### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			UEEICE I	USE ONLY
	00087769		22			Date Received	JJE UNL I
3	CANDIDATE /	MS / MRS / MR	I FIRST		MI	ELECTRONIC	ALLY FILED
	OFFICEHOLDER NAME	Mr.	Erik B.			02/26/2024	VEL I ILLED
	NAME	NICKNAME	LAST		SUFFIX		
			Wilson				
4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered o	r Date Postmarked
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam			-	
		X 8th day before election	appointment (office	• • •		Date Processed	•
_	ORIGINAL PERIOD				Voor		
5	COVERED	Month Day Yea 01/26/2024	THROUGH	Month Day 02/24/2024	Year	Date Imaged	
_	EXPLANATION OF C			02/24/2024			
7	AFFIDAVIT		and	ear, or affirm, under p correct.			d report is true
7	AFFIDAVIT		and				d report is true
7	AFFIDAVIT		and	correct.	/ and all applica s: I swear, or aith and without	able statements:  r affirm that the orig t an intent to mislea	inal report
7	AFFIDAVIT		and	correct.  ck the box next to any  Semiannual report  was made in good for	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or	able statements:  r affirm that the orig an intent to mislea ned in the report.  , that I am filing this ess day after the da naccurate or incomp	inal report d or to corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the inf  Other reports: Is report not later than that the report as or swear, or affirm, tha	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or	able statements:  r affirm that the origing an intent to misleated in the report.  that I am filing this less day after the data naccurate or incompassion in the report	inal report d or to corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the inf  Other reports: Is report not later than that the report as on swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith.  Mr. Erik B.	able statements:  r affirm that the origing an intent to misleated in the report.  that I am filing this less day after the data naccurate or incompassion in the report	inal report d or to corrected te I learned olete. I
7		AMP / SEAL ABOVE	and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the inf  Other reports: Is report not later than that the report as on swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith.  Mr. Erik B.	able statements:  r affirm that the origing an intent to misleate to misleate the definition of the report.  that I am filling this less day after the day after the day accurate or incompanission in the reportion.	inal report d or to corrected te I learned olete. I
7	AFFIX NOTARY ST		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the inf  Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go  Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith.  Mr. Erik B. V	able statements:  r affirm that the origing an intent to misleat ned in the report.  that I am filing this less day after the danaccurate or incomplission in the report.  Wilson  e or Officeholder	inal report d or to corrected te I learned olete. I t as originally
7	AFFIX NOTARY ST	ribed before me, by the sai	and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the inf  Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go  Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith.  Mr. Erik B.  ure of Candidate, this t	able statements:  r affirm that the origing an intent to misleat ned in the report.  that I am filing this less day after the danaccurate or incomplission in the report.  Wilson  e or Officeholder	inal report d or to corrected te I learned olete. I t as originally
7	AFFIX NOTARY ST		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the inf  Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go  Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith.  Mr. Erik B.  ure of Candidate, this t	able statements:  r affirm that the origing an intent to misleat ned in the report.  that I am filing this less day after the danaccurate or incomplission in the report.  Wilson  e or Officeholder	inal report d or to corrected te I learned olete. I t as originally
7	AFFIX NOTARY ST Sworn to and subscoof	ribed before me, by the sai	and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the inf  Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go  Signatu	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is ir t any error or or ood faith.  Mr. Erik B. \( \) ure of Candidate, this te.	able statements:  r affirm that the origing an intent to misleat ned in the report.  that I am filing this less day after the danaccurate or incomplission in the report.  Wilson  e or Officeholder	inal report d or to corrected te I learned olete. I t as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commission 00087769	n Filers)	2 Total pages filed 22	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Mr.	Erik B.			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
	NICKNAME	Wilson		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or D	Date Postmarked
MAILING ADDRESS	4003 Redwin Circle				Receipt #	Amount
l <u> </u>	Houston TV 77047					
Change of Address	Houston, TX 77047				Date Processed	•
					Date Imaged	
					- 3	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Amber R.				
IVAIVIL						
	NICKNAME	LAST		SUFFIX		•••••
		Wilson				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	APT / S	SUITE#; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	4003 Redwin Circle					
(Residence or Business)						
(Residence of Business)	Houston, TX 77047					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER	(310) 592-2416	DINE NOMBER E	EXTENSION			
PHONE	(310) 592-2410					
8 REPORT						
TYPE	January 15	30th day before	election Ru	noff	15th day after camp	
					appointment (office	
	July 15	X 8th day before		ceeded modified porting limit	Final Report (Attacl	n C/OH-FR)
9 PERIOD	Month Day Year	•		Month Day	Year	
COVERED	01/26/2024		IROUGH	02/24/2024		
	01/20/2021			02/2 1/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024		eneral	Special	<u>—</u>	
		"				
11 OFFICE	OFFICE HELD (if any)	<u> </u>	1	2 OFFICE SOUGHT	(if known)	
				State Representa		
	1					
		GO T	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 22

