX 76010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitcher, Keridwyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Wales, MA 01081		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HWRSD
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plazak, David	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prda, Marc	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Arlington, TX 76016		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Aisd

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/31 Rpt: 24/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruitt, Bob <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) self employed		<b>9</b> Employer (See Instructions) none
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pruitt, Sharon <hr/> Contributor address; City; State; Zip Code  Hewitt, TX 76643	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raburn, Carol <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raburn, Carol <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raburn, Carol <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/31 Rpt: 25/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raburn, Carol	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raburn, Carol	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rader, Andrea	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ray, G	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Ronald	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/31 Rpt: 26/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rhoades, Debra <hr/> <b>6</b> Contributor address; City; State; Zip Code  arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Aisd
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivas, Gabriel <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Waiter		Employer (See Instructions) Consolidated Restaurant Operations
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivas, Gabriel <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015	Amount of Contribution (\$)  \$94.00
Principal occupation / Job title (See Instructions) Waiter		Employer (See Instructions) Consolidated Restaurant Operations
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogson, Lorraine (Levine) <hr/> Contributor address; City; State; Zip Code  FortWorth, TX 76102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogsor, Lorraine P. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76012	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/31 Rpt: 27/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roy, Elva <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76015	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$25.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) not employed		<b>9</b> Employer (See Instructions) not employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHEPARD, CYNTHIA <hr/> Contributor address; City; State; Zip Code  hurst, TX 76053	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Council member		Employer (See Instructions) City of Hurst
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHIH, Shunnien <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$) <span style="float:right">\$250.00</span>
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Shih's International Inc.
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Elizabeth <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) not employed (retired)		Employer (See Instructions) not employed
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schatzman, Stacy <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$) <span style="float:right">\$50.00</span>
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/31 Rpt: 28/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sexton, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  FortWorth, TX 76120	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$25.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheedy, Jessica <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$) <span style="float:right">\$50.00</span>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shih, Sophia <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$) <span style="float:right">\$250.00</span>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Shih's Realty
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sloat, Laura <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$) <span style="float:right">\$20.00</span>
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) First United Bank
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smiley, Jerry <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) AECOM

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/31 Rpt: 29/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cayley	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Hurst, TX 76053		
<b>8</b> Principal occupation / Job title (See Instructions) Manager Assistant		<b>9</b> Employer (See Instructions) Bain and Co
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Nathan	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) County Employee		Employer (See Instructions) Tarrant County
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snyder, Julie	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Hurst, TX 76054		
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Catholic Charities FW
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snyder, Julie	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Hurst, TX 76054		
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Catholic Charities FW
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speer, Francine	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Behavior Interventionist		Employer (See Instructions) Catholic Charities

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 27/31 Rpt: 30/55
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Sarah	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76013	
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Sarah	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) Retired
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stinson, Henry	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76118	
Principal occupation / Job title (See Instructions) Database Developer		Employer (See Instructions) Artech Information Systems
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stinson, Henry	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76118	
Principal occupation / Job title (See Instructions) database developer		Employer (See Instructions) Artech Information Systems
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stinson, Henry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  FortWorth, TX 76118	
Principal occupation / Job title (See Instructions) database developer		Employer (See Instructions) Artech Information Systems

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/31 Rpt: 31/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 12/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stinson, Henry	<b>7</b> Amount of Contribution (\$) \$6.00
<b>6</b> Contributor address; City; State; Zip Code  FortWorth, TX 76118		
<b>8</b> Principal occupation / Job title (See Instructions) database developer		<b>9</b> Employer (See Instructions) Artech Information Systems
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormer, Cindy	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroemer, Patra	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudderth, Mark	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76140		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Noteboom Law Firm
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweeney, Paul	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/31 Rpt: 32/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temudo, Mary Jane	<b>7</b> Amount of Contribution (\$) \$125.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Glenda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  ARLINGTON, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code  Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Pridestaff
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code  Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Contract Recruiter		Employer (See Instructions) Pridestaff
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Contract Recruiter		Employer (See Instructions) Pridestaff



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/31 Rpt: 33/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waldrop, Jeff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013	<b>7</b> Amount of Contribution (\$)  \$94.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Arlington ISD
<b>Date</b> 09/26/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walton, Kathy <hr/> <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76013	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired Nurse		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/19/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wesstrom, Jill <hr/> <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/13/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wick, Audrey <hr/> <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	<b>Amount of Contribution (\$)</b>  \$150.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilhelm, Franya <hr/> <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	<b>Amount of Contribution (\$)</b>  \$125.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/31 Rpt: 34/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilhelm, Franya	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, Dean	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Lockheed Martin
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Adam	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) perry, Bryan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Perkins and Will
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) wilkerson, carter	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Lieutenant		Employer (See Instructions) US Navy

