CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi: 00080350		2 Total pages filed: 58
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Terry M.			Date Received
					ELECTRONICALLY FILED
	NICKNAME			CUEEN	07/15/2024
	NICKNAME	LAST Wilson		SUFFIX	01715/252-4
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	660 Parkline Drive				Receipt # Amount
Change of Address	Coorgotown TV 70626				
Charge of Address	Georgetown, TX 78626				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	Craig M.			
INAIVIE		-			
	NICKNAME	LAST		SUFFIX	
		Magerkurth			
		3			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP ⁻	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	99 Hi View Dr.	,		.,,	,
ADDRESS					
(Residence or Business)	Marble Falls, TX 78654				
	Iviaible Falls, 1X 70054				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION		
TREASURER PHONE	(512) 586-0884				
THONE					
8 REPORT		_			_
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before	election \square	Exceeded modified	Final Report (Attach C/OH-FR)
] our day belore		reporting limit] Tima report (massi o o i i i i i
9 PERIOD	Month Day Year			Month Day	Year
COVERED	02/25/2024	TH	IROUGH	06/30/202	4
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	∐ ^P	rimary	Runoff	Other
	11/05/2024	XG	eneral	Special	
				_	
11 OFFICE	OFFICE HELD (if any)	ı		12 OFFICE SOUGHT	(if known)
	State Representative Distr	ict 20 Williamso	on	State Representa	ative District 20
		00.7	TO DACE 0		
		GO 1	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 58

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 withou I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
X Additional Pages				
<u> </u>	X GENERAL	Secure Our Border Now		
		COMMITTEE ADDRESS		
	SPECIFIC	P.O. Box 341016		
		Austin, TX 78734		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Stewart, Kevin		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
		807 Brazos Street		
		Suite 401		
		Austin, TX 78701		
46 CONTRIBUTION	4 - TOTAL LINUTENA		AN DI EDOES I SANS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 67,939.69
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 143,633.14
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 286,372.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 74,149.96
17 AFFIDAVIT	<u> </u>			•
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	companying report is o be reported by me
		The Ho	norable Terry M. Wilso	on
			of Candidate or Officeho	
		Č		
AFFIX NOT	FARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

Page 3 of 58

				Fage 3 01 30
C / OH NAME	Wilson, Terry M. (The	Honorable)	Filer ID 00080350	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to so been made without the candidate's or officeholder's do to report this information only if they receive notic	knowledge or co	onsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Realtors PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd		
	🗀	Suite 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		P.O. Box 2246		
		Austin, TX 78768		
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to speen made without the candidate's or officeholder's do report this information only if they receive notic	knowledge or co	nsent. Candidates and
` ,	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Drive Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4505 Corazon Cv		
		Round Rock, TX 78681		

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				4 of 58
18 FILER NAME Wilson, Terry	y M. (The Honorable)	19 Filer ID 00080350	(Ethics Commis	sion Filers)
20 SCHEDULE S NAME OF SC			SUBTOTA	L AMOUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	61,500.00
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	6,439.69
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X S	SCHEDULE E: LOANS		\$	11,887.02
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	143,614.75
6. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	18.39
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS (O FILER	RETURNED	\$	12.84

