

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087899	2 Total pages filed: 80	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Denise V.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2024
	NICKNAME	LAST Wilkerson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1808 Winewood Lane Arlington, TX 76013		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Gabriel	MI	
	NICKNAME	LAST Rivas	SUFFIX IV	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2024 Mill Creek Dr Arlington, TX 76010			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION (817) 899-4622	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 06/30/2024			
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 94	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	37,962.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	8,623.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	25,845.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,938.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Denise V. Wilkerson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Wilkerson, Denise V. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00087899
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,413.47
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,548.78
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,623.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 16.59

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/50 Rpt: 4/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Barbara	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Arlington, TX 76015		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Retired
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Syed	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Arlington, TX 76002		
Principal occupation / Job title (See Instructions) Examiner		Employer (See Instructions) Quest diagnostics
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Syed	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Arlington, TX 76002		
Principal occupation / Job title (See Instructions) Examiner		Employer (See Instructions) Examone
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anacker, Jessica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayala, Jose	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Arlington

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/50 Rpt: 5/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Sabrina	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76110		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartholomee, Russell	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Arlington ISD
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Karen	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Ponte Vedra Beach, FL 32082		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beneaetto, Hilaria	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Grapevine, TX 76051		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Carol	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/50 Rpt: 6/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethune, John M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Arlington, TX 76011	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) none
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhandari, Ranjana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76012	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jessica	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76017	
Principal occupation / Job title (See Instructions) Stay at Home mom		Employer (See Instructions) None
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booher, Stephen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denton, TX 76205	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botwinick, Lisa	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10011	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/50 Rpt: 7/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broadhead, Susan <hr/> 6 Contributor address; City; State; Zip Code Black Mountain, NC 28711	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Michele <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87506	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunker, David <hr/> Contributor address; City; State; Zip Code Worcester, MA 01605	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnam, Lon <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) State Rep
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnham, Lon Maxwell <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired State Rep		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/50 Rpt: 8/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Molly	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Lakewood, CO 80215	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C, Anne	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Douglas, MI 49406	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabasso, Jacqueline	Amount of Contribution (\$) \$34.00
	Contributor address; City; State; Zip Code Oakland, CA 94609	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Western States Legal Foundation
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, Terry	Amount of Contribution (\$) \$94.00
	Contributor address; City; State; Zip Code Bedford, TX 76021	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Roberta	Amount of Contribution (\$) \$1.06
	Contributor address; City; State; Zip Code Philadelphia, PA 19147	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/50 Rpt: 9/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Roberta	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Philadelphia, PA 19147		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Brenda	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Medford, OR 97501		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Asante Rogue
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Karen	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbin, Troy	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Happy Valley, OR 97086		
Principal occupation / Job title (See Instructions) H&S Consultant		Employer (See Instructions) NW EH&SA
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Luis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90025		
Principal occupation / Job title (See Instructions) Development		Employer (See Instructions) Museum