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 35/55	
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 11/29/2023	<b>6</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00269779</u> ) Lone Star Project <hr style="border-top: 1px dotted black;"/> <b>7</b> Contributor address; City; State; Zip Code  Washington, DC 20003	<b>8</b> Amount of contribution (\$) \$2,500.00	<b>9</b> In-kind contribution description Opposition Report   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 36/55
<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 08/18/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Denise	<b>9</b> Loan Amount (\$) \$4,938.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Arlington, TX 76013	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>13</b> Employer (See Instructions) Retired
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)
<b>5</b> Date of loan 09/06/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Denise	<b>9</b> Loan Amount (\$) \$5,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Arlington, TX 76013	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>13</b> Employer (See Instructions) Retired
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/18 Rpt: 37/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/03/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$300.20	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/17/2023	Payee name ActBlue Technical Services	
Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/24/2023	Payee name ActBlue Technical Services	
Amount (\$) \$131.76	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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.

<b>1</b> Total pages Schedule F1: Sch: 2/18 Rpt: 38/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/30/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$55.89	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2023	Payee name ActBlue Technical Services	
Amount (\$) \$9.88	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2023	Payee name ActBlue Technical Services	
Amount (\$) \$19.75	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing 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.

<b>1</b> Total pages Schedule F1: Sch: 3/18 Rpt: 39/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/15/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$13.83	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/22/2023	Payee name ActBlue Technical Services	
Amount (\$) \$1.43	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/29/2023	Payee name ActBlue Technical Services	
Amount (\$) \$49.60	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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.

<b>1</b> Total pages Schedule F1: Sch: 4/18 Rpt: 40/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/05/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$2.97	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2023	Payee name ActBlue Technical Services	
Amount (\$) \$7.71	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2023	Payee name ActBlue Technical Services	
Amount (\$) \$65.85	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing 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.

<b>1</b> Total pages Schedule F1: Sch: 5/18 Rpt: 41/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/26/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$2.62	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2023	Payee name ActBlue Technical Services	
Amount (\$) \$11.86	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2023	Payee name ActBlue Technical Services	
Amount (\$) \$1.78	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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.

<b>1</b> Total pages Schedule F1: Sch: 6/18 Rpt: 42/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 12/17/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$14.99	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name ActBlue Technical Services	
Amount (\$) \$0.24	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2023	Payee name Arlington Chamber of Commerce	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 505 E. Border St  Arlington, TX 76010	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Membership Fee	<b>(b)</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 dues for Arlington's oldest and largest business organization
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.

<b>1</b> Total pages Schedule F1: Sch: 7/18 Rpt: 43/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/03/2023	<b>5</b> Payee name Arlington Chamber of Commerce	
<b>6</b> Amount (\$) \$65.00	<b>7</b> Payee address; City; State; Zip Code 505 E. Border St  Arlington, TX 76010	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket to the State of the City event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Ashley, Showalter	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1802 NW 21st Street  Oklahoma City, OK 73106	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Art Design for Postcard
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2023	Payee name Bison Strategies LLC	
Amount (\$) \$5,385.00	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Website Domains Consulting Monthly 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.

<b>1</b> Total pages Schedule F1: Sch: 8/18 Rpt: 44/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 09/15/2023	<b>5</b> Payee name Bison Strategies LLC	
<b>6</b> Amount (\$) \$347.60	<b>7</b> Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards, Name tags, envelopes, Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2023	Payee name Bison Strategies LLC	
Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2023	Payee name Bison Strategies LLC	
Amount (\$) \$59.74	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frames and easel for kick off events
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.

<b>1</b> Total pages Schedule F1: Sch: 9/18 Rpt: 45/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
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<b>4</b> Date 09/26/2023	<b>5</b> Payee name Bison Strategies LLC
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<b>6</b> Amount (\$) \$129.26	<b>7</b> Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards for kick off events
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2023	Payee name Bison Strategies LLC
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
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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 10/04/2023	Payee name Bison Strategies LLC
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Amount (\$) \$175.00	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Remit Envelopes
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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.

<b>1</b> Total pages Schedule F1: Sch: 10/18 Rpt: 46/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/19/2023	<b>5</b> Payee name Bison Strategies LLC	
<b>6</b> Amount (\$) \$1,100.00	<b>7</b> Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2023	Payee name Bison Strategies LLC	
Amount (\$) \$52.00	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Presentation Supplies for Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2023	Payee name Bison Strategies LLC	
Amount (\$) \$207.10	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Fundraising Event
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.