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/58	
2	FILER NAME Wilson, Terr	y M. (The Honorable)		3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date 06/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Allen Boone Humphries Robinson LLP 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Logg	Houston, TX 77027	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_Atmos Energy Corporation PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/05/2024	Full name of contributor out-of-state PAC (ID#:_ BNSF Rail PAC Contributor address; City; State; Zip Code Fort Worth, TX 76161)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_Britton, Kathy Contributor address; City; State; Zip Code Houston, TX 77019)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Executive Cl	pation / Job title (See Instructions) hair	Employer (See Instructions Perry Homes)		
	Date 06/05/2024	Full name of contributor out-of-state PAC (ID#:_ Cammack & Strong Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/58	
2	FILER NAME Wilson, Terry	/ M. (The Honorable)			3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date 03/15/2024	Carlton, Kathryn	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Georgetown, TX 78627 pation / Job title (See Instructions)	l ₉	Employer (See Instructions)		
	Retired	pation, cop tale (eee meadoaene)		Retired	,		
	Date 03/05/2024	Full name of contributor out- Epstein, Aubrey Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu Founder	pation / Job title (See Instructions)		Employer (See Instructions 143 Darling Farms)		
	Date 03/02/2024	Fox, Todd Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Marble Falls, TX 78654 pation / Job title (See Instructions)		Employer (See Instructions)		
	Real Estate	,		Mark Fox Co. Real Esta			
	Date 03/06/2024	Fox, Todd				Amount of Contribution (\$)	\$1,000.00
	Principal occu Real Estate	pation / Job title (See Instructions) Broker		Employer (See Instructions Mark Fox Co. Real Esta			
	Date 06/05/2024	Gonzales, Larry)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Husch Blackwell Strateg		•	
	355. 44436						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/58	
2	FILER NAME Wilson, Terr	y M. (The Honorable)		3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date 06/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ HILLCO PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)	Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Harrison, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Georgetown, TX 78628 upation / Job title (See Instructions)	Employer (See Instructions			
		nal Investigator	U.S. Government	,		
	Date 04/02/2024	Full name of contributor out-of-state PAC (ID#:_ Hawley, Michelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Liberty Hill, TX 78642				
	Principal occu Partnership	ipation / Job title (See Instructions) Manager	Employer (See Instructions Build 512)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Illig, Dale Contributor address; City; State; Zip Code Georgetown, TX 78626			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_Political Action Committee of the Independent Ir Contributor address; City; State; Zip Code Austin, TX 78768	nsurance Agents of Texas		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/58
2	FILER NAME Wilson, Terr	y M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080350
4	Date 06/05/2024	Full name of contributor		7	Amount of Contribution (\$) \$500.00
_	Daine in all accord	Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 04/17/2024	Full name of contributor out-of-state PAC (ID#:_ Tenny, Doug Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions)	
	Financial Ad		UBS Financial Services	,	
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$42,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Consumer Lenders PAC Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau Agfund Contributor address; City; State; Zip Code Waco, TX 76702-2689			Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 9/58	
2	FILER NAME Wilson, Terr	y M. (The Honorable)		3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date 03/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00
_		Austin, TX 78767				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Municipal Police Association Contributor address; City; State; Zip Code Austin, TX 78752			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Architects Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions			
	- Fillelpai occu	pation 7 300 title (See Instructions)	Employer (See Instructions	,		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas and Southwestern Cattle Raisers Associa Contributor address; City; State; Zip Code Fort Worth , TX 76185-1988			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID#:_ Whitlow, Douglas Contributor address; City; State; Zip Code Georgetown, TX 78633)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 10/58
2 FILER NAME Wilson, Terr	ry M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080350
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 02/25/2024	 Full name of contributor		8 Amount of contribution (\$) In-kind contribution description \$1,954.95 Door hangers, texting service, message phone calls
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$4,133.98 Texting in support of primary campaign
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 03/12/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$100.76 Travel
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L	SCHEDULE A2
The Instruction Guide explains how to complete this f 2 FILER NAME	orm.	 1 Total pages Schedule A2: Sch: 2/2 Rpt: 11/58 3 Filer ID (Ethics Commission Filers)
Wilson, Terry M. (The Honorable)		00080350
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 05/14/2024 6 Full name of contributor out-of-state PAC (ID#: Texas Realtors PAC (TREPAC) 7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) 9 In-kind contribution description \$250.00 Advertising for fundraising event
Austin, TX 78768		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to	complete this t	orm.	1	ges Schedule E: 1 Rpt: 12/58
2	FILER NAME					(Ethics Commission Filers)
	Wilson, Terry M.	(The Honorable)			000803	
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan	7 Name of lender	out-of-state PA	AC (ID#:)	9 Loan Amount (\$)
	06/30/2024	Wilson, Terry				\$11,312.28
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No					11 Maturity Date
		Georgetown, TX 78626				
12	Principal occupation Retired	on / Job title (See Instructions)		13 Employer (See Instruc Retired	tions)	
14	Description of Coll	ateral		15 Check if personal fund	s were deposited	
	X None					(See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable		State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruc	tions)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
	06/30/2024	Wilson, Terry				\$574.74
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No					Maturity Date
		Georgetown, TX 78626				
	Principal occupation Retired	on / Job title (See Instructions)		Employer (See Instruction Retired	tions)	
	Description of Coll	ateral		Check if personal fund	s were deposited	I into political account
	X None					(See Instructions)
	GUARANTOR INFORMATION	Name of guarantor		'		Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on .		Employer (See Instruc	tions)	I
				'		

SCHEDULE F1

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: 1/44 Rpt: 13/58	Wilson, Terry M. (The Honorable)	00080350	
4	Date	Payee name		
	05/29/2024	Airtable		
6	Amount (\$) \$153.50	7 Payee address; City; State; Zip Code 799 Market St		
		San Francisco, CA 94103		
8	PURPOSE OF EXPENDITURE	Office Overficad/Nertical Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense Platform	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	04/29/2024	Airtable		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$153.50 799 Market St			
		San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE	Onice Overnedd/Nerital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense platform	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	03/29/2024	Airtable		
	Amount (\$) \$153.50	Payee address; City; State; Zip Code 799 Market St		
		San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE	Onice Overneau/Nerital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense platform	
	Complete ONLY if direct expenditure to benefit C/OF	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 Co

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

	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: 2/44 Rpt: 14/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	02/29/2024	Airtable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.50	799 Market St
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Collaboration platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-l
	Date	Payee name
	04/23/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.60	PO Box 84314
		Baton Rouge, LA 70884
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political contribution software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/09/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	PO Box 84314
	Ψ4.00	1 0 800 0 1014
		Baton Rouge, LA 70884
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation software
	Complete ONLY if direct	Condidate/Office helder no rec
	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 -Candidate/Officeholder/Political Committe

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: 3/44 Rpt: 15/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/06/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	PO Box 84314
		Baton Rouge, LA 70884
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising software
		Tunuraising Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	02/27/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.60	PO Box 84314
	φ00.00	FO B0X 04314
		Pater Paule I A 70004
		Baton Rouge, LA 70884
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/08/2024	Armbruster Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,121.85	PO Box 1413
		Round Rock, TX 78680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		Payment for consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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
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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 4/44 Rpt: 16/58	Wilson, Terry M. (The Honorable) 00080350	
4	Date	5 Payee name	
	03/14/2024	Berry Communications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44,500.00	7509 Spivey Dr	
		Austin , TX 78749	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Payment for consultant	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_	Data		_
	Date	Payee name Payee name	
	02/26/2024	Berry Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24,000.00	7509 Spivey Dr	
		Austin , TX 78749	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Payment for consultant	
		T dyment for consultant	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
-	Date	Power name	_
	05/15/2024	Payee name Buc-ee's	
	Amount (\$) \$5.68	Payee address; City; State; Zip Code 1700 State Hwy 71 East	
	Φ3.00	1700 State Hwy 71 East	
		B	
		Bastrop, TX 78602	
	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	
		Food while guest speaking with VFW posts	
	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 Committe

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/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: 5/44 Rpt: 17/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/25/2024	BuildRed LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	1108 Lavaca st
		Ste. 110 - 316
		Austin, TX 78701
8	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 Fee for providing block walkers
		ree for providing block warkers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
Г	Date	Payee name
	03/11/2024	Capitol Area Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	12500 N Interstate Hwy 35
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Boy Scouts of America
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .
	Date	Payee name
	06/05/2024	Capitol Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.89	1001 Congress Ave. #180
		Austin, TX 78701
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign meeting with consultant
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

