## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to co	nplete this form.	1 Filer ID (Ethics Comm 00087769	· ·	2 Total pages	filed: 64
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER	Mr.	Erik B.				
NAME					Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Wilson				
				710.0005	Data Lland dalivera	d or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT/SUITE#; CI	TY;	ZIP CODE	Date Hand-delivered	of Date Postillarked
MAILING	4003 Redwin Circle				Descipt //	
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77047					
	,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mrs.	Amber R.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Wilson				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	4003 Redwin Circle					
(Residence or Business)	Houston, TX 77047					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER	(310) 592-2416					
PHONE	(010) 002 2410					
8 REPORT						
TYPE	X January 15	30th day befor		Runoff	15th day after (	campaign treasurer
						officeholder only)
	July 15	8th day before	e election	Exceeded modified	Final Report (A	ttach C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	07/01/2023		HROUGH	12/31/202		
	01/01/2020			12,01,202	0	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
IU ELECTION	Month Day Ye		Drimon		Other	
	03/05/2024	ar XI	Primary	Runon	Other	
	03/03/2024		General	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
						uston District 131
		GO	TO PAGE 2			
Forme provided by 7	Toxac Ethica Commission					$V_{2} = 1 Obtest 07$
Forms provided by	Texas Ethics Commission	www.e	thics.state.tx.u	15	Ve	ersion V3.5.1.0bfcfb67

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 64

13 C / OH NAME	Wilson, Erik B. (Mr.)		14 Filer ID (I 00087769	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without th I officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THAN	I PLEDGES, LOANS,	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 0.00
	(OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	<b>\$</b> 16,750.00
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
		AL EXPENDITURES		<b>\$</b> 22,348.55
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mr.	Erik B. Wilson	
		Signature of C	Candidate or Officehold	der
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me, by the sa	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath

SUBT	SUBTOTALS - C/OH				
18 FILER NA		19 Filer ID	(Ethics Commissi	3 of 64 on Filers)	
	rik B. (Mr.) E SUBTOTALS	00087769			
	SCHEDULE		SUBTOTAL	AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,750.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	19,863.05	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. X	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/64	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Wilson, Erik	B. (Mr.)			00087769	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/03/2023	Brown, Dylan				\$250.00
		6 Contributor address; City; State; Zip Code				
		Los Angeles, CA 90045				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
	The Yard En		Writer/Producer			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	11/11/2023	Full name of contributor out-of-state PAC (ID#: Cooke, Earl	)		Amount of Continuation (\$)	\$250.00
	11/11/2023					φ250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78758				
⊢	Dringinglagou					
		pation / Job title (See Instructions)	Employer (See Instructions TIADA	5)		
	Director of C			_		
	Date	—	)		Amount of Contribution (\$)	
	12/27/2023	Donnelly, Chris				\$300.00
		Contributor address; City; State; Zip Code				
		The Woodlands, TX 77382				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President		Donnelly Auto Group			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2023	Dowd, Karen				\$250.00
		Contributor address; City; State; Zip Code				
		Alamo, CA 94507				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director, Cor	mpliance Human Resources	San Ramon Valley Unifi	ed	School District	
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2023	Eskandari, Ryan				\$1,000.00
		Houston, TX 77075				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
1	Owner		Auto Finance Center of		uston	
⊢	-					
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/64	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Wilson, Erik				00087769	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/28/2023	Fagan, Jackie				\$100.00
		6 Contributor address; City; State; Zip Code		ł		
		Pearland, TX 77584				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2023	Frisz, Louis				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78704				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Advis	sor	Apple			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/28/2023	Goodman, Jason				\$200.00
		Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Consultant		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/27/2023	Hanson, April				\$300.00
		Contributor address; City; State; Zip Code		1		
		Spring, TX 77382	1	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Auto		Coast to Coast Motors			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2023	Jubert, Byron				\$25.00
		Contributor address; City; State; Zip Code				
		Hockley, TX 77447	1 <u>/0 hastaatiaa</u>	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business De	velopment	AD			

#### SCHEDULE A1

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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/64	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Wilson, Erik	B. (Mr.)			00087769	,
4	Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7	Amount of Contribution (\$)	
	12/21/2023	Jubert, Byron				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Hockley, TX 77447		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Business De		AD	_		
	Date	Full name of contributor out-of-state PAC (IE	)#:)		Amount of Contribution (\$)	
	10/28/2023					\$150.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77070				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>ا</u>		
	Buyer		Solve solutions	5)		
⊨	Date	Full name of contributor Out-of-state PAC (IE	\/ <del>/</del> .	Г	Amount of Contribution (\$)	
	10/28/2023	Ledet, Benita (Dr.)	)#:)		Amount of Contribution (\$)	\$100.00
	10/20/2020	Contributor address; City; State; Zip Code		•		<b>\$100.00</b>
		Contributor address, City, State, Zip Code				
		Humble, TX 77396				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CEO		The Ledet Heart Ltd Co			
	Date	Full name of contributor 🔲 out-of-state PAC (IE	)#:)		Amount of Contribution (\$)	
	10/03/2023	Lewis, Tamra				\$100.00
		Contributor address; City; State; Zip Code		1		
		Missouri City, TX 77489				
	•	pation / Job title (See Instructions)	Employer (See Instruction	5)		
	Licensed Pro	ofessional Counselor	Self-Employed	_		
	Date	Full name of contributor out-of-state PAC (IE	)#:)		Amount of Contribution (\$)	
	10/11/2023	Muse Jr., Walter C				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78727				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>ا</u>		
	Staff		Travis County	-)		
⊢						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm	1	Total pages Schedule A1:	
		ction Guide explains now to complete this h	Jiii.		Sch: 4/7 Rpt: 7/64	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Wilson, Erik	B. (Mr.)			00087769	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/27/2023	Newport, Jeffery				\$250.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77024				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Law Office JR Newport			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2023	Paley, Kenneth				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77033				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Real Estate		Self employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/24/2023	Petkas, Anthony	/			\$500.00
	10/2					<b>4000</b>
		Houston, TX 77079				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Owner		A&P Pawn			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2023	Phillips, Mike			Allount of Contribution (+)	\$25.00
	10/20/2020	Contributor address; City; State; Zip Code				¥20.00
		Continuator address, City, State, Zip Code				
		Houston, TX 77021				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Self employe		1 Stop Graphics			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/21/2023	Poindexter IV, Zeb				\$500.00
	<u> </u>	Contributor address; City; State; Zip Code				<b>T -</b>
		Sugar land, TX 77479				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Sales Execu		Shottenkirk Nissan Katy			
$\vdash$						

#### SCHEDULE A1

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	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/64	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Wilson, Erik					00087769	-
4	Date	5 Full name of contributor out-of-:	-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/06/2023	Poindexter III, Zeb (Dr.)					\$500.00
		6 Contributor address; City; State; Zip Co	ode				
Ļ	Driveline Lesev	Houston, TX 77004	r		Ĺ		
8	Principal occu Dentist	ipation / Job title (See Instructions)		9 Employer (See Instructions Self-Employed	5)		
				Self-Employed	-		
	Date		state PAC (ID#:	)		Amount of Contribution (\$)	±1.000.00
	11/11/2023						\$1,000.00
		Contributor address; City; State; Zip Co	ode				
		Houston, TX 77057					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Owner	parair,		Team Autoplex	,		
⊨	Date	Full name of contributor	-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/17/2023	Sabillion, Juan				Allount of Contribution (+)	\$500.00
	<b></b> , <b>-</b> <u>-</u> .	Contributor address; City; State; Zip Co					TCTT
			040				
		Houston, TX 77044					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Mi Tierra Auto			
	Date	Full name of contributor out-of-	-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/28/2023	Servos, Athanasius					\$100.00
		Contributor address; City; State; Zip Co					
$\vdash$	Dringing oog	Houston, TX 77024	r	Employer (Coo Instructions			
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Servos Law Firm, PLLC			
╘					-		
	Date		-state PAC (ID#:	)		Amount of Contribution (\$)	ቀፍሳስ ሰብ
	10/03/2023	Smith, Dafina	1-				\$500.00
		Contributor address; City; State; Zip Co	ode				
		Westport, CT 06880					
⊢	Principal occu	Ipation / Job title (See Instructions)	i	Employer (See Instructions	;)		
	CEO			Covet and Mane	,		
⊢			1				

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:				
					Sch: 6/7 Rpt: 9/64				
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)				
	Wilson, Erik	B. (Mr.)		00087769					
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)				
	10/28/2023	Smith, Harry				\$3,000.00			
		6 Contributor address; City; State; Zip Code							
		Sugar land, TX 77479	9 Employer (See Instructions	Ĺ					
8		pation / Job title (See Instructions)	5)						
	Real Estate								
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)				
	10/28/2023	Smith Edmonds, Mya			\$2,000.00				
		Contributor address; City; State; Zip Code							
		Indianapolis, IN 46259							
⊢	Dringing age	•	Employer (See Instructions						
	Restaurant	pation / Job title (See Instructions)	Entrepreneur	5)					
╞									
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#1</b> 000 00			
	10/28/2023	Toutounchi, Alex				\$1,000.00			
		Contributor address; City; State; Zip Code							
		Houston, TX 77024							
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)					
	CEO		Prudential Energy	,					
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)				
	08/18/2023	Toutounchi, Alex	)			\$2,500.00			
	00,20,2020	Contributor address; City; State; Zip Code			+_,000.00				
		Houston, TX 77024							
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)					
	CEO		Prudential Energy						
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)				
	10/28/2023	White, Sonia				\$100.00			
		Contributor address; City; State; Zip Code							
		Marlin, TX 76661							
		pation / Job title (See Instructions)	Employer (See Instructions	5)					
	Self		Self						