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/50 Rpt: 10/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer, Elinor <hr/> 6 Contributor address; City; State; Zip Code Syracuse, NY 13224	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) psychotherapist		9 Employer (See Instructions) Clinical Counseling Associates
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darling, Grace C. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darovich, Donna <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darovich, Donna <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Denise <hr/> Contributor address; City; State; Zip Code San Diego, CA 92037	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/50 Rpt: 11/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Bellingham, WA 98229		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mary	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Thornton, CO 80602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deren, Nancy	Amount of Contribution (\$) \$3.64
Contributor address; City; State; Zip Code Gainesville, FL 32653		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrough, Roger	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Weaverville, NC 28787		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/50 Rpt: 12/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disnard, Ann <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disnard, Ann <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disnard, Ann <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disnard, Ann <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Retired
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disnard, Ann <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/50 Rpt: 13/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disnard, Ann	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Arlington, TX 76012		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dohoney, Tanya	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolese, Martha	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Luling, TX 78648		
Principal occupation / Job title (See Instructions) substitute teacher		Employer (See Instructions) Luling ISD
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Self-Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Lisa	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/50 Rpt: 14/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Suzanne <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Louise <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyck, Debrah <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) real estate broker		Employer (See Instructions) self
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyck, Debrah <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/50 Rpt: 15/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelstein, Susan <hr/> 6 Contributor address; City; State; Zip Code Cary, NC 27511	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgeworth, James <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) CivicPlus
Date 04/25/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C90015025) Everytown for Gun Safety Action Fund <hr/> Contributor address; City; State; Zip Code New York, NY 10163	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eyberg, Connie J. <hr/> Contributor address; City; State; Zip Code Fairfield, IA 52556	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Maharishi University of Management
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Facio, Ana <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95825	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/50 Rpt: 16/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 01/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Natalie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Arlington, TX 76015		
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Epic
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Natalie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Epic
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Natalie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Epic
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Natalie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Epic
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Natalie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Speech Language Pathologist		Employer (See Instructions) Epic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/50 Rpt: 17/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Natalie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Arlington, TX 76015		
8 Principal occupation / Job title (See Instructions) Speech Language Pathologist		9 Employer (See Instructions) Epic
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, William	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florkowski, David R	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Baltimore, MD 21211		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamber, Russell	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Yleen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/50 Rpt: 18/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 04/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Yleen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Arlington, TX 76006		
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions) Retired
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Yleen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Retired
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Yleen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Retired
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Yleen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Retired
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Yleen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) AISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/50 Rpt: 19/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Ben	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Fort Myers, FL 33919		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Mary	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Arlington, MA 02474		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason-Wynn, Pat	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Arlington, TX 76017		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Cynthia	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Dale	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Levittown, PA 11756		
Principal occupation / Job title (See Instructions) day care licensor		Employer (See Instructions) nys ocfs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/50 Rpt: 20/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomoll, Terry	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Apopka, FL 32703		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Donna	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Montpelier, VT 05602		
Principal occupation / Job title (See Instructions) manuscript editor		Employer (See Instructions) jnspg
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Dawna	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pantego, TX 76013		
Principal occupation / Job title (See Instructions) Spa Owner		Employer (See Instructions) Self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grewell, Christine	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Silver Spring, MD 20910		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Self
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Bobbie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/50 Rpt: 21/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutfeld, Karen <hr/> 6 Contributor address; City; State; Zip Code Glendale, CA 91204	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankins, Joshua <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Green Oaks PT
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanlon, Kevin <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98685	Amount of Contribution (\$) \$1.06
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Kevin <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) SWP
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Nina <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/50 Rpt: 22/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Nina	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Arlington, TX 76016		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) self
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Chris	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Director of AMA		Employer (See Instructions) AMA
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, George	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Falls Church, VA 22043		
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) self
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillin, Jim	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90064		
Principal occupation / Job title (See Instructions) VFX Artist		Employer (See Instructions) Self
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilton Pace, Shelley	Amount of Contribution (\$) \$94.00
Contributor address; City; State; Zip Code Weatherford, TX 76085		
Principal occupation / Job title (See Instructions) writer/designer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/50 Rpt: 23/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himmel, Marilyn	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Coral Gables, FL 33134		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hissin, Sarah	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) University
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtmann, Helga	Amount of Contribution (\$) \$4.55
Contributor address; City; State; Zip Code Berkeley, CA 94703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Sarah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Walter E.	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code North Richland Hills, TX 76180		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/50 Rpt: 24/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Mark <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76010	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) jeweler		9 Employer (See Instructions) selfemployed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Susan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Megan <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Activist		Employer (See Instructions) Self
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Adnan <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Qualtrics
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutcherson, Denise <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/50 Rpt: 25/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/29/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) IBEW PAC Voluntary Fund	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Washington, DC 20001	
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions)
Date 03/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) International Brotherhood of Electrical Workers	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jabri, Nidal	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Walgreens
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jabri, Nidal Radwan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) Walgreens
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joeckel, David	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/50 Rpt: 26/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Joseph	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Colleyville, TX 76034		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Atc
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lynn	Amount of Contribution (\$) \$34.00
Contributor address; City; State; Zip Code Fort Worth, TX 76110		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jane	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Crawfordville, FL 32327		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Barbara	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code New York, NY 10025		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kauth, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code ARLINGTON, TX 76013		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Kwalu