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

	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: 6/44 Rpt: 18/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/04/2024	Chick-fil-a #02322
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.60	1325 E Whitestone Blvd
		Cedar Park, TX 78613
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 block walkers
		Breaklast for Block Walkers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	03/04/2024	Chick-fil-a #02322
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.78	1325 E Whitestone Blvd
		Cedar Park, TX 78613
	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 block walkers
		Diedkiast für block walkers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/04/2024	Payee name
		Chick-fil-a #02322
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.58	1325 E Whitestone Blvd
		Cedar Park, TX 78613
	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 block walkers
		DIEAKIASI IUI DIUCK WAIKEIS
_	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 Event Expense Fees

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		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			ense ages/Contract Labor	Tr	ravel in District ravel Out of Dis THER (enter a		
1	Total pages Schedule F1:	2 FILER NAM					3 Fi	iler ID	(Ethics Commission	Filers)
_	Sch: 7/44 Rpt: 19/58		erry M. (The Honora	able)				0080350	•	,
4	Date	5 Payee nam	ne							
	02/26/2024	Chick-fil-a	#02322							
6	Amount (\$)	7 Payee add	ress; City;	State;	Zip Cod	e				
	\$21.69	1325 E W	hitestone Blvd		·					
		Cedar Pa	rk, TX 78613							
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule) (b) Description				
	OF EXPENDITURE		erage Expense						plete Schedule T.	
						Check if Austin			j expense	
						Breakfast for	DIOCK	Walkers		
_	Opening the ONE Wife disease	0 11 - 1 - 1 - 1	er:			I- 4		O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	0	ffice soug	nt		Office he	eia	
	Date	Payee nam	ne							
	05/31/2024	Chick-fil-a	#03312							
	Amount (\$)	Payee add	ress; City;	State;	Zip Cod	e				
	\$13.20	3825 Coll	ege St							
		Beaumon	t, TX 77701							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule) (b) Description				
	OF EXPENDITURE	Food/Bev	erage Expense			<u> </u>			plete Schedule T.	
						Check if Austin				
						1 ood Wille ti	aveiii	ig out or u	iistrict	
_	Complete ONLY if direct	Candidate/O	officeholder name		ffice soug	ht		Office he	ald	
	expenditure to benefit C/O		meenolder name	O	mee soug			Office Tit	Siu	
_	Data									
	Date	Payee nam								
	05/16/2024	Chick-fil-a								
	Amount (\$)	Payee add		State;	Zip Cod	e				
	\$13.20	3825 Coll	ege St							
		Beaumon	t, TX 77701							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	b) Description				
	OF EXPENDITURE	Food/Bev	erage Expense						plete Schedule T.	
						Check if Austin				
						Lunch Wille	guest	speaking	to VFW posts	
	Complete ONLY if direct	Candidata/O	officeholder name		effico coura	ht		Office he	old.	
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	U	ffice soug	IIL		Onice ne	au	

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

e Tr /Contract Labor O

	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: 8/44 Rpt: 20/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	02/28/2024	Chick-fil-a (Leander)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.79	1205 US-183
		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.
		Constituent meeting
		Constituent meeting
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	05/13/2024	Chick-fil-a
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.20	3130 N 16th St
		Orange, TX 77630
	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
		Food while guest speaking with American Legion
		posts posts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	05/10/2024	Chick-fil-a
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.49	4053 East Fwy
	Ψ13.49	4000 Last Pwy
		Deuteure TV 77501
		Baytown, TX 77521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food while guest speaking to American Legion posts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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	Committee Legal Services Salaries/V	Wages	Contract Labor		OTHER (enter a	category not listed above)
L		The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		l	3	Filer ID	(Ethics Commission Filers)
	Sch: 9/44 Rpt: 21/58	Wilson, Terry M. (The Honorable)				00080350	
4	Date	Payee name					
	02/29/2024	City Market and Grill					
6	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$44.48	440 Del Webb Blvd Ste #200					
		Georgetown, TX 78633					
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beverage Expense		=		de of Texas. Com officeholder living	
				Lunch with ca) expense
				_a with 60		Jangii Jian	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	labt			Office he	ald
9	expenditure to benefit C/O	Candidate/Officeriolider Haffle Office Soc	ıgıll			Office ne	tiu
\vdash	Data						
	Date	Payee name					
	02/26/2024	City Market and Grill					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$12.90	440 Del Webb Blvd Ste #200					
		Georgetown, TX 78633					
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense				de of Texas. Com	
				Lunch during		officeholder living) expense
				Lunch during	DIC	ock walking	
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht			Office he	ald
	expenditure to benefit C/O	Candidate/Officerolder frame Office soci	agrit			Office file	alu .
\vdash	Data	D					
	Date	Payee name City of San Antonio Motors					
	05/28/2024	City of San Antonio Meters					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$15.00	P.O. Box 839966					
		San Antonio, TX 78283					
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of District		ш		de of Texas. Com	
	LA LIBITORE			_		officeholder living	
				Parking for R	ері	ublican Party	y of Texas convention
	0 1. 0	0 11 100 1 11	L_			- · ·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght			Office he	eia
	Orialiano to bonioni o/or						
Ec.	rms provided by Texas E	nice Commission www.athics state ty u	10				Version V// 1 0 d278aha0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 10/44 Rpt: 22/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/28/2024	City of San Antonio Meters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	P.O. Box 839966
		San Antonio, TX 78283
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for Republican Party of Texas convention
		Taking for Republican's any or restau convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	05/28/2024	Payee name City of San Antonio Meters
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.60	P.O. Box 839966
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking for Republican Party of Texas convention
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/28/2024	City of San Antonio Meters
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	P.O. Box 839966
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking for Republican Party of Texas convention
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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/Officenoider/Politica 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: 11/44 Rpt: 23/58	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	03/07/2024	Cornelius, Robert	
6	Amount (\$) \$8,500.00	7 Payee address; City; State; Zip Code 600 CONGRESS AVE FL 14 Austin, TX 78701	
8	PURPOSE		Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Blockwalking Coordinator
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/28/2024	Courtyard Marriott San Antonio	
	Amount (\$) \$208.28	Payee address; City; State; Zip Code 600 S Santa Rosa Ave San Antonio, TX 78204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel for first night during Republican Party of Texas convention
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/22/2024	Courtyard by Marriott	
	Amount (\$) \$42.73	Payee address; City; State; Zip Code 300 E 4th St	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner while at Texas Public Policy Foundation conference
	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 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 12/44 Rpt: 24/58	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	05/20/2024	Fairfield Inn	
6	Amount (\$) \$107.00	7 Payee address; City; State; Zip Code 2265 I-10	
		Beaumont, TX 77705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if trave	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		I — I — I — I	guest speaking to VFW groups
		Thosa miles	gueet open mig to 11 11 groupe
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
F	Date	Payee name	
	02/29/2024	First United Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	418 US 281	
		Marble Falls, TX 78654	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 CC3	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Wire transfe	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	05/20/2024	Floyds	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.47	2290 I-10	
L		Beaumont, TX 77707	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loutside of Tourse Complete Cabadula T
	EXPENDITURE	Tood/Develage Expense L	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		l	guest speaking to American Legion
		posts	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	н	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 13/44 Rpt: 25/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/19/2024	Frazier, Jeff (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,000.00	200 Alamo Heights Avenue
		Austin, TX 78754
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Managing advertising, fundraising, etcfor campaigr
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Georgetown Area Republican Women's PAC
	Amount (\$)	
	\$45.28	P.O. Box 393
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Contribution to GARW
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	06/05/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.43	2710 Gateway Oaks Drive
		Sacramento, CA 96833
<u> </u>	DUDDOST	I and
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email services
		Citiali Services
_	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

