# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00080350		2 Total pages fi	led: 22
3 CANDIDATE /	MS/MRS/MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Terry M.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/03/2024	
		Wilson				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ГΥ;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	660 Parkline Drive				Receipt #	Amount
Change of Address	Georgetown, TX 78626				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Craig M.				
	NICKNAME	LAST		SUFFIX		
		Magerkurth				
		-				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	99 Hi View Dr.	- 7.		, ,		,
(Residence or Business)	Marble Falls, TX 78654					
7 CAMPAIGN TREASURER		E NUMBER	EXTENSION			
PHONE	(512) 586-0884					
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after ca	mpaign treasurer
		_ oour day below		L	appointment (offi	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TI	HROUGH	01/25/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 20 Williams	on	State Represent		
	1					
		GO -	TO PAGE 2			
I		- <del>-</del>				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Wilson, Terry M. (The	e Honorable)	14 Filer ID 00080350	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho d officeholders are required to report this information	ut the candidate's or offic	ceholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	Texas Realtors Political Action Committee					
		COMMITTEE ADDRESS					
	SPECIFIC	1115 San Jacinto Blvd.					
		Ste. 200					
		Austin, TX 78701					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Cantu, Leslie					
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS				
		P.O. Box 2246					
		Austin, TX 78768					
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  \$ 120.							
	.NS)	\$ 31,110.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 80,572.85			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 311,024.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 62,262.94			
17 AFFIDAVIT	•						
		I swear, or affirm, under pen- true and correct and includes under Title 15, Election Code	s all information required				
		The Ho	onorable Terry M. Wils	on			
			of Candidate or Officeho				
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	crihed hefore me hy the s	aid	this the	day			
		ertify which, witness my hand and seal of office.	, uno uro	day			
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath			
<u> </u>	3	<b>3</b>		<b>0</b>			

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

				3 of 22
18 FILER NAM Wilson, Te	ME erry M. (The Honorable)	<b>19</b> Filer ID 00080350	(Ethics Comm	ission Filers)
20 SCHEDULI NAME OF :	E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	31,110.00
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	\$	80,572.85
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	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	\$	

	MONET	ARY POLITICAL C	NS		SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/22	
2	FILER NAME Wilson, Terry	y M. (The Honorable)			3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date 01/24/2024	<ul><li>5 Full name of contributor</li><li>Allen Boone Humphries R</li><li>6 Contributor address; City; Sta</li></ul>		)	7	Amount of Contribution (\$)	\$1,500.00
ρ	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	la	Employer (See Instructions	·,		
0	Fillicipal occu	pation / Job title (See Instructions)	·)				
	Date Full name of contributor out-of-state PAC (ID#:)  O1/24/2024 Allen, Mark  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Retired Retired				·)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00	
		Killeen, TX 76542	1				
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  Cavalier, Wayne  Contributor address; City; State; Zip Code  Jarrell, TX 76537		,		Amount of Contribution (\$)	\$100.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date O1/24/2024  Full name of contributor out-of-state PAC (ID#:)  Dennett, Gary  Contributor address; City; State; Zip Code  Georgetown, TX 78633			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL CONTR	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to comp	lete this fo	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/22		
2	FILER NAME Wilson, Terry	y M. (The Honorable)			3	Filer ID (Ethics Commission 00080350	n Filers)	
4	Date 01/24/2024	<ul> <li>Full name of contributor  out-of-sta  Eye-PAC of the Texas Ophthallmolog</li> <li>Contributor address; City; State; Zip Cod</li> </ul>	-		7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Austin, TX 78701-1667 pation / Job title (See Instructions)		9 Employer (See Instructions				
•				5 Employer (See instructions				
	Date Full name of contributor out-of-state PAC (ID#:)  01/24/2024 Gore, Rex  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)		Employer (See Instructions	)			
	Manager CleanScapes							
Date Full name of contributor out-of-state PAC (ID#: 01/24/2024 Hertel, Thomas  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$40.00		
		Copperas Cove, TX 76522						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions) Retired				
Date Full name of contributor out-of-state PAC (ID#:_ 01/24/2024 Hodges, Wayne  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00			
	Principal occuretired	Georgetown, TX 78628 pation / Job title (See Instructions)		Employer (See Instructions retired	)			
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00			
		Georgetown, TX 78633						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			