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/64
2 FILER NAME Wilson, Erik B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087769
4 Date       5 Full name of contributor       out-of-state PAC (ID#:)         07/10/2023       Williams, Corinne         6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) 
Houston, TX 77024	
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instruction / Self-Employed         Makeup Artist/Business Owner       Self-Employed	ns)

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Rental Expense Contract Labor					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/52 Rpt: 11/64		Wilson, Erik B. (Mr.)         00087769								``````````````````````````````````````	
4	Date	5	Payee name									
	09/05/2023		Afgmgraphics.com									
6	Amount (\$) \$86.60		Payee address; TX	City;	State;	; Zip Co	de					
8	PURPOSE	(a)	Category (See C	Categories listed	at the top of this sch	edule)	(b) [	Description				
	OF EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officel	holder name	e C	Office sou	ght			Office he	əld	
	Date		Payee name									
	10/02/2023		Avalon Diner									
	Amount (\$) \$54.45		Payee address; TX	City;	State;	; Zip Co	de					
							(1-)					
	PURPOSE OF EXPENDITURE		Category <sub>(See C</sub> Transportatior Expense		at the top of this sch nt & Related	edule)	[		, TX,	de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officel	holder name	e C	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/25/2023		Azuma Japan	ese Restai	urant							
	Amount (\$) \$143.41		Payee address;	City;	State;	; Zip Co	de					
			ТХ									
	PURPOSE OF EXPENDITURE		Category <sub>(See (</sub> Food/Beverag		at the top of this sch	edule)	[			de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	holder name	e C	Dffice sou	ght			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan           Fees         Offic           Food/Beverage Expense         Pollin           Gift/Awards/Memorials Expense         Print           Legal Services         Sala           The Instruction Guide explains how t	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 2/52 Rpt: 12/64	/ilson, Erik B. (Mr.)	00087769								
4	Date 09/22/2023	ayee name anana Republic Factory									
6	Amount (\$)	· · ·	Code								
	Amount (\$) 7 Payee address; City; State; Zip Code \$46.00 TX										
8	PURPOSE	ategory (See Categories listed at the top of this schedule)	(b) Description								
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense purchase necessary to attend event									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held							
	Date	ayee name									
	11/29/2023	ank of America Garage									
	Amount (\$)	ayee address; City; State; Zip	Code								
	\$10.00	x									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ransportation Equipment & Related xpense		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	Office held								
	Date	ayee name									
	09/22/2023	rooks Brothers									
Amount (\$)     Payee address;     City;     State;     Zip Code       \$243.52											
		X									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) vent Expense	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Cessary to attend event							
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held							