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 File	er ID (Ethics Commission Filers)
	Sch: 14/44 Rpt: 26/58	Wilson, Terry M. (The Honorable)	080350
4	Date	5 Payee name	
	05/06/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$84.43	2710 Gateway Oaks Drive	
		Sacramento, CA 96833	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	Texas. Complete Schedule T.
		Check if Austin, TX, office Email services	eholder living expense
		Linai services	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	Davida nama	
	04/05/2024	Payee name Google	
	Amount (\$) \$84.43	Payee address; City; State; Zip Code	
	Φ84.43	2710 Gateway Oaks Drive	
		Sacramento, CA 96833	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	Texas. Complete Schedule T. cholder living expense
		Email Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	OH	
	Date	Payee name	
	03/05/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.16		
		,	
		Sacramento, CA 96833	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	, , <u> </u>	Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, office	eholder living expense
		Email services	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought OH	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: 15/44 Rpt: 27/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	04/05/2024	Gutierrez, Weni
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,070.00	1143 Shady Lane #1214
		Austin, TX 78721
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign Blockwalking
		Campaigh Blookwalking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/05/2024	Gutierrez, Weni
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,140.00	1143 Shady Lane #1214
	41,110.00	II to Shady Earle WILLY
		Austin, TX 78721
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Blockwalking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	04/05/2024	Gutierrez, Weni
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,125.00	1143 Shady Lane #1214
		Austin, TX 78721
ı	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Blockwalking
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Blockwalking Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Blockwalking Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Blockwalking Candidate/Officeholder name Office sought Office held

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/44 Rpt: 28/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	04/05/2024	Gutierrez, Weni
6	Amount (\$) \$948.33	7 Payee address; City; State; Zip Code 1143 Shady Lane #1214
		Austin, TX 78721
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Blockwalking
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/12/2024	Highland Lakes Aggie Mom's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 549
	4200.00	1.0.23.0.0
		Marble Falls, TX 78654
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Scholarship fund
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/14/2024	Hotel Stella
	Amount (\$)	Payee address; City; State; Zip Code
	\$264.97	4100 Lake Atlas Dr
	420 1101	1200 Edito / Iddo B1
		Bryan, TX 77807
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Hotel while in town for fundraising meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/44 Rpt: 29/58	Wilson, Terry M. (The Honorable)		00080350
4	Date	5 Payee name		
L	05/28/2024	Hyatt Regency Hotel San Antonio		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$9.66	123 Losoya Street		
		Can Antonia TV 70205		
Ļ	PURPOCE	San Antonio, TX 78205	/l=\	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 oou/Develage Expense		Check if Austin, TX, officeholder living expense
				Constituent meeting
Ļ	Complete ONII V if direct	Condidate/Officeholder regre		Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	JIIL	Office held
⊨	Date	Payee name		
	04/11/2024	IHOP		
┝	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$13.27	750 S I-35		
		Georgetown, TX 78628		
	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
				Constituent meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/29/2024	IHOP		
	Amount (\$) \$12.38	Payee address; City; State; Zip Coc 750 S I-35	de	
	\$12.30	750 3 1-35		
		Georgetown, TX 78628		
┝	PURPOSE	-	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense	(-,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Meeting with constituents
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI		-	