	MONET	ARY POLITICAL C	IS		SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/22	
2	FILER NAME Wilson, Terry	y M. (The Honorable)			3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date 01/24/2024	<ul><li>5 Full name of contributor Riley, Ed</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Florence, TX 76527 pation / Job title (See Instructions)	l q	Employer (See Instructions	;) 		
0	Retired	padon / 300 tide (See instructions)	9	Retired	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/24/2024 Schiller, Ken  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u>)                                    </u>		
	Retired Retired				',		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00	
		Jarrell, TX 76537					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/24/2024 Sherrin, Pamela  Contributor address; City; State; Zip Code  Round Rock, TX 78665				Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  O1/24/2024 Smith, Robert  Contributor address; City; State; Zip Code  Georgetown, TX 78626			Amount of Contribution (\$)	\$100.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/22	
2	FILER NAME Wilson, Terry	/ M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00080350	
4	Date 01/17/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$1,000.00	
_	Deinainal accu	Georgetown, TX 78633	_	Familia var (Cala Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/24/2024 Sweeney, Michael (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00			
	Detectional	Georgetown, TX 78633-2027		Faralassa (Osas kastasatisas	<u></u>		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Traxstar Technologies	5)		
	Date 01/12/2024			)		Amount of Contribution (\$) \$15,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Realtors PAC Contributor address; City; State; Zip Code  Austin, TX 78768-2246		)		Amount of Contribution (\$) \$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/24/2024 Watters, Chalton  Contributor address; City; State; Zip Code  Georgetown, TX 78633			Amount of Contribution (\$) \$1,000.00			
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ИC	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/22
2	FILER NAME Wilson, Terry	y M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080350	
4	Date 01/24/2024  5 Full name of contributor out-of-state PAC (ID#:) Yearwood, John  6 Contributor address; City; State; Zip Code					Amount of Contribution (\$) \$1,000.00
8	Principal occu retired	Georgetown, TX 78633 pation / Job title (See Instructions)	9	Employer (See Instructions retired	     S)	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not the Instruction Guide explains how to complete this form.									
					uide explains h	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission F	ilers)
	Sch: 1/14 Rpt: 9/22		Wilson, Terr	y M. (The Hond	orable)					00080350		
4	Date	5	Payee name									
	01/05/2024		Advantage,	Inc								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$900.00		1421 Prince	Street								
			Suite 220									
			Alexandria,	VA 22314								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this scher	dule)	(b)	Description				
	OF		Advertising			aa.o,		_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		· ·					<b>—</b>		officeholder livin	g expense	
								Blockwalking	So	ftware		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Of	ffice souç	ght			Office h	eld	
		_										
	Date		Payee name									
	01/22/2024		Anedot									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$244.90		PO Box 843	14								
			Baton Roug	e, LA 70884								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Solicitation/I	Fundraising Exp	oense			<b>=</b>			nplete Schedule T.	
								Fees for on-li		officeholder livin		
								rees for off-in	HE	uonation ce	niection	
_	Complete ONLY if direct	<u> </u>	andidate/Offic	ceholder name	Of	ffice soug	thr			Office h	eld	
	expenditure to benefit C/O		Janaiaate/Onic	seriolaei mame	O1	moc sout	giit			Office II	Cid	
_	Date	Г	Davisa nama									
	01/24/2024		Payee name	dvocacy Mana	namant Profe	acciona	le I	ıc				
	Amount (\$)		Payee addres		State;	Zip Coo	ae					
	\$10,510.13		5104 N Fran	ICIS								
			Suite 103									
			Oklahoma C	ity, OK 73118		_						
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				ш			nplete Schedule T.	
								Push card pro		officeholder livin		
								i asii cara pit	Juu	ισαστιατία μ	anding	
_	Complete ONLY if direct	Щ	Candidate/Offic	ceholder name	∩f	ffice soug	thr			Office h	eld	
	expenditure to benefit C/O		zaraidate/OIII	John Hallic	Oi	oc sout	9111			Office II	0.0	
_												
1												