<b>1</b> Total pages Schedule F1: Sch: 11/18 Rpt: 47/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/31/2023	<b>5</b> Payee name Bison Strategies LLC	
<b>6</b> Amount (\$) \$323.70	<b>7</b> Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising event expenses including printed invitations and paper goods
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2023	Payee name Bison Strategies LLC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management for November
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2023	Payee name Bison Strategies LLC	
Amount (\$) \$79.35	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Event
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.

<b>1</b> Total pages Schedule F1: Sch: 12/18 Rpt: 48/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
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<b>4</b> Date 11/16/2023	<b>5</b> Payee name Bison Strategies LLC
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<b>6</b> Amount (\$) \$173.13	<b>7</b> Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Fundraising Event
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/18/2023	Payee name Bison Strategies LLC
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Amount (\$) \$106.45	Payee address; City; State; Zip Code PO Box 2662  Oklahoma City, OK 73101
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards
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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 12/05/2023	Payee name CVS
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Amount (\$) \$11.90	Payee address; City; State; Zip Code 2500 Bowen Road  Arlington, TX 76013
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pens and Dry Erase Board
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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.

<b>1</b> Total pages Schedule F1: Sch: 13/18 Rpt: 49/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/02/2023	<b>5</b> Payee name Google	
<b>6</b> Amount (\$) \$35.31	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google GSuite
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/01/2023	Payee name Google	
Amount (\$) \$46.05	Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G Suite monthly charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/01/2023	Payee name Google	
Amount (\$) \$44.52	Payee address; City; State; Zip Code 1600 Amphitheater Parkway  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G Suite monthly charge
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.

<b>1</b> Total pages Schedule F1: Sch: 14/18 Rpt: 50/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
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<b>4</b> Date 12/05/2023	<b>5</b> Payee name Hotels.com
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<b>6</b> Amount (\$) \$174.00	<b>7</b> Payee address; City; State; Zip Code 5400 LBJ Freeway Suite 500  Dallas, TX 75240
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trip to Austin to meet with potential donors
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/26/2023	Payee name Lenier Consulting
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1321 Upland Drive PMB 19714 Houston, TX 77043
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign fundraising email drafting and consulting
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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 09/26/2023	Payee name Los Jimadores Tex Mex
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Amount (\$) \$275.43	Payee address; City; State; Zip Code 3314 Harwood Road  Bedford, TX 76021
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for the HEB Campaign Kickoff Event
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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.

<b>1</b> Total pages Schedule F1: Sch: 15/18 Rpt: 51/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/23/2023	<b>5</b> Payee name Mail Chimp	
<b>6</b> Amount (\$) \$21.32	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2023	Payee name Mail Chimp	
Amount (\$) \$42.64	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2023	Payee name Mail Chimp	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising email service
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.

<b>1</b> Total pages Schedule F1: Sch: 16/18 Rpt: 52/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 12/22/2023	<b>5</b> Payee name Mail Chimp	
<b>6</b> Amount (\$) \$63.96	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising email service
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Party City	
Amount (\$) \$38.10	Payee address; City; State; Zip Code 1520 W Interstate 20  Arlington, TX 76017	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Napkins and other paper goods for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Steelman Digital	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 17316 Shadow Hawk Ln  Edmond, OK 73012	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website Development	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design and Creation
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.

<b>1</b> Total pages Schedule F1: Sch: 17/18 Rpt: 53/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 11/13/2023	<b>5</b> Payee name Tarrant County Democratic Party	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 685 John B Sias Memorial Pkwy #400 Fort Worth, TX 76134	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Tarrant County Elections	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2700 Premier St  Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Precinct Maps
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2023	Payee name Texas Democratic Party	
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code PO Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Access to the Texas Voter Activation Network
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.

<b>1</b> Total pages Schedule F1: Sch: 18/18 Rpt: 54/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 10/02/2023	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$80.70	<b>7</b> Payee address; City; State; Zip Code 1114 S. Bowen Road  Arlington, TX 76013-2299	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name United States Postal Service	
Amount (\$) \$216.00	Payee address; City; State; Zip Code 1114 S. Bowen Road  Arlington, TX 76013-2299	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Yearly rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2023	Payee name United States Postal Service	
Amount (\$) \$102.00	Payee address; City; State; Zip Code 1114 S. Bowen Road  Arlington, TX 76013-2299	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 55/55	<b>2</b> FILER NAME Wilkerson, Denise V. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087899
<b>4</b> Date 08/18/2023	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$62.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1114 S. Bowen Road  Arlington, TX 76013-2299	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Initial rental of campaign PO Box
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held