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/52 Rpt: 13/64	Wilson, Er	k B. (Mr.)					00087769		
4	Date	5 Payee name	9							
	10/10/2023	Buc-ee's								
6	Amount (\$) \$27.14	7 Payee address TX	ess; City;	State;	Zip Cod	e				
8	PURPOSE	(a) Category (	See Categories listed at the	top of this sche	dule)	b) Description				
	OF EXPENDITURE	Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Gas/Supplies for meeting								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Ot	ffice soug	ht		Office he	ld	
	Date	Payee name	9							
	10/17/2023	Buc-ee's								
	Amount (\$) \$23.22	Payee addro TX	ess; City;	State;	Zip Cod	e				
	PURPOSE OF EXPENDITURE		See Categories listed at the rage Expense	top of this scher	dule)		n, TX,	de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office he	eld	
	Date	Payee name	e							
	11/22/2023	Buc-ee's								
	Amount (\$) \$14.02	Payee addr	ess; City;	State;	Zip Cod	e				
		тх								
	PURPOSE OF EXPENDITURE		See Categories listed at the tion Equipment & I		dule)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Polling Expense Travel in District Travel out of District Travel Out of District	Transportation Equipment & Related Expense Travel in District							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)							
	Sch: 4/52 Rpt: 14/64	Wilson, Erik B. (Mr.)         00087769								
4	Date 11/28/2023	5 Payee name Buc-ee's								
6	Amount (\$) \$49.99	7 Payee address; City; State; Zip Code TX								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas</li> </ul>								
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	12/26/2023	Buc-ee's								
	Amount (\$) \$43.30	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas</li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
	Date	Payee name								
	09/12/2023	Chevron								
	Amount (\$) \$30.10	Payee address; City; State; Zip Code								
		ТХ								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas to meeting</li> </ul> </li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			nmittee	Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor							Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 5/52 Rpt: 15/64		Wilson, Erik	B. (Mr.)							00087769		
4	Date	5	Payee name										
	09/21/2023		Chevron										
6	Amount (\$)	7	Payee addres	ss; Ci	ity;	State;	Zip Co	de					
	\$40.00												
			тх										
8	PURPOSE	(a)		<u> </u>		<i></i>		(h)	Description				
Ū	OF				s listed at the top o pment & Rel		edule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense			aleu		i			officeholder living		
			•						Gas to meetii	ng			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder	name	C	office sou	ght			Office he	eld	
	Date		Payee name										
	09/28/2023		Chevron										
	Amount (\$)		Payee addres	s; Ci	ity;	State;	Zip Co	de					
	\$30.02		2										
	+00102												
			тх										
	PURPOSE	(a)	Category (Se	e Categorie	s listed at the top o	of this sche	edule)	(b)	Description				
	OF EXPENDITURE				pment & Rel		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Expense				Check if Austin, TX, officeholder living expense						
									Gas to meeti	ng			
	Complete ONLY if direct		Candidate/Offi	ceholder	name	С	office soug	ght			Office he	eld	
	expenditure to benefit C/OI												
	Date		Payee name										
	10/02/2023		Chevron										
	Amount (\$)		Payee addres	ss; Ci	ity;	State;	Zip Co	de					
	\$20.22												
			тх										
	PURPOSE	(a)	Category (Se	e Categorie	s listed at the top of	of this sche	edule)	(b)	Description				
	OF				pment & Rel		cuule)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense	• •				İ		, TX,	officeholder living	j expense	
									Gas				
	Complete ONLY if direct		Candidate/Offi	ceholder	name	C	office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Η											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           -         Gift/Awards/Memorials Expense         Printing Expense         T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 6/52 Rpt: 16/64		Wilson, Erik B. (Mr.) 00087769										
4	Date	5	Payee name										
	10/02/2023		Chevron										
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$27.03	\$27.03											
			ТХ										
8	PURPOSE	(a)	Category (Se	e Categories I	isted at the top of th	nis schedule)	(b)	Description					
	OF EXPENDITURE		Transportati		ment & Relate						plete Schedule T.		
			Expense					Gas to meeti		officeholder living	g expense		
								Gas to meeti	ng				
9	Complete ONLY if direct		andidate/Offi	ceholder n	mo	Office s	ought			Office h	ald		
5	expenditure to benefit C/Oł		andudate/Onit		anne	Once 3	ouyin			Onice in	eiu		
	Date		Payee name										
	10/10/2023		Chevron										
	Amount (\$)		Payee addres	s; City	<i></i>	State; Zip	ode						
	\$28.24		r dyce dddre.	55, City	, .	σιαιο, Ζιρ	Souc						
	\$20.24												
			тх										
	PURPOSE			o Cotogorios I	isted at the top of th		(b)	Description					
	OF				ment & Relate				outsi	de of Texas. Com	nplete Schedule T.		
	EXPENDITURE		Expense							officeholder living	g expense		
								Gas to meeti	ng				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder na	ame	Office s	ought			Office h	eld		
	Date		Payee name										
	10/30/2023		Chevron										
	Amount (\$)		Payee addres	ss; City	<i>r</i> ; S	State; Zip	Code						
	\$9.71												
			ТХ										
	PURPOSE OF				isted at the top of th		(b)	Description		. (=			
	EXPENDITURE		Transportati Expense	on Equipi	ment & Relate	ed				officeholder living	nplete Schedule T.		
			стрензе					Gas	, .,,		g oxponed		
	Complete ONLY if direct		andidate/Offi	ceholder na	ame	Office s	ought			Office h	eld		
	expenditure to benefit C/OF	Н											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tra           Food/Beverage Expense         Polling Expense         Tra           By -         Gift/Awards/Memorials Expense         Printing Expense         Tra						Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)			
	Sch: 7/52 Rpt: 17/64	Wilson, Eri	k B. (Mr.)	00087769								
4	Date	5 Payee name	9									
	11/06/2023	Chevron	Chevron									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$61.80											
		ТΧ										
8	PURPOSE	(a) Category	See Categories listed at the to	n of this schedule	_) (b	) Description						
	OF		tion Equipment & R		-		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE	Expense						officeholder living	g expense			
						Gas to meeti	ng					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Offic	e sough	t		Office he	eld			
	Date	Payee name	9									
	11/08/2023	Chevron										
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Code							
	\$31.15											
		тх										
	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedule	<sub>e)</sub> (b	) Description						
	OF EXPENDITURE	Transporta	tion Equipment & R						plete Schedule T.			
		Expense					ι, TΧ,	officeholder living	j expense			
						Gas						
	Complete ONLY if direct	Candidato/Of	ficeholder name	Offic	e sough	t		Office he	ald			
	expenditure to benefit C/OF			Onic	e sough	L		Onice ne	ciu			
	Date 11/13/2023	Payee name Chevron	2									
			<b>a</b> ':									
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Code							
	\$42.10											
		ТХ										
	PURPOSE OF		See Categories listed at the to		<sub>e)</sub> (b	) Description						
	EXPENDITURE		tion Equipment & R	elated				de of Texas. Com officeholder living	plete Schedule T.			
		Expense				Gas	, IA,	Superiorder IIVIII6	у слренас			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	e sough	t		Office he	eld			
	expenditure to benefit C/OF			00				2				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fe Fo Gi ttee Le	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           Gift/Awards/Memorials Expense         Printing Expense         T						Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2 FIL	FILER NAME 3 Filer ID (Ethics Commissi									
	Sch: 8/52 Rpt: 18/64	Wi	'ilson, Erik E	8. (Mr.)						00087769		
4			ayee name									
	11/15/2023		Chevron									
	Amount (\$) \$23.45	7 Payee address; City; State; Zip Code TX										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Office	holder name	C	Office souç	ght			Office he	eld	
	Date	Pa	ayee name									
	11/20/2023	Cr	hevron									
	Amount (\$) \$27.87	Pa TX	ayee address K	City;	State;	; Zip Coo	de					
	PURPOSE OF EXPENDITURE	Tra	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Transportation Equipment &amp; Related</li> <li>Expense</li> <li>(b) Description</li> <li>Check if travel ou</li> <li>Check if Austin, T</li> <li>Gas</li> </ul>							plete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	holder name	C	Office sou	ght			Office he	eld	
	Date	Pa	ayee name									
	12/04/2023	Ch	hevron									
	Amount (\$) \$23.45	Pa	ayee address	City;	State;	; Zip Coo	de					
		ТХ	<				_					
	PURPOSE OF EXPENDITURE	Tra	ategory <sub>(See</sub> ansportation xpense		at the top of this sch t & Related	edule)				de of Texas. Com officeholder living	iplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	holder name	C	Dffice sou	ght			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       -     Gift/Awards/Memorials Expense       Committee     Legal Services       Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME 3	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 9/52 Rpt: 19/64	Wilson, Erik B. (Mr.)	00087769								
4	Date 12/04/2023	Payee name Chevron									
	Amount (\$) \$23.45	\$23.45 TX									
8	PURPOSE OF EXPENDITURE	Transportation Equipment & Polated									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/04/2023	Chevron									
	Amount (\$) \$17.99	Payee address; City; State; Zip Code									
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Gas       Gas											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/08/2023	Chevron									
	Amount (\$) Payee address; City; State; Zip Code \$23.45										
		ТХ									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave By - Gift/Awards/Memorials Expense Printing Expense Trave							Transportation E Travel in District Travel Out of Dis	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FI	2 FILER NAME 3 F								(Ethics Commission Filers)		
	Sch: 10/52 Rpt: 20/64	w	/ilson, Erik I	3. (Mr.)						00087769			
4	Date	5 Payee name											
	12/13/2023	CI	Chevron										
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$13.45												
		т	x										
8	PURPOSE	<b>(a)</b> Cá	ategory <sub>(See</sub>	Categories listed at	the top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE			n Equipment		ŗ	]			de of Texas. Com	•		
		E E	xpense						, TX,	officeholder living	expense		
								Gas					
9	Complete ONLY if direct	Car	ndidate/Office	holder name		Office sou	nht			Office he	ald		
	expenditure to benefit C/OI						<b>J</b>						
	Date	Pa	ayee name										
	12/15/2023	CI	hevron										
	Amount (\$)	Pa	ayee address	; City;	State;	; Zip Co	de						
	\$23.45												
		т)	x										
	PURPOSE	<b>(a)</b> Ca	ategory <sub>(See</sub>	Categories listed at	the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE			n Equipment		ŗ	ļ			de of Texas. Com			
	LAFENDITORE	E E	xpense						, TX,	officeholder living	expense		
								Gas					
										0.000			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	eholder name	Ĺ	Office sou	gnt			Office he	210		
		<u> </u>											
	Date		ayee name										
	12/26/2023		hevron										
	Amount (\$)	Pa	ayee address	; City;	State;	; Zip Coo	de						
	\$27.30												
		T)	x										
	PURPOSE	<b>(a)</b> Cá	ategory (See	Categories listed at	the top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE			n Equipment	& Related						plete Schedule T.		
	-	E E	xpense					Gas	, TX,	officeholder living	expense		
								003					
	Complete ONLY if direct	[	ndidate/Office	holder name		Office sou	thr			Office he	ald		
	expenditure to benefit C/OI			noider ridille	(	SUICE SUU	yın			Once fit			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ommittee Legal Services	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
	Cledit Card Payment	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 11/52 Rpt: 21/64	Wilson, Erik B. (Mr.)			00087769						
4	Date	Payee name									
	10/04/2023	Chick-fil-a									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$33.05										
		ТХ									
8	PURPOSE			b) Decoription							
Ū	OF	<ul> <li>Category (See Categories listed at the top of this sc Food/Beverage Expense</li> </ul>	hedule)	b) Description Check if travel of	outside of Texas. Complete Schedule T.						
	EXPENDITURE			Check if Austin,	TX, officeholder living expense						
				Meeting meal							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office soug	ht	Office held						
	Date	Payee name									
	10/04/2023	Chick-fil-a									
	Amount (\$)	Payee address; City; State	; Zip Cod	٩							
	\$4.82		, zip 000	0							
	ψ4.02										
		TY									
		ТХ									
	PURPOSE OF	a) Category (See Categories listed at the top of this sc	hedule)	b) Description	utida ef Taura Davadata Dahadula T						
	EXPENDITURE	Food/Beverage Expense			outside of Texas. Complete Schedule T. TX, officeholder living expense						
				Meeting meal							
				5							
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office held						
	expenditure to benefit C/OF										
	Data	Deves serves									
	Date 11/20/2023	Payee name Chick-fil-a									
	Amount (\$)	Payee address; City; State	e; Zip Cod	e							
	\$30.36										
		ТХ									
	PURPOSE	a) Category (See Categories listed at the top of this sc	hedule) (	b) Description							
	OF EXPENDITURE	Food/Beverage Expense			outside of Texas. Complete Schedule T.						
					TX, officeholder living expense						
				Meeting meal							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office soug	ht	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)						
Accounting/Banking Consulting Expense Contributions/ Donations Made By -			Legal Services	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
_	<b>T</b> ( <b>1 1 1 1 1</b>			de explains n	10W to con	ipiete this form.	1_	<u> </u>				
1	Total pages Schedule F1:							Filer ID	(Ethics Commission File	rs)		
	Sch: 12/52 Rpt: 22/64	Wilson	, Erik B. (Mr.)					00087769				
4	Date	5 Payee	name									
	12/26/2023	Chick-	fil-a									
6	Amount (\$) \$17.77	7 Payee	address; City;	State;	Zip Coo	le						
		тх										
8	PURPOSE OF		ry (See Categories listed at the	top of this sche	edule)	b) Description						
	EXPENDITURE	Food/E	3everage Expense					de of Texas. Com officeholder living				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e/Officeholder name	0	office soug	ht		Office he	eld			
	Date	Payee I	name									
	09/28/2023	Chipot	le									
	Amount (\$) \$31.50	Payee a	address; City;	State;	Zip Coo	le						
		ТХ										
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the Beverage Expense	top of this sche	edule)		n, TX,	de of Texas. Com officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e/Officeholder name	0	office soug	ht		Office he	eld			
	Date	Payee I	name									
	10/10/2023	Chipot	le									
	Amount (\$) \$29.34	Payee a	address; City;	State;	Zip Coo	le						
		ТХ										
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the Beverage Expense	e top of this sche	edule)		n, TX,	de of Texas. Com officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF		e/Officeholder name	0	Office soug	ht		Office he	eld			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