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		G ee Le	ood/Beverage Exp ift/Awards/Memori egal Services he Instruction			xpens Wages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	l	ER NAME		,				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/14 Rpt: 10/22	Wil	son, Terry	M. (The Ho	norable)					00080350	
4	Date	1 1	ee name								
	01/24/2024	Car	mpaign Ac	Ivocacy Mar	nagement Pro	ofessiona	als, I	LLC			
6	Amount (\$)	1 1	ee address		State	e; Zip Co	ode				
	\$14,460.90		04 N Franc	CIS							
			te 103		•						
				ty, OK 7311							
8	PURPOSE OF				at the top of this sch	hedule)	(b)	Description	outo:	do of Toyon Com	anlota Schadula T
	EXPENDITURE	Adv	vertising E	xpense				<b>=</b>		officeholder living	nplete Schedule T. g expense
										mailing of ca	ampaign direct mail
L								advertisemen	its		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Office	holder name	(	Office sou	ught			Office h	eld
	Date	Pay	ee name								
	01/25/2024	Car	mpaign Ac	lvocacy Mar	nagement Pro	ofessiona	als, I	LLC			
	Amount (\$)	Pay	ee address	; City;	State	; Zip Co	ode				
	\$320.00	510	04 N Franc	cis							
		Sui	te 103								
		Okl	lahoma Ci	ty, OK 7311	8						
	PURPOSE	(a) Cat	egory (See	Categories listed	at the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE	Prir	nting Expe	nse				<u></u>		de of Texas. Com officeholder living	nplete Schedule T. g expense
								Push card pri			φ - <sub> </sub> γ-··
								·			
	Complete ONLY if direct expenditure to benefit C/O		lidate/Office	holder name	(	Office sou	ught			Office h	eld
	Date	Pay	ee name								
	01/25/2024	Car	mpaign Ad	lvocacy Mar	nagement Pro	ofessiona	als, I	LLC			
	Amount (\$)	Pay	ee address	; City;	State	; Zip Co	ode				
	\$4,418.15	510	04 N Franc	eis							
		Sui	te 103								
		Okl	lahoma Ci	ty, OK 7311	8						
	PURPOSE	(a) Cat	egory (See	Categories listed	at the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE	Adv	vertising E	xpense						de of Texas. Com officeholder living	nplete Schedule T.
								Campaign ma			a cyheniae
	Complete ONLY if direct expenditure to benefit C/O		lidate/Office	eholder name	(	Office sou	ıght			Office h	eld

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing 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: 3/14 Rpt: 11/22	Wilson, Terry M. (The Honorable) 00080350	
4	Date	5 Payee name	
	01/25/2024	Campaign Advocacy Management Professionals, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14,705.40	5104 N Francis	
		Suite 103	
		Oklahoma City, OK 73118	
8	PURPOSE	To the state of th	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Production and mailing of campaign direct mail	
		advertisements	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/25/2024	Campaign Advocacy Management Professionals, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14,705.40	5104 N Francis	
	Ψ14,703.40	Suite 103	
		Oklahoma City, OK 73118	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Production and mailing of campaign direct mail	
		advertisements	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitate to belieff 6/01		
	Date	Payee name	
	01/04/2024	Carter, Charles (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$670.00	234 Old Oaks Drive	
		Georgetown, TX 78633	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Placement of large campaign signs.	
		i lacement of large earnpaign signs.	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·								
	Sch: 4/14 Rpt: 12/22	Wilson, Terry M. (The Honorable) 00080350								
4	Date	Payee name								
	01/22/2024	Chisolm Trail Productions								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$8,500.00	P.O. Box 231								
		Cedar Park, TX 78630								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Advertising Expense								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		TV advertisement								
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	01/23/2024	Chuy's								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$76.45	2320 North IH 35								
		Round Rock, TX 78761								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Lunch with campaign volunteers								
		Lunch with Campaigh Volunteers								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Data	Para and a second secon								
	Date 01/17/2024	Payee name Community Impact								
		Community Impact								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3,145.70	16225 Impact Way								
		Pflugerville, TX 78660								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Newspaper ad								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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 3 Filer ID (Ethics Commission Filers)
Sch: 5/14 Rpt: 13/22	Wilson, Terry M. (The Honorable) 00080350
4 Date	5 Payee name
01/10/2024	Daybreak Rotary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$195.51	PO Box 706
	Marble Falls, TX 78654
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davies name
01/12/2024	Payee name First United Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	418 US 281
	Marble Falls, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Wire transfer fee
Operation ONLY if discont	Our stide to 10 ff as health are now as a second to the se
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2024	Georgetown Area Republican Women's Club
Amount (\$)	Payee address; City; State; Zip Code
\$12.51	P.O. Box 393
	Georgetown, TX 78628
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Event fee for meeting
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
- p - 1.12.12 12 30.10.11 0/0	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 14/22	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	•
	01/17/2024	Georgetown Area Republican Women's Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.00	P.O. Box 393	
		Georgetown, TX 78628	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Membership fee
9	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
_			
	Date	Payee name	
	01/04/2024	Georgetown Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	1 Chamber Way, PO Box 346	
		Georgetown, TX 78627	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Rent for meeting space for campaign meeting.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/08/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.16	2710 Gateway Oaks Drive	
		-	
		Sacramento, CA 96833	
	PURPOSE		Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	_ р	Check if Austin, TX, officeholder living expense
			Email Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee Leg	Awards/Memorials Expe al Services e Instruction Guide		Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:			-		-	3	Filer ID	(Ethics Commission Filers)	-
Ė	Sch: 7/14 Rpt: 15/22		И. (The Honorab	ole)				00080350	(Euros Commission Filels)	
4	Date	Payee name								
	01/19/2024	Griffin, Travis								
6	Amount (\$)	Payee address;	City;	State; Zip Co	de					
	\$1,000.00	801 S Highway	183							
		#1143								
		Leander, TX 78	3641							
8	PURPOSE		ategories listed at the to	n of this schodulo)	(b)	Description				-
	OF		Donations Made				outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		ceholder/Politica			Check if Austin,	, TX,	officeholder living	expense	
						Contribution f	or I	Precinct Cha	air Race	
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeh	older name	Office sou	ght			Office he	eld	
L										
	Date	Payee name								
	01/11/2024	IHOP								
	Amount (\$)	Payee address;	City;	State; Zip Co	de					
	\$12.38	750 S I-35								
		Georgetown, T	X 78628							
	PURPOSE OF		ategories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beverage	e Expense			<b>—</b>		de of Texas. Com officeholder living		
						Meeting with			, oxponed	
						J				
	Complete ONLY if direct	andidate/Officeh	older name	Office sou	ght			Office he	eld	_
	expenditure to benefit C/O									
	Date	Payee name	· · · · · · · · · · · · · · · · · · ·							_
	01/25/2024	Mesquite Cree	k Outfit							
	Amount (\$)	Payee address;	City;	State; Zip Co	de					٦
	\$59.98	704 S Austin A	ve							
		Georgetown, T	X 78626							
	PURPOSE	Category (See C	ategories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage	e Expense					de of Texas. Com		
	-					Meeting with		officeholder living	expense	
						weening with	CUI	เอแนษทเอ		
_	Complete ONLY if direct	andidate/Officeh	older name	Office sou	aht			Office he	eld	4
	expenditure to benefit C/O			200 000	gt			555 NC		
										-