13 C / OH NAME	Wilson, Erik B. (Mr.)		<b>14</b> Filer ID ( 00087769	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder.	the candidate's or office		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
				_
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 1,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 17,430.72
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 186.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 13,350.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mr	. Erik B. Wilson	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

				4 of 22
18 FILER	(Ethics Commis	sion Filers)		
	, Erik B. (Mr.)	00087769	_	
	ULE SUBTOTALS DF SCHEDULE		SUBTOTA	L AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	13,350.43
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	17,180.72
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.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	250.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/22	
2	FILER NAME Wilson, Erik			3	Filer ID (Ethics Commissi 00087769	ion Filers)
4	Date 02/19/2024	5 Full name of contributor out-of-state PAC (ID#:_ Cade, Frankie  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Houston, TX 77047  upation / Job title (See Instructions)	Employer (See Instructions     Retired	<u> </u> s)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Glenn, Eric Contributor address; City; State; Zip Code  Austin, TX 78738			Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID#:_Poindexter III, Zeb (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77004		•	Amount of Contribution (\$)	\$250.00
	Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions Self-Employed	5)		

	LOANS							SCHEDULE E
	The Instructio	n Guide explains ho	omplete this f	orm.	1		ges Schedule E: 2 Rpt: 6/22	
2	FILER NAME Wilson, Erik B. (I	Mr.)				3	Filer ID 000877	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				<u>.l</u>		\$
5	Date of loan 02/20/2024	7 Name of lender Wilson, Treina		out-of-state PA	C (ID#:		)	9 Loan Amount (\$) \$5,090.43
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate
	No	TX						11 Maturity Date
12	Principal occupation	on / Job title (See Instruction	ns)		13 Employer (See Instruction Retired	ıs)		
14	Description of Coll  X None	ateral			15 Check if personal funds w	ere c	leposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code			
20	Principal occupation	n On			21 Employer (See Instruction	ıs)		<u> </u>
	Date of loan	Name of lender		out-of-state PA	C (ID#:		)	Loan Amount (\$)
	02/20/2024	Wilson, Treina						\$4,120.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate
	No	TX						Maturity Date
	Principal occupation	on / Job title (See Instruction	ons)		Employer (See Instructions) Retired			
	Description of Coll  X None	ateral			Check if personal funds were deposited into political account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor			L			Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code			
	Principal occupation	on .			Employer (See Instruction	ıs)		l