				EXPE		ATEGOR	RIES FOF	BO	X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Fees         Office Overhead/Rental Expense         Trai           Food/Beverage Expense         Polling Expense         Trai           Gift/Awards/Memorials Expense         Printing Expense         Trai						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)
	Sch: 13/52 Rpt: 23/64		Wilson, Erik	а В. (Mr.)	)						00087769	
4	Date	5	Payee name									
	09/25/2023		Cooper for I	Houston								
6	Amount (\$)	7	Payee addre	ss; C	ity;	State;	Zip Co	de				
	\$103.45		ТХ									
8	PURPOSE	(a)	Category (Se	ee Categorie	es listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributior Candidate/(				ittee		Check if Austin	, TX,	de of Texas. Com officeholder living O Donnell C	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi Cooper, Don		name		office sou City Cour	<i>.</i>	Place Houstor	n	Office he	eld
	Date		Payee name									
	11/30/2023		Cooper, Flo	rida								
	Amount (\$)		Payee addres	ss; C	ity;	State:	Zip Co	de				
	\$250.00		ТХ									
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Consulting			p of this sche	edule)			, TX,	de of Texas. Com officeholder living ulting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder	name	C	Office sou	ght			Office he	eld
	Date		Payee name									
	11/17/2023		Costco Gas									
	Amount (\$) \$40.00		Payee addre	ss; C	ity;	State;	Zip Co	de				
			ТХ									
	PURPOSE OF EXPENDITURE		Category <sub>(Si</sub> Transportat Expense				edule)				de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	ceholder	name	C	)ffice sou	ght			Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPE		ATEGOR	RIES FOF	BC	)X 8(a)				
Accounting/Banking Consulting Expense Contributions/ Donations Made By -			Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	-			The Instr	uction Guide	explains h	now to co	nple	te this form.				
1	Total pages Schedule F1:	2 FI	ILER NAME							3	Filer ID	(Ethics C	Commission Filers)
	Sch: 14/52 Rpt: 24/64	N N	/ilson, Erik	B. (Mr.)							00087769		
4	Date	5 Pa	ayee name										
	11/22/2023	c	ostco Gas										
6	Amount (\$)	<b>7</b> Pa	ayee addres	s; C	ity;	State;	Zip Co	de					
	\$30.00												
		Т	х										
8	PURPOSE	(a) C	ategory vo-		- 15-41 -4 41 4			(b)	Description				
-	OF				s listed at the top oment & Re		eaule)	(~)	<u> </u>	outsic	de of Texas. Com	plete Sched	lule T.
	EXPENDITURE		xpense	o =qa.					Check if Austin	, тх,	officeholder living	expense	
									Gas				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder	name	0	office sou	ght			Office he	eld	
	Date	P	ayee name										
	11/10/2023	c	ostco										
	Amount (\$)	P	ayee addres	s; C	ity;	State;	Zip Co	de					
	\$396.01												
		Т	Х										
	PURPOSE	(a) C	ategory (Se	e Categorie	s listed at the top	of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Event Expense						Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
									Supplies for e				
									Supplies for t		iii.		
	Complete ONLY if direct	Ca	ndidate/Offic	eholder	name		office sou	nht			Office he	ald.	
	expenditure to benefit C/OI		nuluale/Onic	enoluei	name	0		ynt			Onice ne	iu	
	_												
	Date	1	ayee name										
	11/22/2023		ostco										
	Amount (\$)	P P	ayee addres	s; C	ity;	State;	Zip Co	de					
	\$246.07												
		T T	Х										
	PURPOSE	<b>(a)</b> C	ategory (Se	e Categorie	s listed at the top	of this sche	edule)	(b)	Description				
	OF EXPENDITURE	E	vent Exper	ise							de of Texas. Com		lule T.
											officeholder living	expense	
									Event food/su	ihhr	lies		
			adidate (Off					u la t			0#:	اما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	enolder	name	0	ffice sou	ynt			Office he	eiŭ	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE	CATEGOR	IES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/52 Rpt: 25/64	Wilson, Er	k B. (Mr.)					00087769		
4	Date	5 Payee name	e							
	12/26/2023	Costco								
6	Amount (\$) 7 Payee address; City; State; Zip Code \$96.40									
		тх								
8	PURPOSE	(a) Category (	See Categories listed at the	top of this sche	edule)	b) Description				
	OF EXPENDITURE	Event Exp						de of Texas. Com officeholder living	plete Schedule T. g expense	
						Food/Supplie	es fo	or event		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	O	ffice soug	ht		Office he	əld	
	Date	Payee name	e							
	09/25/2023	Crocs								
	Amount (\$)	Payee addr	ess; City;	State;	Zip Coc	е				
	\$194.76									
		тх								
	PURPOSE OF		See Categories listed at the	top of this sche	dule)	b) Description	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Event Exp	ense					officeholder living		
						purchase ne	ces	sary for bloc	k walking	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	O	ffice soug	ht		Office he	eld	
	Date	Payee name	e							
	10/30/2023	Cyclone A	naya							
	Amount (\$) \$95.93	Payee addr	ess; City;	State;	Zip Coc	e				
		тх								
	PURPOSE OF		See Categories listed at the	top of this sche	dule)	b) Description				
	EXPENDITURE	Food/Beve	rage Expense				n, TX,	de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	0	ffice soug	ht		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CA	TEGORIES FOR	BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mmittee Legal Services The Instruction Guide exp	Salaries/Wa	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 16/52 Rpt: 26/64	Wilson, Erik B. (Mr.)			00087769
4	Date 12/01/2023	Payee name Diner			
6	Amount (\$) \$34.04	Payee address; City;	State; Zip Cod	9	
8	PURPOSE OF EXPENDITURE	) Category (See Categories listed at the top of Food/Beverage Expense	of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense ampaigning
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office soug	nt	Office held
	Date	Payee name			
	11/06/2023	Dirty Martin's Place			
	Amount (\$) \$81.37	Payee address; City;	State; Zip Cod	9	
	PURPOSE OF EXPENDITURE	) Category (See Categories listed at the top of Food/Beverage Expense	of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense 
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office soug	nt	Office held
	Date	Payee name			
	12/04/2023	Eldorado Ballroom			
	Amount (\$) \$13.55	Payee address; City; 2310 Elgin St	State; Zip Cod	9	
		Houston, TX 77004			
	PURPOSE OF EXPENDITURE	) Category (See Categories listed at the top on Event Expense	of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Olitical event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office soug	nt	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPE	ENDITURE CATEGOR		BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expr Fees Food/Beve Gift/Award nmittee Legal Serv	Fees         Office Overhead/Rental Expense         Tran           Food/Beverage Expense         Polling Expense         Trav           Gift/Awards/Memorials Expense         Printing Expense         Trav					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
_	Sch: 17/52 Rpt: 27/64	-	Wilson, Erik B. (Mr.	.)			ľ	00087769			
4		-		·)							
4	Date	5	Payee name								
	12/04/2023		Eldorado Ballroom								
6	Amount (\$)	7	Payee address; C	City; State;	Zip Co	de					
	\$24.90		2310 Elgin St								
			Houston, TX 77004	ŀ							
8	PURPOSE	(a)				(b) Description					
ľ	OF	("	Event Expense	es listed at the top of this sche	edule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Event Expense					officeholder living			
						expense at p	oliti	ical event			
9	Complete ONLY if direct	L(	Candidate/Officeholder	name C	office sou	aht		Office he	ld		
-	expenditure to benefit C/OI	Н									
	Date		<b>D</b>								
			Payee name								
	12/18/2023		Eldorado Ballroom								
	Amount (\$)		Payee address; C	City; State;	Zip Co	de					
	\$34.39										
			ТХ								
	PURPOSE	(a)				(b) Description					
	OF	(,	Event Expense	es listed at the top of this sche	eaule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Event Expense			Check if Austin	, тх,	officeholder living	expense		
						expense at p	oliti	ical event			
	Complete ONLY if direct	(	Candidate/Officeholder	r name C	office sou	ght		Office he	ld		
	expenditure to benefit C/OI	H				<b>,</b>					
-	Date	<u> </u>	Davoa nama								
	11/15/2023		Payee name Eventbrite								
	Amount (\$)		Payee address; C	City; State;	Zip Co	de					
	\$217.10										
			ТХ								
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sche	edule)	(b) Description					
	OF		Event Expense		duic)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living	expense		
						Ticket for HB	AD	event			
	Complete ONLY if direct		Candidate/Officeholder	name C	office sou	ght		Office he	eld		
	expenditure to benefit C/OI	H									
-											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 F			····		• • • • • •	3	Filer ID	(Ethics Commission Filers)
-	Sch: 18/52 Rpt: 28/64		Wilson, Erik B. (Mr.)         00087769							
4	Date	5 F	5 Payee name							
	10/06/2023	F	Fifteen Cocktails							
6	Amount (\$) \$45.45	<ul> <li>Payee address; City; State; Zip Code</li> <li>TX</li> </ul>								
8	PURPOSE	(a) (	Category (See	Cotogorios listed a	t the ten of this cab	odulo)	(b) Description			
	OF	OF Eood/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	holder name	C	Office soug	ıht		Office he	eld
	Date	F	Payee name							
	10/06/2023	F	-ifteen Cockt	ails						
	Amount (\$) \$104.30		Payee address FX	; City;	State;	; Zip Coo	le			
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Food/Bevera		t the top of this sch	edule)		n, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	holder name	C	Office sou	Jht		Office he	eld
	Date	F	Payee name							
	10/06/2023	F	-ifteen Cockt	ails						
	Amount (\$) \$36.75	F	Payee address	; City;	State;	; Zip Coo	le			
		۲ ۱	ГХ							
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Food/Bevera		t the top of this sch	edule)		n, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Office	holder name	C	Office soug	jht		Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILE	ER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 19/52 Rpt: 29/64		Wilson, Erik B. (Mr.)         00087769							
4	Date 10/06/2023	· ·	ee name een Cocktails							
6	Amount (\$)	7 Pav	ee address;	City; S	tate; Zip Co	ndo				
0	\$60.60 \$	TX	ee auuress,	City, 3	late, Zip Ct	Jue				
8	PURPOSE OF EXPENDITURE		egory <sub>(See Catego</sub> d/Beverage E:	ries listed at the top of th KPENSE	is schedule)	(b)		, TX,	de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officehold	er name	Office sou	ught			Office he	eld
	Date	Pay	ee name							
	12/07/2023	Fifte	een Cocktails							
	Amount (\$) \$66.69		ee address;	City; S	tate; Zip Co	ode				
		ТХ								
	PURPOSE OF EXPENDITURE		egory <sub>(See Catego</sub> d/Beverage E:	ories listed at the top of th	is schedule)	(b)		, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholde	er name	Office sou	ught			Office he	eld
⊨	Date	Pav	ee name							
	12/07/2023	-	een Cocktails							
	Amount (\$) \$51.34	Pay	ee address;	City; S	tate; Zip Co	ode				
		тх								
	PURPOSE OF EXPENDITURE		egory <sub>(See Catego</sub> d/Beverage E	ories listed at the top of th	is schedule)	(b)		, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholde	er name	Office sou	ught			Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tod/Beverage Expense         Polling Expense         Tod/Severage         Tode/Severage         Tode/Severage <thtod severage<="" th="">         Tode/Severage</thtod>					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 20/52 Rpt: 30/64	\	Wilson, Erik B. (Mr.) 00087769								
4	Date	5 F	Payee name								
	11/08/2023		Ford, Lloyd								
6	Amount (\$)	<b>7</b> F	Payee address	; City;	State	; Zip Co	de				
	\$1,000.00	r I	гх								
8	PURPOSE OF		Category (See		the top of this sch	edule)	(b)	Description			
	EXPENDITURE		Consulting E>	pense						de of Texas. Com officeholder living	plete Schedule T.
								Campaign co			
								Cumpaign Co	1130	nting/organi	Zing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	holder name	(	Dffice sou	ght			Office he	eld
	Date	F	Payee name								
	10/17/2023	F	Freddy								
	Amount (\$)	F	Payee address	; City;	State	; Zip Co	de				
	\$52.86										
		1	гх								
	PURPOSE	(a) (	Category (See	Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	F	Food/Bevera	ge Expense						de of Texas. Com officeholder living	plete Schedule T.
								Lunch meetin		uncenduer hving	Jexpense
								Lunch meetin	iy		
	Complete ONLY if direct		andidate/Office	holdor namo		Dffice sou	abt			Office he	bld
	expenditure to benefit C/OF		anuluale/Onice		(		ynt			Oncene	5lu
		1									
	Date		Payee name								
	10/04/2023		Generator.co								
	Amount (\$)	F	Payee address	; City;	State	; Zip Co	de				
	\$207.23										
		ר	ГХ								
	PURPOSE	(a) (	Category (See	Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising E				ļ				plete Schedule T.
	QR Code generator cost for flyers/ads										
								үк соае ger	iera	ator cost for	ilyers/ads
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Office	holder name	C	Office sou	ght			Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing al Committee Legal Services Salaries	Fees     Office Overhead/Rental Expense     T       Food/Beverage Expense     Polling Expense     T       Gift/Awards/Memorials Expense     Printing Expense     T						
<b>1</b> Total pages Schedule F1:	2 FILER NAME	:	3 Filer ID (Ethics Commission Filers)					
Sch: 21/52 Rpt: 31/64	Wilson, Erik B. (Mr.) 00087769							
4 Date	5 Payee name							
07/17/2023	GoDaddy							
6 Amount (\$)	7 Payee address; City; State; Zip C	ode						
\$36.98	2155 E GoDaddy Way							
	Tempe, AZ 85284							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF	Website		utside of Texas. Complete Schedule T.					
EXPENDITURE		Check if Austin, T	TX, officeholder living expense					
		Website hostin	ng					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held					
Date	Payee name							
10/05/2023	Golliday, Malcolm							
Amount (\$)	Payee address; City; State; Zip C	ode						
\$360.00								
	ТХ							
PURPOSE		(b) Description						
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T.					
EXPENDITURE			TX, officeholder living expense					
		Payment to we	ebsite designer					
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held					
expenditure to benefit C/O	Н							
Date	Payee name							
12/01/2023	Gringo's Mexican Kitchen							
Amount (\$)	Payee address; City; State; Zip C	ode						
\$61.61								
+0=:0=								
	TX	1						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	taida of Toylog, Complete Schedule T					
EXPENDITURE	Food/Beverage Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Meeting meal						
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	l laht	Office held					
expenditure to benefit C/O		agin						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 22/52 Rpt: 32/64		Wilson, Erik B. (Mr.) 00087769							
4	Date	5 Payee name	9							
	10/12/2023	H-E-B Gas	H-E-B Gas							
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code								
		ТХ								
8	PURPOSE OF EXPENDITURE		See Categories listed at the tion Equipment & F		dule) (			de of Texas. Com officeholder living	•	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	O	ffice soug	ht		Office he	eld	
	Date	Payee name	9							
	10/17/2023	H-E-B Gas	i							
	Amount (\$) \$30.02	Payee addro TX	ess; City;	State;	Zip Cod	e				
	PURPOSE OF EXPENDITURE		See Categories listed at the tion Equipment & F		dule) (			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	O	ffice soug	ht		Office he	eld	
	Date	Payee name	9							
	11/06/2023	H-E-B Gas	i							
	Amount (\$) \$40.00	Payee addro	ess; City;	State;	Zip Cod	e				
		ТХ								
	PURPOSE OF EXPENDITURE		See Categories listed at the tion Equipment & F		dule)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	O	ffice soug	ht		Office he	əld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens By - Gift/Awards/Memorials Expense Printing Expen			ense Jes/Contract Labor	I/Rental Expense       Transportation Equipment & Related Expense         ravel in District       Travel Out of District         e       Travel Out of District         /Contract Labor       OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 H						Filer ID	(Ethics Commission Filers)	
	Sch: 23/52 Rpt: 33/64	Wilson,	Wilson, Erik B. (Mr.) 00087769							
4	Date	5 Payee n	ame				•			
	10/16/2023	H-E-B								
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code TX								
8	PURPOSE OF EXPENDITURE		Y (See Categories listed at the Expense	top of this schedu	<sub>ule)</sub> (I			de of Texas. Com , officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e/Officeholder name	Offi	ice sougł	t		Office he	eld	
	Date	Payee n	ame							
	11/06/2023	H-E-B								
	Amount (\$) \$35.68	Payee a	ddress; City;	State;	Zip Code	3				
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the everage Expense	top of this schedu	ule) (I		n, TX,	de of Texas. Com , officeholder living d while drivir	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e/Officeholder name	Offi	ice sougł	t		Office he	eld	
	Date	Payee n	ame							
	11/13/2023	H-E-B								
	Amount (\$) \$225.36	Payee a	ddress; City;	State; 2	Zip Code	2				
					1					
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the Expense	top of this schedu	ule) (I		ı, TX,	de of Texas. Com officeholder living lies		
	Complete ONLY if direct expenditure to benefit C/OF		e/Officeholder name	Offi	ice sough	ıt		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Fooc Gift// Committee Lega	Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 24/52 Rpt: 34/64	Wilson, Erik B.	(Mr.)				00087769		
4	Date	Payee name				•			
	12/22/2023	H-E-B							
6	Amount (\$) \$30.00	<ul> <li>Payee address;</li> <li>TX</li> </ul>	City; Sta	te; Zip Coc	le				
8	PURPOSE	a) Category (See Ca	tegories listed at the top of this s	schedule)	<b>b)</b> Description				
	OF EXPENDITURE	Event Expense		,	Check if travel		le of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office soug	ht		Office he	ld	
	Date	Payee name							
	12/22/2023	H-E-B							
	Amount (\$) \$11.16	Payee address; TX	City; Sta	te; Zip Coc	le				
	PURPOSE OF EXPENDITURE	<b>a)</b> Category <sub>(See Ca</sub> Event Expense	tegories listed at the top of this s	schedule)			le of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office soug	ht		Office he	ld	
	Date	Payee name							
	10/03/2023	HEB							
	Amount (\$) \$12.65	Payee address;	City; Sta	te; Zip Coo	le				
		ТХ							
	PURPOSE OF EXPENDITURE	<b>a)</b> Category <sub>(See Ca</sub> Event Expense	tegories listed at the top of this s	schedule)			le of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office soug	ht		Office he	ld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 25/52 Rpt: 35/64	Wilson, Erik B. (Mr.)	00087769				
4	Date	5 Payee name					
	10/04/2023	HEB					
6	Amount (\$) \$35.01	7 Payee address; City; State; Zip Code TX					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/13/2023	Harland Clarke					
	Amount (\$) \$43.83	Payee address; City; State; Zip Code					
PURPOSE (a OF EXPENDITURE			<ul> <li>b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fee to have campaign account checks printed</li> </ul>				
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH							
	Date	Payee name					
	12/07/2023	Harris County Democratic Party					
	Amount (\$) \$750.00	Payee address; City; State; Zip Code					
		ТХ					
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense Candidacy				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FILER NAM	IE				<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 26/52 Rpt: 36/64	Wilson, Er						00087769	,	,
4	Date 12/04/2023	5 Payee nam Hopdoddy								
6	Amount (\$)	7 Payee addr		State:	Zip Coo					
U	\$45.32	TX	oos, oity,	State,						
8	PURPOSE	(a) Category	See Categories listed at the	top of this sche	edule)	<b>b)</b> Description				
	OF EXPENDITURE		erage Expense			Check if travel		de of Texas. Com officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	C	Office soug	ht		Office he	eld	
	Date	Payee nam	9							
	11/06/2023	Hotel Viata	a							
	Amount (\$) \$366.92	Payee addr	ess; City;	State;	Zip Coc	e				
		ТХ								
	PURPOSE OF EXPENDITURE		See Categories listed at the of District	e top of this sche	edule)		n, TX,	de of Texas. Com officeholder living OSt for meet	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	С	Office soug	ht		Office he	eld	
	Date Payee name									
	11/22/2023		his Is It Cafe							
	Amount (\$) \$74.33	Payee addr	ess; City;	State;	Zip Coc	le				
		ТХ								
	PURPOSE OF		See Categories listed at the	top of this sche	edule)	b) Description				
	EXPENDITURE	Food/Beve	erage Expense				n, TX,	de of Texas. Comj officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	C	Office soug	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							I/Rental Expense e /Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 27/52 Rpt: 37/64		/ilson, Erik	B. (Mr.)						00087769	,	
4	Date	5 Pa	ayee name									
	11/22/2023	н	ouston This	s Is It Caf	e							
6	Amount (\$) \$116.84	7 Pa	ayee addres: X	s; City	r; Stat	e; Zip Co	de					
8	PURPOSE	<b>(a)</b> C	ategory <sub>(See</sub>	e Categories I	isted at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Meeting								•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder na	ame	Office sou	ght			Office h	eld	
	Date	Pa	ayee name									
	11/27/2023	l In	nperial Con	venience	Sugar land							
	Amount (\$) \$2.99	Pi T.	ayee addres: X	s; City	r; Stat	e; Zip Co	de					
	PURPOSE	L					(h)	Description				
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense					(5)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snack while campaigning				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Offic	eholder na	ame	Office sou	ght			Office h	eld	
	Date	P	ayee name									
	10/02/2023		n-N-Out Bur	ger								
	Amount (\$) \$19.81	Pi	ayee addres	s; City	r; Stat	e; Zip Co	de					
		T.	х									
	PURPOSE OF EXPENDITURE		ategory <sub>(See</sub> ood/Bevera		isted at the top of this so ISE	chedule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder na	ame	Office sou	ght			Office h	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 28/52 Rpt: 38/64	Wilson, Erik B. (Mr.)	00087769							
4	Date 10/04/2023	5 Payee name International Service Fee								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
Ū	\$6.22	TX								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF       Advertising Expense       Image: Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       QR Code generator website fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/22/2023	JCPenney								
	Amount (\$) \$205.12	Payee address; City; State; Zip Code								
		ТХ								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense hr for campaign photos							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/22/2023	JPBE Consulting								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$350.00	P.O. Box 14226								
		Houston, TX 77221								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense inting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 29/52 Rpt: 39/64	Wilson, Erik B. (Mr.) 00087769								
4	Date	5 Payee name								
	10/06/2023	Jack in the Box								
6	Amount (\$) \$14.92	7 Payee address; City; State; Zip Code								
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/10/2023	Jack in the Box								
	Amount (\$) \$15.45	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Meal while campaigning</li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	07/11/2023	Jackson, Ron								
	Amount (\$) \$5,010.00	Payee address;City;State;Zip CodeP.O. Box 14226								
		Houston, TX 77221								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Hired to consult on Campaign</li> </ul> </li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           Gift/Awards/Memorials Expense         Printing Expense         T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(E	Ethics Commission Filers)
	Sch: 30/52 Rpt: 40/64	I	Wilson, Erik	B. (Mr.)						00087769		
4	Date	5 F	Payee name									
	10/04/2023	·	Jimmy John'	s								
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$13.15											
			TX									
8	PURPOSE	(a) (	Category (See	e Categories listed	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	ige Expense	•					de of Texas. Cor		
										officeholder livir	ng exp	pense
								Meeting mea	I			
9	Complete ONLY if direct	L Ci	andidate/Offic	eholder name	. (	Office sou	aht			Office h	neld	
-	expenditure to benefit C/OI											
	Date		Payee name									
	10/04/2023	.	Jimmy John'	S								
	Amount (\$)	1	Payee addres	s; City;	State	; Zip Co	de					
	\$4.21											
		-	тх									
	PURPOSE	(a) (	Category (See	e Categories listed	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	ige Expense	•					de of Texas. Cor		
										K, officeholder living expense		
								Meeting mea	I			
	Complete ONLY if direct	L Ci	andidate/Offic	eholder name	. (	Office sou	nht			Office h	held	
	expenditure to benefit C/OI						<i></i>			011001		
	Date		Payee name									
	11/20/2023		Jimmy John'	S								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$13.15		-			-						
		-	тх									
	PURPOSE	(a) (	Category (See	e Categories listed	at the top of this sch	edule)	(b)	Description				
			Food/Bevera			· · · · /	-		outsic	de of Texas. Cor	mplet	e Schedule T.
	EXPENDITURE									officeholder livir	ng exp	pense
								meal while ca	amp	aigning		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	. (	Office sou	ght			Office h	neld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	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 Ex Legal Services The Instruction Guic	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILEF	NAME	-		-	3	Filer ID	(Ethics Commission Filers)	
	Sch: 31/52 Rpt: 41/64		n, Erik B. (Mr.)					00087769	``````````````````````````````````````	
4	Date 12/04/2023	5 Payee Jimm	e name y John's							
6	Amount (\$)		address; City;	Stato:	Zip Coo	0				
0	\$13.09	TX	autress, City,	State,	210 000	e				
8	PURPOSE	(a) Categ	Ory (See Categories listed at the	top of this sche	edule)	b) Description				
	OF EXPENDITURE	Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Food								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate/Officeholder name	C	Office soug	ht		Office h	eld	
	Date	Payee	name							
	12/05/2023	Jimm	y John's							
	Amount (\$)	Payee	address; City;	State;	Zip Coo	е				
	\$13.15	тх								
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the /Beverage Expense	top of this sche	edule)			ide of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	C	Office soug	ht		Office h	eld	
	Date	Payee	name							
	12/04/2023	-	er Pizza and Waffles							
	Amount (\$) \$57.95	Payee	address; City;	State;	Zip Coo	e				
		тх								
	PURPOSE OF		Ory (See Categories listed at the	top of this sche	edule)	b) Description	Outei	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	⊢ood	/Beverage Expense					, officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	C	Office soug	ht		Office h	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment										Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filers)			
	Sch: 32/52 Rpt: 42/64	v	Vilson, Erik I	3. (Mr.)						00087769				
4	Date	5 P	ayee name											
	11/07/2023	L	andmark In	dustries										
6	Amount (\$)	<b>7</b> P	ayee address	s; City;	State;	; Zip Co	le							
	\$30.05		X											
8	PURPOSE OF				at the top of this sch	edule)	(b) De	scription						
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.								•				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder name	С	Dffice sou	jht			Office he	eld			
	Date	P	ayee name											
	12/18/2023	L	uby's											
	Amount (\$) \$22.47	P	ayee address	s; City;	State;	; Zip Co	le							
		т	X											
	PURPOSE OF EXPENDITURE			Categories listed a ge Expense	at the top of this sch	edule)				le of Texas. Com officeholder living	plete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder name	С	Office sou	Jht			Office he	eld			
	Date	P	ayee name											
	12/26/2023		uby's											
	Amount (\$) \$49.60	P	ayee address	;; City;	State;	; Zip Co	le							
		Т	X											
	PURPOSE OF EXPENDITURE			Categories listed a ge Expense	at the top of this sch	edule)			TX,	le of Texas. Com officeholder living	plete Schedule T. expense			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Office	eholder name	C	Dffice sou	jht			Office he	eld			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	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 Exp Legal Services The Instruction Guide	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 33/52 Rpt: 43/64	Wilson, Er	k B. (Mr.)					00087769		
4	Date	5 Payee name	e							
	12/29/2023	Luby's								
6	Amount (\$) \$34.48	<ul><li>7 Payee addr</li><li>TX</li></ul>	ess; City;	State;	Zip Cod	e				
8	PURPOSE	(a) Category (	See Categories listed at the t	op of this schee	dule) (	b) Description				
	OF EXPENDITURE	F Enod/Beverage Expense								
9	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Of	ffice soug	ht		Office he	eld	
	Date	Payee name	e							
	12/04/2023	Lupe Torti	la							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e				
	\$109.91	TX								
	OF EXPENDITURE	(a) Category ( Food/Beve	dule)	Check if Austin	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting meal					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Of	ffice soug	ht		Office he	eld	
	Date	Payee name	e							
	12/06/2023	Macy's								
	Amount (\$) \$6.22	Payee addr TX	ess; City;	State;	Zip Cod	e				
	PURPOSE	(a) Category	See Categories listed at the t	on of this school	dule) (	b) Description				
	OF		rage Expense	יס קס UIIS SCHE		Check if travel	n, TX,	de of Texas. Com officeholder living ICK'S in Macy	expense	
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Of	ffice soug	ht		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Overhead/Rental Expense     1       Food/Beverage Expense     Polling Expense     1       By -     Gift/Awards/Memorials Expense     Printing Expense							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission Filers)				
	Sch: 34/52 Rpt: 44/64	Wilson, Er	ik B. (Mr.)					00087769					
4	Date	5 Payee nam	e										
	12/07/2023	Macy's											
6	Amount (\$) \$29.71	<ul> <li>Payee addr</li> <li>TX</li> </ul>	ess; City;	State;	Zip Code	3							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Coffee meeting at Starbuck's inside of Macy's									expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Off	fice sough	t		Office he	eld				
	Date	Payee nam	e										
	11/07/2023	Maudies N	1ilagro										
	Amount (\$) \$66.09	Payee addr TX	ess; City;	State;	Zip Code	3							
	PURPOSE OF EXPENDITURE						outside of Texas. Complete Schedule T. , TX, officeholder living expense ]						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office held					
	Date	Payee nam	e										
	10/03/2023	McDonald	S										
	Amount (\$) \$11.99	Payee addr	ess; City;	State;	Zip Code	2							
	BUBBOCC												
	PURPOSE OF EXPENDITURE		See Categories listed at the erage Expense	top of this sched	lule) (I		n, TX,	de of Texas. Com officeholder living					
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Off	fice sough	it		Office he	eld				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense lling Expense laries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 35/52 Rpt: 45/64	Wilson, Erik B. (Mr.)         00087769										
4	Date	Payee name										
	11/09/2023	McGarr, Oscar										
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code										
8	PURPOSE	Category (See Categories listed at the top of this schedule	e) (b) Description									
	OF EXPENDITURE	Consulting Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Offic	e sought	Office held								
	Date	Payee name										
	11/29/2023	McGarr, Oscar										
	Amount (\$) \$500.00	Payee address; City; State; Z	ip Code									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Consulting Expense	Check if trave	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Marketing Consultant								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Offic	e sought	Office held								
	Date	Payee name										
	10/02/2023	Mod Pizza										
	Amount (\$) \$42.72	Payee address; City; State; Z	ip Code									
		ТХ										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense al								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Offic	e sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 36/52 Rpt: 46/64	Wilson, Erik B. (Mr.) 00087769								
4	Date	5 Payee name								
	10/10/2023	Mod Pizza								
6	Amount (\$) \$22.28	7 Payee address; City; State; Zip Code								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense Meal while campaigning										
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	12/26/2023	Mod Pizza								
	Amount (\$) \$33.42	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Food</li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	07/13/2023	Moxie's Grill and Bar								
	Amount (\$) \$47.14	Payee address;     City;     State;     Zip     Code       5000 Westheimer Rd								
		Houston, TX 77056								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Meeting at restaurant</li> </ul>								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 37/52 Rpt: 47/64	Wilson, Erik B. (Mr.)	00087769							
4	Date	5 Payee name								
	11/10/2023	Moxies Grill and Bar								
6	Amount (\$) \$24.56	7 Payee address; City; State; Zip Code								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	OF Ecod/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/08/2023	Moxies Grill and Bar								
	Amount (\$) \$66.54	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense al							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/11/2023	Moxies Grill and Bar								
	Amount (\$) \$258.41	Payee address; City; State; Zip Code								
		ТХ								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense N <b>G</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