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Ov Polling Ex e Printing E Salaries/	rerhead xpense Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
			The Instruction Guide ex	piains now to co	ompie	ete this form.	_			
1	Total pages Schedule F1: Sch: 8/14 Rpt: 16/22		E ry M. (The Honorable	)			3	Filer ID 00080350	(Ethics Commission Filers)	
4	Date	<b>5</b> Payee name								
•	01/22/2024	Microsoft								
6	Amount (\$) \$8.53		One Microsoft Way							
_					1					
8	PURPOSE OF EXPENDITURE		iee Categories listed at the top o rhead/Rental Expense		(b)	므	, TX,	de of Texas. Comp officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	ld	
	Date	Payee name								
	01/22/2024	Microsoft								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$144.90	\$144.90 One Microsoft Way								
		Redmond,								
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense					, TX,	tside of Texas. Complete Schedule T. IX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	ld	
	Date	Payee name	1							
	01/22/2024	Minuteman								
	Amount (\$) \$1,259.33	Payee addre	•	State; Zip Co	ode					
		Georgetow	n, TX 78626							
	PURPOSE OF EXPENDITURE	(a) Category (S	iee Categories listed at the top o	f this schedule)	(b)	ш	, TX,	de of Texas. Comp officeholder living rds		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	ld	
_										