	LOANS							SCHEDULE E
	The Instruction	n Guide explains ho	omplete this f	orm.	1		ges Schedule E: 2 Rpt: 7/22	
2	FILER NAME Wilson, Erik B. (	Mr.)					Filer ID 000877	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				<u> </u>		\$
5	Date of loan 02/21/2024	7 Name of lender Wilson, Treina		out-of-state PA	C (ID#:		)	9 Loan Amount (\$) \$640.00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate
	No	TX						11 Maturity Date
12	Principal occupation	on / Job title (See Instruction	ons)		13 Employer (See Instruction Retired	s)		
14	Description of Coll  X None	ateral			15 Check if personal funds w	ere d	eposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code			
20	Principal occupation	n I			21 Employer (See Instruction	s)		
	Date of loan	Name of lender		out-of-state PA	C (ID#:			Loan Amount (\$)
	02/23/2024	Wilson, Treina						\$3,500.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate
	No	TX						Maturity Date
Principal occupation / Job title (See Instructions) Retired				Employer (See Instructions) Retired				
	Description of Coll  X None	ateral			Check if personal funds were deposited into political account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code			
	Principal occupation	on			Employer (See Instruction	s)		•

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 8/22	Wilson, Erik B. (Mr.)		00087769
4	Date	5 Payee name		<u>'</u>
	02/05/2024	Avalon Diner		
6	Amount (\$) \$35.59	7 Payee address; City; State; Zip C	ode	
_	DUDDOCE		(h)	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	01/26/2024	Best Burger		
	Amount (\$) \$30.20	Payee address; City; State; Zip C	ode	
		TX		
	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  Lunch Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	01/29/2024	Bombshells Stafford		
	Amount (\$) \$31.25	Payee address; City; State; Zip C	ode	
		тх		
	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  Team Meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 9/22	Wilson, Erik B. (Mr.) 00087769
4	Date	5 Payee name
	01/29/2024	Chevron
6	Amount (\$) \$30.00	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2024	Chevron
	Amount (\$) \$30.01	Payee address; City; State; Zip Code  TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	Chevron
	Amount (\$) \$23.02	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
	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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/14 Rpt: 10/22	Wilson, Erik B. (Mr.) 00087769	
4	Date	5 Payee name	_
	02/05/2024	Chick-fil-A	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$12.05		
		TX	
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  Meal	
		Modi	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
_	Date	Dougo nama	=
	02/09/2024	Payee name  Costco Gas	
_			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.70		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related  Fxnense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Expense Check if Austin, TX, officeholder living expense  Gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
-	Date	Payee name	=
	02/05/2024	Dollar Tree	
			_
	Amount (\$) \$1.35	Payee address; City; State; Zip Code	
	φ1.33		
		TV	
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Supplies	
	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 Com

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

	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: 4/14 Rpt: 11/22	Wilson, Erik B. (Mr.) 00087769
4	Date	5 Payee name
	01/29/2024	First Colony
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.31	16535 Southwest Fwy
		Sugar land, TX 77479
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  Lunch meeting at First Colony Mall
		Editor friedling at 1 if 3t Goloffy Mail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/29/2024	First Colony
H	Amount (\$)	Payee address; City; State; Zip Code
	\$36.02	
		тх
	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 Meeting
		Lunch Weeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
F	Date	Payee name
	02/05/2024	HEB
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
I		

#### SCHEDULE F1

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

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

	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: 5/14 Rpt: 12/22	Wilson, Erik B. (Mr.) 00087769
4	Date	5 Payee name
	02/08/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Gas
		Cas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	02/12/2024	Hyatt Regency Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.06	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meal
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	02/06/2024	Jimmy John's
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.15	
		TX
	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  Meal
		IVICAI
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	IE .				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 6/14 Rpt: 13/22	Wilson, Er						00087769		
4	Date	<b>5</b> Payee nam	е							
	01/29/2024	Kiland Gro	up							
6	Amount (\$) \$256.25	7 Payee addr	ess; City;	State; Zip	Code					
8	PURPOSE	(a) Category	See Categories listed at the t	on of this schedule)	(b)	Description				
	OF	Event Exp		op 0: 1:10 00:101410)		_	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	, officeholder living	g expense	
						Entertainmen	nt fo	or fundraisin	g event	
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office	sought			Office h	eld	
	Date	Payee nam	е							
	02/02/2024	McDonald	'S							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code					
	\$17.50									
		TX			1					
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense			<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
						Lunch	, 17	, omeenolder niving	у схропос	
						24.101.				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office he	eld	
	Date	Payee nam	<del></del>							
	02/05/2024	McDonald								
	Amount (\$)	Payee addr		State; Zip	Code					
	\$11.98	l ayee addi	css, city,	State, Zip	Couc					
	Ψ11.90									
		TX								
	PURPOSE	(a) Category	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		erage Expense						plete Schedule T.	
	LAFENDITORE					ш	, TX	, officeholder living	g expense	
						Meal				
	Complete ONLY if direct		ficeholder name	Office	sought			Office he	eld	
1	expenditure to benefit C/OI	П								