POLITICAL EXPENDITURES FROM POLITICAL
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EXPENDITURE CATEGORIES FOR BOX 8(a)													
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           By -         Gift/Awards/Memorials Expense         Printing Expense         T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 38/52 Rpt: 48/64	\	Wilson, Erik B. (Mr.)         00087769										
4	Date	5 F	Payee name										
	11/27/2023	Ν	Arjiconnect										
6	Amount (\$)	<b>7</b> F	Payee address; City; State; Zip Code										
	\$1,022.96												
		ר	ГХ										
8	PURPOSE	(a) (	Category (so	Cotogorios listos	I at the top of this sch	odulo)	(b)	Description				_	
-	OF		Advertising I		rat the top of this sch	iedule)	()	· ·	outsio	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		la ron lion ig i	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Check if Austin	, тх,	officeholder living	) expense		
								Radio Ad					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	e (	Office sou	ght			Office he	eld		
	Date	F	Payee name										
	09/26/2023		On Street										
Amount (\$) Payee address; City; State; Zip Code													
	\$4.00												
		۲	ГХ										
	PURPOSE	(a) (	Category (Se	e Categories listed	I at the top of this sch	iedule)	(b)	Description					
	OF EXPENDITURE	Transportation Equipment & Related Expense						Check if travel outside of Texas. Complete Schedule T.					
	-							Check if Austin, TX, officeholder living expense Parking					
								Parking					
						24	1- 4			0.000	- 1-1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	e (	Office sou	gnt			Office he	ela		
	•												
	Date		Payee name										
	12/29/2023		On Street										
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de						
	\$2.00												
		ר	ГХ										
	PURPOSE	(a) (	Category (so	Categories listor	I at the top of this sch	edule)	(b)	Description					
	OF				nt & Related	ieduic)	•		outsio	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Expense					Check if Austin	, TX,	officeholder living	) expense		
								Parking					
	Complete ONLY if direct		andidate/Offic	eholder name	e (	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI	Н											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment								I/Rental Expense e /Contract Labor	Rental Expense contract Labor			aising Expense Juipment & Related Expense rict ategory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	=						3	Filer ID		(Ethics Commission Filers)
	Sch: 39/52 Rpt: 49/64		Wilson, Erik B. (Mr.)         00087769										
4	Date	5	Payee name										
	12/29/2023		Panda Express										
6	Amount (\$) \$14.29												
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at the tor	of this sch	edule)	(b)	Description				
	OF EXPENDITURE	F Eood/Beverage Expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	iceholde	r name	C	Office sou	ght			Office	he	ld
	Date		Payee name										
10/18/2023 Panera Bread													
	Amount (\$) \$18.69		Payee addre TX	SS;	City;	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)			ries listed at the top pense	o of this sche	edule)		Description Check if travel Check if Austin Heeting mea	, TX,			lete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Off	iceholde	r name	C	Dffice sou	ght			Office	he	ld
	Date		Payee name										
	10/18/2023		Panera Bre	ad									
	Amount (\$) \$18.91		Payee addre	SS;	City;	State;	Zip Co	de					
			тх										
	PURPOSE OF EXPENDITURE		Category <sub>(S</sub> Food/Beve		ries listed at the top pense	o of this sche	edule)	(b)	Description Check if travel of Check if Austin Meeting mea	, TX,			lete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	iceholde	r name	C	)ffice sou	ght			Office	he	ld