SCHEDULE F1

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

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

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 complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/44 Rpt: 30/58	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	03/08/2024	Jones, Jenifer	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,420.00	3004 Post River Rd.	
		Cedar Park, TX 78613	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense ckwalking
		Bioc	ckwalking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		0.1100 1.010
_	Date	Payee name	
	05/15/2024	Judices	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.78	3520 Nederland Ave	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Nederland, TX 77627	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	scription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	l	Check if Austin, TX, officeholder living expense
		F00	od while guest speaking with VFW posts
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Hold
-	Date	Payee name	
	04/11/2024	Juliet Italian Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.46	701 S Main Street	
	Ψ10.40	701 O Main Office	
		Georgetown, TX 78626	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	scription
	OF	, , , , , , , , , , , , , , , , , , ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Lun	nch with staff
	Complete ONLY if direct expenditure to benefit C/OH	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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/44 Rpt: 31/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/28/2024	La Focaccia Italian
6	Amount (\$) \$92.94	7 Payee address; City; State; Zip Code 800 S Alamo Street
		San Antonio, TX 78205
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 Dinner with constituent while at Republican Party of Texas convention
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/12/2024	Lamppost Coffee
	Amount (\$) \$10.16	Payee address; City; State; Zip Code 809 S. Main St
		Georgetown, TX 78626
	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 Meeting with constituents
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/10/2024	Payee name Lamppost Coffee
	Amount (\$) \$21.34	Payee address; City; State; Zip Code 809 S. Main St
		Georgetown, TX 78626
	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 Constituent meeting
	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 20/44 Rpt: 32/58	Wilson, Terry M. (The Honorable) 00080350	
4	Date	5 Payee name	_
	04/10/2024	Lamppost Coffee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.09	809 S. Main St	
		Georgetown, TX 78626	
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 Constituent meeting	
		Constituent meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
⊨	Date	Payee name	-
	03/22/2024	Liberty Hill Independent	
┝			_
	Amount (\$) \$95.00	Payee address; City; State; Zip Code P.O. Box 204	
	Ф95.00	P.O. 60X 204	
		L'II - 4 LICH TV 700 40	
		Liberty Hill, TX 78642	
	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	
		Campaign newspaper ad	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
Г	Date	Payee name	_
	03/01/2024	Lone Star Kolaches	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.60	2500 Williams Dr	
		Georgetown, TX 78626	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Constituent meeting	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			

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: 21/44 Rpt: 33/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/29/2024	Longhorn Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.67	1005 W University Ave
		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 Meeting with constituent
		Weeting with constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	05/28/2024	Luby's San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.34	944 SE Military Dr
		San Antonio, TX 78214
	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 while at RPT convention
		Eurich while at RF1 convention
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/29/2024	Payee name
		Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.16	2695 I-10
		Beaumont, TX 77702
	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 Food while guest speaker at American Legion posts
		1 ood while guest speaker at American Legion posts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 (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: 22/44 Rpt: 34/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/29/2024	Luby's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.02	2695 I-10
		Beaumont, TX 77702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food while guest speaker at VFWs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/23/2024	Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.64	2695 I-10
	Ψ23.04	2033110
		Beaumont, TX 77702
	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
		Dinner while guest speaking to community VFWs
	Operation ONLY if allowed	Out it is to 100 as he is a second of the se
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	05/22/2024	Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.90	2695 I-10
		Beaumont, TX 77702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITURE	Check if Austin, TX, officeholder living expense
		Lunch while guest speaking with community
		American Legions.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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	l 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: 23/44 Rpt: 35/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/21/2024	Luby's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.16	2695 I-10
		Beaumont, TX 77702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Lunch while guest speaking with community VFWs.
		Lunch while guest speaking with confindintly VP Ws.
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit of or	
	Date	Payee name
	05/21/2024	Luby's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	2695 I-10
	¥•	
		Beaumont, TX 77702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Hotel while guest speaking with American Legion posts
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	05/18/2024	Marriott
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$193.84	1301 Solana Blvd Building 3
	Ψ133.04	1301 Solding Blvd Building 3
		Westlele TV 70000
L		Westlake, TX 76262
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging while at campaign strategy meetings
		Loughly while at campaigh strategy meetings
\vdash	Complete ONLY !! -!!	Condidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	parametric to solicing of or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/44 Rpt: 36/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/19/2024	Marriott
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.47	1301 Solana Blvd Building 3
		Westlake, TX 76262
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel while at campaign strategy meetings
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/28/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.31	220 Hwy 290 E
		Elgin, TX 78621
	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 during out-of-district business
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/23/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.98	102 S WW White Rd
		San Antonio, TX 78219
	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
		Dinner on way to Republican Party of Texas
		convention
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
l		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mei

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

	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: 25/44 Rpt: 37/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/21/2024	McDonald's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.66	2311 TX-62
	, , , ,	
		Overe TV 77020
Ļ		Orange, TX 77630
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
		Food while guest speaking to American Legion posts
		Toda Willio gadat apadating to 7 anondari Zagian pada
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	06/24/2024	Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.31	One Microsoft Way
		Redmond, WA 98052
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		software license
		Solution nooned
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	Para and a second secon
	Date	Payee name
L	06/24/2024	Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.53	One Microsoft Way
		Redmond, WA 98052
	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
		software license
dash	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
<u> </u>		

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

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)

Salaries/wages/Contract Labor OTHER (enter a category not listed above

	Credit Card Payment	The Instruction Guide explains how to com	plete t	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 26/44 Rpt: 38/58	Wilson, Terry M. (The Honorable)			00080350	
4	Date	5 Payee name				
	05/22/2024	Microsoft				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$135.31	One Microsoft Way				
		Redmond, WA 98052				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) De	escription		
	OF	Office Overhead/Rental Expense		Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	'		Check if Austin, TX,		expense
l			So	oftware license		
L						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt		Office he	eld
L						
	Date	Payee name				
l	05/22/2024	Microsoft				
	Amount (\$)	Payee address; City; State; Zip Code	е			
l	\$8.53	One Microsoft Way				
l						
l		Redmond, WA 98052				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) De	escription		
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid		
l] Check if Austin, TX, (Oftware License		expense
l			30	Jilware Licerise	7	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .		Office he	ald.
l	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	11.		Office fic	,iu
⊨	Data					
l	Date 04/22/2024	Payee name Microsoft				
L						
l	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$135.31	One Microsoft Way				
l						
		Redmond, WA 98052				
l	PURPOSE OF	` · · · · · · · · · · · · · · · · · · ·	b) De	escription		
l	EXPENDITURE	Office Overhead/Rental Expense	F	Check if travel outsid Check if Austin, TX, (
l			So	oftware license		САРСИЗС
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/O					
\vdash						