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide	Salaries/Wa	ages/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 7/14 Rpt: 14/22	Wilson, Erik B. (Mr.)			00087769	
4	Date	Payee name				
	02/20/2024	Mrjiconnect				
6	Amount (\$) \$4,120.00	Payee address; City;	State; Zip Coo	de		
8	PURPOSE	Category (See Categories listed at the to	on of this schedule)	(b) Description		
	OF	Polling Expense	op of this schedule)		outside of Texas. Comp	olete Schedule T.
	EXPENDITURE			ш	, TX, officeholder living gn Manager mo	expense uney for poll workers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	andidate/Officeholder name	Office soug	yht	Office he	ld
	Date	Payee name				
	02/21/2024	Mrjiconnect				
	Amount (\$) \$640.00	Payee address; City;	State; Zip Coo	de		
		ТХ				
	PURPOSE OF	Category (See Categories listed at the to	op of this schedule)	(b) Description	outside of Taylor Comm	slote Cabadula T
	EXPENDITURE	Shirts		<u> </u>	outside of Texas. Comp , TX, officeholder living	
				ш		ney to have campaign
	Complete ONLY if direct expenditure to benefit C/Ol	andidate/Officeholder name	Office soug	yht	Office he	ld
	Date	Payee name				
	02/23/2024	Mrjiconnect				
	Amount (\$) \$3,500.00	Payee address; City;	State; Zip Coo	de		
		тх				
	PURPOSE OF	Category (See Categories listed at the to	op of this schedule)	(b) Description	=	
	EXPENDITURE	Consulting Expense		ш	outside of Texas. Comp , TX, officeholder living	
					gn Manager for	campaign management
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name	Office soug	yht	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 15/22	Wilson, Erik B. (Mr.)		00087769
4	Date	5 Payee name		<b>-</b>
	02/08/2024	Pappadeaux Seafood Kitchen		
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip C	Code	
	\$104.74			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,		Check if Austin, TX, officeholder living expense
				Meal with team
			1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
	Date	Payee name		
	02/02/2024	Popeyes		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$18.15			
		TX		
	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
				Meal while campaigning
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/OI		Ü	
	Date	Payee name		
	02/09/2024	Printing Stafford PIN		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$1,900.00	. 1,000 addi.000, 01.5,	, , ,	
		TX		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Printing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
	experientare to beliefft G/OI			
L				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wage The Instruction Guide explains how to comp	s/Contract Labor OTHER (enter a category not listed above)  ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 16/22	Wilson, Erik B. (Mr.)	00087769
4	Date	5 Payee name	·
	02/05/2024	Quail Valley Gof Course	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.00		
		тх	
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  Meal
			Medi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Cilide Hold
-	Date	Payee name	
	02/05/2024	Quail Valley Golf Course	
		Payee address; City; State; Zip Code	
	Amount (\$) \$22.50	Payee address, City, State, Zip Code	
	φ22.30		
		TX	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description  Check if travel outside of Taylor Complete Schodule T
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/05/2024	Quail Valley Golf Course	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.00	·	
		тх	
	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.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Meeting
	Complete ONLY If allowed	Condidate/Officeholder reves	Office held
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 17/22	Wilson, Erik B. (Mr.)	00087769
4	Date	5 Payee name	•
	02/12/2024	Randalls	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.28		
		TX	
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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Water
Ļ	0 1: 0.11.7.7.1.		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	·		
	Date	Payee name	
L	01/29/2024	Shell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.02		
l			
L		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Expense	Gas
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	01/31/2024	Shell	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00		
l		TX	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			Gas
L	0 1: 0:::::::::::::::::::::::::::::::::		0.00
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/14 Rpt: 18/22	Wilson, Erik B. (Mr.)	00087769
4	Date	5 Payee name	
	02/05/2024	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	in a special and seed of the s	
	720.00		
		TX	
Ļ	DUDDOOF		
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule)  (b) Description  Transportation Fautisment & Related	ON f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related	f Austin, TX, officeholder living expense
		Gas	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Ħ	Date	Payee name	
	02/09/2024	Shell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00		
		TX	
_	PURPOSE		nn
	OF	, , , , , , , , , , , , , , , , , , , ,	f travel outside of Texas. Complete Schedule T.
	EXPENDITURE		f Austin, TX, officeholder living expense
		Gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
	Date	Payee name	
	02/05/2024	Sonic	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.48		
		тх	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF		f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	f Austin, TX, officeholder living expense
		Meal	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Emportantial to bollont 0/01	•	
L			