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           By -         Gift/Awards/Memorials Expense							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F							3	Filer ID	(Ethics Commission Filers)		
-	Sch: 40/52 Rpt: 50/64	1	Vilson, Erik							00087769	(		
4	Date	5 F	Payee name										
	09/18/2023	I .	Perry's Stea	k House									
6	Amount (\$)	7 F	Payee address; City; State; Zip Code										
	\$82.32	2115 Town Square Place											
		5	Sugar land,	TX 77479									
8	PURPOSE OF EXPENDITURE	OF End/Beverage Expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Indidate/Offic	eholder na	ime	Office sou	ght			Office he	eld		
	Date	F	ayee name										
	09/22/2023	F	opeyes										
	Amount (\$)	F	ayee addres	s; City		; Zip Co	de						
	\$52.87	г	-X										
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule       Image: Check if travel outside of Texas. Complete Schedule         Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Meeting meal       Image: Check if Austin, TX, officeholder living expense													
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Offic	eholder na	ime	Office sou	ght			Office he	eld		
	Date	F	ayee name										
	12/04/2023	1	opeyes										
	Amount (\$) \$29.21	F	ayee addres	s; City	; State	e; Zip Co	de						
		г	x										
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Food/Bevera		sted at the top of this sci	hedule)	(b)		, тх,	officeholder living	nplete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Indidate/Offic	eholder na	ime	Office sou	ght			Office he	eld		