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	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: 27/44 Rpt: 39/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	04/22/2024	Microsoft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.53	One Microsoft Way
		Redmond, WA 98052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation software
		Donation Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Payee name
	03/22/2024	Microsoft
_	Amount (\$)	Payee address; City; State; Zip Code
	\$135.31	One Microsoft Way
	Ψ100.01	One wholosoft way
		Redmond, WA 98052
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Software license
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/22/2024	Payee name Microsoft
		1.111.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.53	One Microsoft Way
		Redmond, WA 98052
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software license
		Solivaro nochoc
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	/ - al Cor	mmittee	Legal Service				/ages	/Contract Labor		Travel Out OTHER (er		trict category not listed above)
Ļ		l -			iction Gula	e exhigins	HOW IO COI	iiibie	ete this form.	<u> </u>			(=u) · · · · · · ·
1	Total pages Schedule F1:	2								3	Filer ID		(Ethics Commission Filers)
	Sch: 28/44 Rpt: 40/58	_	Wilson, Ter	ry M. (Th	e Honora	ıble)					000803	50	
4	Date	5	Payee name	_									
L	03/04/2024	L	Minuteman	Press									
6	Amount (\$)	7	Payee addre	ss; Ci	ty;	State;	; Zip Co	de					
	\$814.55		1904 S Aus	tin Ave									
			Georgetown	n, TX 786	626								
8	PURPOSE	(a)	Category (Se			on of this sch	edule)	(b)	Description				
	OF	<u> </u>	Advertising			oi uii3 3011	caus)	• •	_ `	outsi	de of Texas.	Comp	plete Schedule T.
	EXPENDITURE			,					Check if Austin	, TX,	officeholder	living	expense
									Campaign ad	lve	rtisemen	t	
9	Complete ONLY if direct		Candidate/Offi	ceholder ı	name	C	Office sou	ght			Offic	e he	eld
	expenditure to benefit C/OI	H											
	Date		Payee name										
	03/08/2024		Monument	Cafe									
	Amount (\$)		Payee addre	ss; Ci	ty;	State;	; Zip Co	de					
	\$207.95		500 S Austi	n Ave.									
			Georgetown	n, TX 786	326								
	PURPOSE	(a)	Category (Se	ee Categories	listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Exp	ense				-				olete Schedule T.
	-								Check if Austin				
									Breakfast wit	11 C	ampaiyfi	ગાંત	11
_	Complete ONII V If allows	Ļ	Condidate 10"	000011			Office and	ak.			Ott.	0 k ·	.ld
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoider i	iaiiie	C	Office sou	ynt			Offic	e ne	eiu
		_											
	Date		Payee name										
L	05/13/2024		Murphy's La	aw									
	Amount (\$)		Payee addre	ss; Ci	ty;	State;	; Zip Co	de					
	\$81.68		107 N Main	St									
			Bryan, TX 7	7803									
	PURPOSE	(a)	Category (Se	ee Categories	listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever						ш				olete Schedule T.
	LAI LINDITORL								Check if Austin				
									Food while in	to\	wn tor fu	ndra	aising meeting
	0 1, 2, 3, 3, 5						200						
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder i	name	C	Office sou	ght			Offic	e he	eid
	experience to beliefit 6/01												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 29/44 Rpt: 41/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/25/2024	Numero 28
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.45	452 W 2nd St
		Austin, TX 78701
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
		Lunch with staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	03/15/2024	Numinous Coffee Roasters
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.60	715 Ranch Road 1431
		Marble Falls, TX 78654
	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
		Meeting with constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/06/2024	Optimus Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	181 Town Center Blvd
		Jarrell, TX 76537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Magazine advertisement
		wiagazine advertisement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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/Officenoider/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: 30/44 Rpt: 42/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/06/2024	Panda Express #2956
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.91	4512 Williams Dr
		Georgetown, TX 78628
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
		Lunch during block walking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/25/2024	Polyo's Interior Mexican Food
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.15	360 Nueces St.
	ΨΟΙ.ΙΟ	300 Nueces 3t.
		Austin, TX 78701
	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 capitol staff
		Euron wan ouplot stan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	03/04/2024	Payee name Postal Annex+
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.68	1530 Sun City Blvd, Suite 120
		Georgetown, TX 78633
	PURPOSE	
	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
		Printing campaign material
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/\	xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 31/44 Rpt: 43/58	Wilson, Te	ry M. (The Honorable)					00080350	
4	Date	5 Payee name							
	06/06/2024	Qi Austin							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$240.94	835 W 6th	St #114						
		Austin, TX	78703						
8	PURPOSE	(a) Category (s	iee Categories listed at the top of	this schedule)	(b)	Description			
	OF		rage Expense	una scriculic)	<u> </u> `´	_ ·	outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE					—		officeholder living	expense
						Lunch with st	aff		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office hel	d
	Date	Payee name							
	03/11/2024	Rae's R Ba	r and Grill						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$90.09	904 3rd St							
		Marble Fal	s, TX 78654						
	PURPOSE OF	(a) Category (S	see Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			□		de of Texas. Comp officeholder living	
						Meeting with			БАРСПЭС
						J			
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>I</u> ught			Office hel	d
	expenditure to benefit C/OI				•				
H	Date	Payee name							
	03/06/2024	Randalls							
_	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde				
	\$14.07	5721 Willia		ciaic, zip cl	Juc				
	Ψ14.07	JIZI VVIIIIQ	Di						
		Georgetow	n, TX 78633						
	PURPOSE OF	·	see Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp officeholder living	
						Water for bloc			слренов
							J V	19	
-	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l Jaht			Office hel	d
	expenditure to benefit C/O		.ccorder riadille	3.1100 300	~9·11			3.1100 1101	-