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 17/22	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/04/2024	Monument Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.32	500 S Austin Ave.
		Georgetown, TX 78626
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent meeting
		Constituent meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	01/04/2024	Monument Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.57	500 S Austin Ave.
		Georgetown, TX 78626
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent meetings
		Constituent meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	01/22/2024	RMA Toll Processing
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.60	P.O. Box 734182
		Dallas, TX 75373-4182
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Tolls incurred traveling to district functions.
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:								
	Sch: 10/14 Rpt: 18/22	Wilson, Terry M. (The Honorable) 00080350							
4	Date	Payee name							
	01/25/2024	Red Horn Brewery and Roastery							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$4.59	1615 Scottsdale Dr							
		Building 1 Suite 110							
		Leander, TX 78641							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	LAFLINDITORL	Check if Austin, TX, officeholder living expense							
		Constituent meeting							
_	Commission ONLL V if dispose	Condidate/Office holder name Office sought Office hold							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	Dete								
	Date	Payee name							
	01/03/2024	Squarespace							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$30.91	225 Varick St							
		New York, NY 10014							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Website fees							
		Website ices							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	01/04/2024	Super Cheap Signs							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,649.97	9200 Waterford Centre Blvd							
	ψ5,045.51	#100							
		Austin, TX 78758							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Campaign yard signs							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	olete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 11/14 Rpt: 19/22	Wilson, Terry M. (The Honorable)			00080350	
4	Date	5 Payee name				
	01/25/2024	TXTag				
6	Amount (\$)	7 Payee address; City; State; Zip Code	9			
	\$5.38	12719 Burnet Road				
		Austin, TX 78727				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Desc	ription		
	OF EXPENDITURE	Travel In District		neck if travel outsic		
			_	neck if Austin, TX,		strict meetings
			10113	inounca da	iveling to all	strict meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld .
	expenditure to benefit C/O					
-	Date	Payee name				
	01/25/2024	TXTag				
	Amount (\$)	Payee address; City; State; Zip Code	2			
	\$2.30	12719 Burnet Road				
	42.00	12/16 Barriot Roda				
		Austin, TX 78727				
_	PURPOSE		N D	utu at a u		
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Desc Cr	ription neck if travel outsic	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver in District		neck if Austin, TX,		
			Tolls	incurred tra	veling to dis	strict meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	experience to borionic Grou					
	Date	Payee name				
	01/24/2024	The Brass Tap				
	Amount (\$)	Payee address; City; State; Zip Code	)			
	\$18.24	204 E Main Street				
		Round Rock, TX 78664				
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Desc			
	EXPENDITURE	Food/Beverage Expense		neck if travel outsion neck if Austin, TX,		
				ting with con	-	у схрепас
				<u> </u>		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/O					
Г						
l						

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 12/14 Rpt: 20/22	2 FILER NAME Wilson, Terry M. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00080350
4	Date 01/16/2024	5 Payee name Whataburger (Georgetown)
6	Amount (\$) \$5.93	7 Payee address; City; State; Zip Code 3706 D B WOOD RD
8	PURPOSE OF EXPENDITURE	Georgetown, TX 78628  (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 Breakfast for volunteer block walkers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/16/2024	Payee name Whataburger (Georgetown)
	Amount (\$) \$16.94	Payee address; City; State; Zip Code  3706 D B WOOD RD  Georgetown, TX 78628
	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 Breakfast for volunteer block walkers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/22/2024	Payee name Whataburger (Georgetown)
	Amount (\$) \$12.73	Payee address; City; State; Zip Code 3706 D B WOOD RD
		Georgetown, TX 78628
	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 Breakfast for volunteer block walkers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 21/22	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/22/2024	Whataburger (Georgetown)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.12	3706 D B WOOD RD
		Georgetown, TX 78628
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Breakfast for volunteer block walkers
		Dicarrast for volunteer block waiters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/22/2024	Whataburger (Georgetown)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$24.42	3706 D B WOOD RD
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Breakfast for volunteer block walkers
		Dicarrast for volunteer block walkers
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/19/2024	Williamson County Republican Party
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,081.00	716 S Rock Street
	φ1,001.00	710 S Nock Street
		Georgetown, TX 78626
	PURPOSE	Inc.
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation for Reagan Dinner
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
ı		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Coı	nmittee Leg	t/Awards/Memorials E gal Services ne Instruction Gu			pense ages/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 14/14 Rpt: 22/22		Wilson, Terry I	M. (The Hono	rable)				00080350	`	ŕ
4	Date	5	Payee name								
	01/18/2024		Zapier								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
	\$62.50		548 Market St	reet							
			Suite 62411								
			San Francisco	, CA 94104							
8	PURPOSE	(a)	Category (See C		- 4646:1-		(b) Description				
ľ	OF	(-,	Office Overhea			edule)		el outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overried	ad/iterital Exp	CHSC		ш		, officeholder living		
							Automation	Clo	ud Software		
9	Complete ONLY if direct expenditure to benefit C/O	Η (	Candidate/Officeh	nolder name	C	Office sou	ght		Office h	eld	