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 12/14 Rpt: 19/22	Wilson, Erik B. (Mr.) 00087769
4	Date	5 Payee name
	01/29/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.36	
		TX
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  Coffee meeting
		Collect incoming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/29/2024	Starbucks
H	Amount (\$)	Payee address; City; State; Zip Code
	\$7.12	
		TX
	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  Coffee Meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/05/2024	Starbucks
H	Amount (\$)	Payee address; City; State; Zip Code
	\$8.55	
		TX
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Coffee
		Collee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
ı		

#### SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to d	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 20/22	Wilson, Erik B. (Mr.)		00087769
4	Date	5 Payee name		•
	02/20/2024	TGM Printing		
6	Amount (\$) \$5,090.43	7 Payee address; City; State; Zip C	ode	
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.  Check if Austin, TX, officeholder living expense  Printing for flyers and mailers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	02/05/2024	The Juju IIc		
	Amount (\$) \$324.75	Payee address; City; State; Zip C	ode	
		TX	•	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Catering service for meet and greet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	01/29/2024	Toulouse		
	Amount (\$) \$408.40	Payee address; City; State; Zip C	ode	
		TX		
	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  Team Meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 21/22	Wilson, Erik B. (Mr.)	00087769
4	Date	5 Payee name	
	01/29/2024	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$68.60		
L		TX	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Supplies	3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
Г	Date	Payee name	
	02/08/2024	Willie's Grill and Icehouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.90		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			, 1X, unicertainer living expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

# Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printir		g Expense ng Expense es/Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment			The Instruction Guide ex	plains how to	complete this form.		
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 22/22		Wilson, Erik	с В. (Mr.)				00087769
4	Date	5	Payee name				_	
	02/21/2024		Henderson,	Nate				
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip	Code		
	\$50.00							
	Reimbursement from							
	X political contributions intended		TX					
8	PURPOSE	(a)	Category (s	ee Categories listed at the top of	this schedule)	(b) Description	٦c	heck if travel outside of Texas. Complete Schedule T.
ľ	OF	```	Polling Exp		tillo soricuale)		=	heck if Austin, TX, officeholder living expense
	EXPENDITURE		r oming Exp	01130		Paid to poll work	<del>-</del> er	
9	Complete ONLY if direct	L Car	ndidate/Officel	holder name		Office sought		Office held
	expenditure to benefit					J .		
	C/OH							
	Date		Payee name					
	02/21/2024		TGM Printin	ng				
	Amount (\$)		Payee addre	ss; City;	State; Zip	Code		
	\$200.00							
	Reimbursement from							
	X political contributions intended		TX					
	PURPOSE		Category (S	ee Categories listed at the top of	this schedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Printing Exp	oense			С	heck if Austin, TX, officeholder living expense
						Printing		
L								
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name		Office sought		Office held
	C/OH							