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: 32/44 Rpt: 44/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/25/2024	Residence Inn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$186.26	300 East 4th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel for Texas Public Policy Foundation Policy
		Summit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/27/2024	Ryan Data and Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,900.00	PO Box 202675
	, , , , , , , , , , , , , , , , , , , ,	
		Austin, TX 78720
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Polling for campaign
		1 oning for earripaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	03/04/2024	Seuthe, Paige
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.68	1007 South Congress Ave.
	φ030.00	-
		Apt. 341
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walking
		2.55K Training
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
	Sch: 33/44 Rpt: 45/58	Wilson, Terry M. (The Honorable) 00080350	
4	Date	5 Payee name	
	06/03/2024	Squarespace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.91	225 Varick St	
		New York, NY 10014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	·		
	Date	Payee name	
	05/03/2024	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	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	04/03/2024	Squarespace	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.91	225 Varick St	
	+33.101		
		New York, NY 10014	
L	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Website	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefft C/OI	11	

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	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: 34/44 Rpt: 46/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	03/04/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.91	225 Varick St
		New York, NY 10014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
		Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/05/2024	Star Shuttle
	Amount (\$)	Payee address; City; State; Zip Code
	\$975.00	1135 Gunter St #102
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Charter bus for constituents to travel to Capitol and
		Governor's mansion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	04/15/2024	Starbucks #70981
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.45	1890 Ranch, 1335 E Whitestone Blvd
		Cedar Park, TX 78613
	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
		constituent meeting
	Operation ONE VIII II	Overfield to 100% and all lands are seen and the seen and the seen are seen as a seen as a seen as a seen as a
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	p = 1 : 2 : 2 : 20 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 35/44 Rpt: 47/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	04/15/2024	Starbucks #70981
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.72	1890 Ranch, 1335 E Whitestone Blvd
		Cedar Park, TX 78613
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
		Constant moderny
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/23/2024	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.98	1424 E Main St
	41.00	
		Fredericksburg, TX 78624
	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 during campaign strategy meeting
		Conce during earlipaigh strategy incetting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	v
_	Data	Davies same
	Date 05/13/2024	Payee name TAMU Parking
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	322 Polo Road, Suite 350
		College Station, TX 77843
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking for campaign fundraising meeting
		r anding for earlipaigh fundraising meeting
	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 -

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: 36/44 Rpt: 48/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	06/03/2024	TXTag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.15	12719 Burnet Road
		Austin, TX 78727
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for in-district business
		Traver for in district business
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/30/2024	TXTag
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$4.35	12719 Burnet Road
		Austin, TX 78727
	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.
		Check if Austin, TX, officeholder living expense Tolls while traveling on district business
		Tolls write travelling off district business
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/20/2024	Taco Bell
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	502 State Hwy 71
	Ψ10.00	302 State Hwy 71
		Bastrop, TX 78602
	PURPOSE	
	OF	(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.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch while guest speaking to American Legion
		posts
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

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

l	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 37/44 Rpt: 49/58	Wilson, Terry M. (The Honorable)		00080350
4	Date	5 Payee name		<u> </u>
	02/27/2024	Taco Bell		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
l	\$9.62	11730 TX-29		
		Liberty Hill, TX 78642		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Constituent meeting
				3
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/26/2024	Taco Bell		
Г	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$4.97	2941 Williamson Dr.		
		Georgetown, TX 78626		
	PURPOSE OF	c , (con amagement mane top or the constant)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Constituent meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
L	expenditure to benefit C/OI	1		
	Date	Payee name		
L	02/27/2024	Texas Department of Criminal Justice		
l	Amount (\$)	Payee address; City; State; Zip Cod	de	
l	\$330.16	P.O. Box 4013		
l				
L		Huntsville, TX 77342		
l	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
l				Rocking chair for auction at Williamson County
L				Reagan Dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
L	exponential to benefit 6/01			

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 complet	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/44 Rpt: 50/58	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	05/17/2024	Texas GOP	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.00	P.O. Box 2206	
		Austin, TX 78768	
8	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.
	LAFEINDITORE		Check if Austin, TX, officeholder living expense
			Registration for Texas Republican Convention
_	Computate ONLY if direct	Condidate (Office helder news	Office heald
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	02/29/2024	The Golden Rule	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.98	606 S Church St	
		Georgetown, TX 78626	
	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 Georgetown Area Republican Women social
			Georgetown Area Nepublican Women Social
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinice field
_	Date	Davies name	
	03/07/2024	Payee name The Palomino	
	Amount (\$)	Payee address; City; State; Zip Code 305 E Morrow St	
	\$2,930.19	303 E MOITOW St	
		Georgetown, TX 78626	
	PURPOSE OF	·	Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Food expense for election watch party
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	experiantic to benefit 6/01		
	experiations to benefit 6/01		
	experiations to benefit 6/61		

SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By - Gift/

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/Officenoider/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: 39/44 Rpt: 51/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/28/2024	The Plaza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$879.20	555 S Alamo St
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel while attending Republican Party of Texas
		convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/28/2024	The Plaza
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.87	555 S Alamo St
		San Antonio, TX 78205
	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
		Meeting with constituent
		Will consulted
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	05/28/2024	The RK Culinary Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.50	4039 I-10
	Ψ0.30	4003 1-10
		San Antonio, TX 78219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch at Republican Party of Texas convention
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 40/44 Rpt: 52/58	Wilson, Terry M. (The Honorable)		00080350
4	Date	5 Payee name		-
	05/24/2024	Tom Maynard Campaign		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$2,500.00	P.O. Box 625		
		Florence, TX 76527		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Donation to Tom Maynard's Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
9	expenditure to benefit C/OI		ynı	Office field
	Date	Payee name		
	05/31/2024	Towneplace Suites		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$246.10	2700 Port Plaza Dr		
		Port Arthur, TX 77642		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Hotel while guest speaker at community American
				Legion post
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	•	3	
	Date	Payee name		
	05/24/2024	Towneplace Suites		
	Amount (\$)	Payee address; City; State; Zip Co	da	
	\$107.00	2700 Port Plaza Dr	uc	
	Ψ101.00	2700 1 011 1424 21		
		Port Arthur, TX 77642		
	DUDDOOF		/I- \	<u> </u>
	PURPOSE OF	,	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Hotel while guest speaking community VFWs
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
_				

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

	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: 41/44 Rpt: 53/58	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/23/2024	Towneplace Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$214.00	2700 Port Plaza Dr
		Port Arthur, TX 77642
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel while guest speaking to community VFWs
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_	D :	
	Date	Payee name
	05/16/2024	Towneplace Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.65	2700 Port Plaza Dr
		Port Arthur, TX 77642
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel while guest speaking to community VFW posts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	06/13/2024	Unchained Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	263 Housefinch Loop
		Leander, TX 78641
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 42/44 Rpt: 54/58	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	03/25/2024	University of Texas Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.00	University of Texas	
		Austin, TX 78712	
8	PURPOSE OF	·	escription
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L Pi	arking for Texas Public Policy Foundation
			onference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/29/2024	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.03	1360 N Main St	
		Vidor, TX 77662	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/23/2024	Whataburger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.65	1365 S Wheeler St	
		Jasper, TX 75951	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	unch during overnight trip to guest speak with
			ommunity VFWs
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	ials Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a			
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 43/44 Rpt: 55/58	Wilso	n, Terry M. (The Ho	norable)					00080350		
4	Date	5 Payee	name								
	03/01/2024	Wilco	100 PAC								
6	Amount (\$)	7 Payee	e address; City;	State	e; Zip Co	de					
	\$16,000.00	723 V	V University								
		Suite	110, Box 339								
		Georg	getown, TX 78626								
8	PURPOSE	(a) Categ	Ory (See Categories listed a	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE	Contr	ibutions/Donations N	Made By			=			plete Schedule T.	
		Cand	idate/Officeholder/P	olitical Comn	nittee		_	, TX,	officeholder living	g expense	
		ļ .					Donation				
9	Complete ONLY if direct	Candide	ate/Officeholder name		Office sou	aht aht			Office he	eld	
<u> </u>	expenditure to benefit C/O		a.c. omoenoluel Hälfle		SUU	Aur			Onice He	Ju	
	Date	1 1	name								
	03/13/2024		mson County Child								
	Amount (\$)	l	e address; City;	State	e; Zip Co	de					
	\$1,100.00	1811	SE Inner Loop								
		_									
			getown, TX 78626			_					
	PURPOSE OF		Ory (See Categories listed a		hedule)	(b)	Description	outo:	do of Toyon Com	nloto Schodulo T	
	EXPENDITURE		ibutions/Donations Nidate/Officeholder/P		nittee		=		officeholder living	plete Schedule T. g expense	
		Jana		J			Donation to C				
	Complete ONLY if direct expenditure to benefit C/Oh		ate/Officeholder name	ı	Office sou	ght			Office he	eld	
-	Date	Pavee	e name								
	06/30/2024	1 1	n, Terry								
	Amount (\$)	ļ	address; City;	State	e; Zip Co	de					
	\$11,312.28	1 1	Parkline Drive								
	,										
		Georg	getown, TX 78626								
	PURPOSE OF		Ory (See Categories listed a			(b)	Description	outo:	do of Toyen C	nloto Sahadulo T	
	EXPENDITURE	Camp	paign/official travel ir	n and out of (district		ш		officeholder living	plete Schedule T. g expense	
		ļ .					Pol. mileage.	Lo	g maintaine	d in campaign office	
							(16,884 miles	s @	.67/mile). N	lot reimbursed by state.	
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name	ı	Office sou	ght			Office he	eld	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			s Expense Printing Salaries Guide explains how to a	Expense s/Wages/Contract Labo complete this form		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 44/44 Rpt: 56/58		Wilson, Terry M. (The Hon-	orable)			00080350	,
4	Date	5	Payee name					
	03/18/2024		Zapier					
6	Amount (\$)	7	Payee address; City;	State; Zip (Code			
	\$62.50		548 Market Street					
			Suite 62411					
			San Francisco, CA 94104					
8	PURPOSE	(a)	Category (See Categories listed at	the ton of this schedule)	(b) Descriptio	n		
	OF	 `	Office Overhead/Rental Ex				ide of Texas. Com	plete Schedule T.
	EXPENDITURE				. —		, officeholder living	j expense
					Automati	ion Clo	ud Software	
L								
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ought		Office he	eld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 57/58 Wilson, Terry M. (The Honorable) 00080350 Date Payee name 05/23/2024 Parking Management Company 6 Amount (\$) Payee address; City; State; Zip Code \$18.39 306 42nd Avenue N Reimbursement from political contributions intended Nashville, TN 37209 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Parking for Texas Republican Convention Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 58/58 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wilson, Terry M. (The Honorable) 00080350 5 Name of person from whom amount is received 8 Amount (\$) 05/17/2024 Hotel Stella \$12.84 6 Address of person from whom amount is received; City; State; Zip Code Bryan, TX 77807 Purpose for which amount is received Check if political contribution returned to filer Refund for overpayment