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 41/52 Rpt: 51/64	Wilson, Erik B. (Mr.)         00087769						
4	Date 11/09/2023	5 Payee name Potbelly						
6	6 Amount (\$) \$12.75 TX 7 Payee address; City; State; Zip Code TX							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meal while campaigning								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	07/17/2023	Provost Studios						
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$300.00     3821 MacGregor Way       Houston, TX 77004							
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Photographer       (b) Description 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	08/31/2023	Regions Bank						
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 2310 Hwy 6						
		Sugar land, TX 77478						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Bank Account Fee</li> </ul> </li> </ul>						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

POLITICAL EXPENDITURES FROM POLITICAL
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EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_					
	Sch: 42/52 Rpt: 52/64	Wilson, Erik B. (Mr.) 00087769						
4	Date 12/08/2023	5 Payee name Rudy's						
6	6 Amount (\$) \$12.08 TX 7 Payee address; City; State; Zip Code TX							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	09/05/2023	San Luis Cash						
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 5222 Seawall Blvd						
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name	=					
	12/12/2023	Scurlark, Alicia						
	Amount (\$) \$300.00	Payee address; City; State; Zip Code						
		ТХ						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fee for table at political event</li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 43/52 Rpt: 53/64	Wilson, Erik B. (Mr.)         00087769							
4	Date 09/25/2023	5 Payee name Shell							
	6 Amount (\$) \$20.01 TX 7 Payee address; City; State; Zip Code TX								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas to event</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/05/2023	Shell							
	Amount (\$) \$23.45	Payee address; City; State; Zip Code							
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	12/26/2023	Shell							
	Amount (\$) \$6.43	Payee address; City; State; Zip Code							
		TX							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas</li> </ul> </li> </ul>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 44/52 Rpt: 54/64		rik B. (Mr.)					00087769	
4	Date 09/28/2023	-	Payee name Shipley Do-Nuts						
		7 Payee address; City; State; Zip Code							
6	Amount (\$) \$12.62								
8	PURPOSE OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>For meeting</li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Officeholder name	Ot	ffice soug	ht		Office h	eld
	Date	Payee nar	ne						
	12/26/2023	Shipley D	o-Nuts						
	Amount (\$) \$17.60	Payee add	Iress; City;	State;	Zip Coc	e			
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name	Of	ffice soug	ht		Office h	eld
	Date	Payee nar	ne						
	11/14/2023	Soto, Lai							
	Amount (\$) \$100.00	Payee add	Iress; City;	State;	Zip Coc	e			
		ТХ							
	PURPOSE OF EXPENDITURE	(a) Category Event Ex	(See Categories listed at the pense	top of this sche	dule)		ı, TX,	, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name	O	ffice soug	ht		Office h	eld

POLITICAL EXPENDITURES FROM POLITICAL
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		EXPENDITURE CATEGORIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Over Pool/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense         Printing Expense	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis							
	Sch: 45/52 Rpt: 55/64	Wilson, Erik B. (Mr.) 00087769							
4	Date 11/14/2023	5 Payee name Soto, Laura							
6	Amount (\$)	Payee address; City; State; Zip Co	de						
•	\$250.00	TX							
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description						
	OF EXPENDITURE	Event Expense	Check if travel out	tside of Texas. Complete Schedule T.					
	EXPENDITORE		Check if Austin, T	X, officeholder living expense					
			Balance for ba	rtending services at event					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght	Office held					
	Date	Payee name							
	10/27/2023	Southwest Printing							
	Amount (\$)	Payee address; City; State; Zip Co	de						
	. ,								
\$103.90 9777 Harwin Dr									
		509							
		Houston, TX 77036							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		tside of Texas. Complete Schedule T. X, officeholder living expense d printing					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght	Office held					
-	Date	Payee name							
	10/30/2023	Southwest Printing							
	Amount (\$)	-	do						
	\$137.48	Payee address; City; State; Zip Co	ue .						
		ТХ							
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description						
	OF EXPENDITURE	Advertising Expense		tside of Texas. Complete Schedule T.					
			Check if Austin, T Campaign carc	X, officeholder living expense 1 printing					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
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EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           -         Gift/Awards/Memorials Expense         Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 46/52 Rpt: 56/64		on, Erik B. (Mr.)				00087769	· ·	
4	Date 12/04/2023	5 Payee name Southwest Printing							
6		7 Payee address; City; State; Zip Code							
6	Amount (\$) \$400.53								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Flyer printing									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder na	ime (	Office sou	ıht		Office he	eld
	Date	Paye	e name						
	10/06/2023	Star	bucks						
	Amount (\$) \$17.18	Paye TX	e address; City	; State	; Zip Co	le			
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder na	ume (	Office sou	Jht		Office he	eld
	Date	Pave	e name						
	11/09/2023	-	bucks						
	Amount (\$) \$6.68	Paye	e address; City	; State	; Zip Co	le			
	PURPOSE OF EXPENDITURE	(a) Cate	gory <sub>(See Categories li</sub> d/Beverage Exper		nedule)		ı, TX,	de of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder na	ime (	Office sou	ıht		Office he	ld

POLITICAL EXPENDITURES FROM POLITICAL
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EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense 7					Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 47/52 Rpt: 57/64	Wilson, Eri			00087769					
4	Date	5 Payee name	9							
	11/13/2023	Starbucks								
6	Amount (\$) \$5.68									
		тх	ТХ							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Of	ffice soug	ht		Office he	eld	
	Date	Payee name	9							
	11/24/2023	Starbucks								
	Amount (\$) \$16.18	Payee addre	ess; City;	State;	Zip Coo	e				
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coffee meeting										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Of	ffice soug	ht		Office he	eld	
	Date	Payee name	)							
	12/11/2023	Starbucks								
	Amount (\$) \$9.74	Payee addre	ess; City;	State;	Zip Coo	e				
		ТХ								
	PURPOSE OF EXPENDITURE		See Categories listed at the to rage Expense	op of this scher	dule)			de of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Of	ffice soug	ht		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 48/52 Rpt: 58/64	Wilson, Erik B. (Mr.)	00087769					
4	Date 10/03/2023	5 Payee name Stop Graphics Distribution						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
•	\$125.00	TX						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/06/2023	Stop Graphics Distribution						
	Amount (\$) \$55.74	Payee address; City; State; Zip Code						
		TX						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense COST					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/16/2023	Texas Democratic Party						
	Amount (\$) \$1,300.00	Payee address; City; State; Zip Code						
	φ1,500.00							
		тх						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense or voting information					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Transportation Equipment & R           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District						÷
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Fil	ers)
	Sch: 49/52 Rpt: 59/64		Wilson, Erik B. (Mr.)					00087769	
4	Date	5	Payee name				1		
	09/14/2023		Texas Southern University						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$100.00		3100 Cleburne Street	·					
			Houston, TX 77004						
8	PURPOSE	(a)				(b) Description			
ľ	OF	(")	Category (See Categories listed at the Event Expense	e top of this sch	iedule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	ı, TX	, officeholder living expense	
						Entry Fee for	r TS	SU parade	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	10/02/2023		Walmart						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$34.64								
			ТХ						
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	(elube)	(b) Description			
	OF		Event Expense		icuaic)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		·				ı, TX	, officeholder living expense	
						Supplies			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	11/24/2023		Walmart						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$101.64								
			ТХ						
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.	
							ι, TΧ,	, officeholder living expense	
						Supplies			
	Complete ONUV 5 diversit	L	Condidate (Office held			abt		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ynt		Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Ti           Food/Beverage Expense         Polling Expense         Ti           By -         Giff/Awards/Memorials Expense         Printing Expense         Ti						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAM	ИЕ				3	Filer ID	(Ethics Commission Filers)		
	Sch: 50/52 Rpt: 60/64	Wilson, E	rik B. (Mr.)					00087769			
4	Date	Payee nan	ne								
	09/28/2023	Wendy's									
6	Amount (\$) \$30.28	Payee add	ress; City;	State;	Zip Coo	le					
8	PURPOSE OF EXPENDITURE		(See Categories listed at the erage Expense	e top of this scho	edule)		ı, TX,	de of Texas. Com , officeholder living			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/C	officeholder name	C	Office souç	ht		Office he	eld		
	Date	Payee nam	ne								
	11/09/2023	Whatabur	ger								
	Amount (\$) \$33.62	Payee add	ress; City;	State;	Zip Coo	le					
	PURPOSE OF EXPENDITURE		(See Categories listed at the erage Expense	e top of this sch	edule)		n, TX,	de of Texas. Com officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	Officeholder name	C	Office sou	ht		Office he	eld		
	Date	Payee nam	10								
	11/22/2023	Whatabur	ger								
	Amount (\$) \$12.22	Payee add	ress; City;	State;	; Zip Coo	le					
		ТХ									
	PURPOSE OF EXPENDITURE		(See Categories listed at the erage Expense	e top of this sch	edule)		n, TX,	de of Texas. Com , officeholder living Daigning			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/C	officeholder name	C	Office soug	ht		Office he	eld		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           By -         Gift/Awards/Memorials Expense         Printing Expense         Tr						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 51/52 Rpt: 61/64	Wil	son, Erik B. (Mr.)					00087769		
4	Date	5 Pay	ee name							
	12/04/2023		ole Foods							
6	Amount (\$)	<b>7</b> Pay	ee address; C	ty; State	; Zip Coo	le				
	\$2.49									
		тх								
8	PURPOSE	(a) Cat		s listed at the top of this sch	adula)	(b) Description				
-	OF		od/Beverage Exp		iedule)		outsi	de of Texas. Comple	ete Schedule T.	
	EXPENDITURE					Check if Austin	ı, тх,	officeholder living e	xpense	
						Water				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder	name (	Office soug	Jht		Office held	1	
	Date	Pay	ee name							
	10/03/2023	Wil	lie's Grill & Iceho	use						
	Amount (\$)	Pay	ee address; C	ty; State	; Zip Coo	le				
	\$69.24		,		· •					
		тх								
	PURPOSE	<b>(a)</b> Cat	egory (See Categorie	s listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE	Foo	od/Beverage Exp	ense				de of Texas. Comple		
						Meeting mea		officeholder living e	xpense	
						weeting mea	.1			
	Complete ONLY if direct		lidate/Officeholder	20770	Office soug	.bt		Office held	4	
	expenditure to benefit C/OF		idate/Onicerioidei	name (	Jure 2006	jiit		Onice heit	1	
	_									
	Date		ee name							
	09/25/2023		c.com							
	Amount (\$)	Pay	ee address; C	ty; State	; Zip Coo	le				
	\$36.80									
		ТХ								
	PURPOSE	<b>(a)</b> Cat	egory (See Categorie	s listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE	We	bsite					de of Texas. Comple		
								officeholder living e	xpense	
						Website desi	gn			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder	name (	Office soug	Jht		Office held	1	
	onpenditure to benefit 0/01	-								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
4	Total pages Cabadula E1.						1	Filer ID	(Ethica Commissi	ion Filoro)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commissi	ion Filers)
	Sch: 52/52 Rpt: 62/64	Wilson, Er						00087769		
4	Date 10/23/2023	5 Payee nam Wix.com	е							
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Coo	le				
	\$36.80									
		тх								
8	PURPOSE OF		See Categories listed at	the top of this sche	edule)	(b) Description		. (= 0		
	EXPENDITURE	Website						de of Texas. Comp officeholder living		
						Website des		oniceriolder innig	expense	
							·g··			
9	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	C	)ffice soug	ht		Office he	ld	
	Date	Payee nam	e							
	11/24/2023	Wix.com								
	Amount (\$)	Payee addr	ess; City;	State;	Zip Coo	le				
	\$36.80	-			•					
		ТХ								
	PURPOSE OF		See Categories listed at	the top of this sche	edule)	(b) Description				
	EXPENDITURE	Fees						de of Texas. Comp officeholder living		
						Website hos				
								accigit mon		
	Complete ONLY if direct	Candidate/O	fficeholder name		)ffice souc	ht		Office he	ld	
	expenditure to benefit C/OF					int int		Office fie		
	Date	Payee nam	e							
	12/26/2023	Wix.com								
	Amount (\$)	Payee addr	ess; City;	State;	Zip Coo	le				
	\$36.80									
		ТХ								
-	PURPOSE	(a) Category (	See Categories listed at	the top of this sche	edule)	(b) Description				
	OF EXPENDITURE	Fees	Ŭ	·	,	Check if travel	outsi	de of Texas. Comp	plete Schedule T.	
	EXPENDITORE							officeholder living		
						Website hos	ting	/design mon	tnly fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	C	Office soug	ht		Office he	ld	
		1								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G								
	EXPENDITURE CATEGORIES FO	DR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling f y - Gift/Awards/Memorials Expense Printing	apayment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)						
1 Total pages Schedule G:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
Sch: 1/2 Rpt: 63/64	Wilson, Erik B. (Mr.)	00087769						
4 Date 10/10/2023	5 Payee name Carter, D							
6 Amount (\$) \$200.00								
X Reimbursement from political contributions intended	ТХ							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						
Date	Payee name							
12/21/2023	Houston, Kiland							
Amount (\$) \$500.00	Payee address; City; State; Zip C	code						
Reimbursement from political contributions intended	тх							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment to entertainer for event						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						
Date	Payee name							
10/28/2023	Houston, Kiland							
Amount (\$) \$500.00	Payee address; City; State; Zip C	Code						
X         Reimbursement from political contributions intended	тх							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment to the entertainer for event						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1 Total pages Schedule G: Sch: 2/2 Rpt: 64/64	2 FILER NAME Wilson, Erik B. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087769						
4 Date 09/29/2023	4 Date     5 Payee name								
6 Amount (\$) \$113.00 X Reimbursement from political contributions intended	\$113.00 Reimbursement from political contributions								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description [ [ Flyers	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
Date 12/18/2023	Payee name TGM								
Amount (\$) \$1,172.50 Reimbursement from political contributions		ode							
PURPOSE OF EXPENDITURE	TX Category (See Categories listed at the top of this schedule) Printing Expense	Description [ [ Yard signs	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						