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/50 Rpt: 27/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer, Joe	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Richmond, CA 94801		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Cleveland Heights, OH 44118		
Principal occupation / Job title (See Instructions) Game Developer		Employer (See Instructions) Question LLC
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Suzanne	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Crawford, TX 76638		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Teacher
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kersting, John	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code OLYMPIA, WA 98506		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinler, Ruth	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/50 Rpt: 28/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Stefanie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76018	
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Stefanie Klein
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koppelman, Ann S.	Amount of Contribution (\$) \$2.73
	Contributor address; City; State; Zip Code Chapel Hill, SC 27516	
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Jacob	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Knoxville, TN 37919	
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) UT
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Chester, MA 07930	
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS
Date 04/19/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 00068703) Leadership for Educational Equity - Texas	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code New York, NY 10004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/50 Rpt: 29/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 04/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leary, Pamela <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Public Servant		9 Employer (See Instructions) Tarrant County TX
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leary, Pamela <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Servant		Employer (See Instructions) Tarrant County TX
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavitt, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavitt, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Shae <hr/> Contributor address; City; State; Zip Code Malone, NY 12953	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/50 Rpt: 30/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Douglas	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Farmersburg, IA 52047		
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luce, Stephen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Catherine	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Arlington, TX 76018		
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Nys
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Franceen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Franceen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/50 Rpt: 31/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Donna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Arlington, TX 76013		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Donna Mack
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackey, Claudia	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Stockton, CA 95209		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahrouq, Sam	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) MEI
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malo, Christopher	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Larkspur, CA 94939		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Karen	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Falls Church, VA 22044		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/50 Rpt: 32/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Stephen C. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Baeley Galyen
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Jessica <hr/> Contributor address; City; State; Zip Code Graham, TX 76450	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pet care service		Employer (See Instructions) Self
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Ella <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> Contributor address; City; State; Zip Code Willow, NY 12495	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Naomi <hr/> Contributor address; City; State; Zip Code Waltham, MA 02453	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Greater Boston Legal Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/50 Rpt: 33/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza, Terry <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75015	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) State Rep		9 Employer (See Instructions) State of Texas
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Helen <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Customer Service		Employer (See Instructions) Lone Star Park
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Daniel <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, William <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) photographer		Employer (See Instructions) self
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muslim Democratic Caucus of Texas <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/50 Rpt: 34/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mytels, Deborah <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94303	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NETC Democrats <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code De Peyster, NY 13633	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Huan <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22304	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) US Navy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicol, Robert & Jane <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/50 Rpt: 35/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicolas, Daniella <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) welltower
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Ignacio (Dr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Giana <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ortiz Law Firm
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, giana <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The Ortiz Law Firm
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/50 Rpt: 36/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnacle LLC <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76010	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) LLC		9 Employer (See Instructions) real estate
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Mario <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger LLP
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plazak, David J. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Beverly <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Saic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/50 Rpt: 37/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raburn, Carol <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Retired
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raburn, Carol <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raburn, Carol <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raburn, Carol <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raburn, Carol <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/50 Rpt: 38/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raburn, Carol <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Retired
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raburn, Carol <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Andrea <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Andrea <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reasons, Jo <hr/> Contributor address; City; State; Zip Code Port Orchard, WA 98367	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/50 Rpt: 39/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Ronald	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Arlington, TX 76013		
8 Principal occupation / Job title (See Instructions) Environmental management		9 Employer (See Instructions) International Power
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Jane	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Durham, SC 27710		
Principal occupation / Job title (See Instructions) scientist		Employer (See Instructions) Duke University
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Gabriel	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Community Outreach Coordinator		Employer (See Instructions) Tarrant County
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Gabriel	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Community Outreach Coordinator		Employer (See Instructions) Tarrant County
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Gabriel	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions) Community Outreach Coordinator		Employer (See Instructions) Tarrant County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/50 Rpt: 40/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 04/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Gabriel <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76015	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Community Outreach Coordinator		9 Employer (See Instructions) Tarrant County
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Gabriel <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community Outreach Coordinator		Employer (See Instructions) Tarrant County
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Gabriel <hr/> Contributor address; City; State; Zip Code Arlington, TX 76015	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Community Outreach Coordinator		Employer (See Instructions) Tarrant County
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Gabriel <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community Outreach Coordinator, Tarrant CO.		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, David <hr/> Contributor address; City; State; Zip Code Jasper, WY 30143	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/50 Rpt: 41/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Dallas, TX 75201		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Frances	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bedford, TX 76021		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlf, Gerard	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code PITTSBURGH, PA 15235		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, William H.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Edward Jones
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruland, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78724		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Mike Ruland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/50 Rpt: 42/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruland, Michael	7 Amount of Contribution (\$) \$6.00
6 Contributor address; City; State; Zip Code Austin, TX 78724		
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Mike Ruland
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruland, Michael	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Austin, TX 78724		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Mike Ruland
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sahloul, Lien	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) International Leadership of Texas
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salem, M. Emad	Amount of Contribution (\$) \$94.00
Contributor address; City; State; Zip Code Euless, TX 76040		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Sellstate Metro Realty
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schatzman, Stacy	Amount of Contribution (\$) \$150.99
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/50 Rpt: 43/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 01/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schick, Thomas <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Deborah <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) clinical psychologist		Employer (See Instructions) self
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Skipper <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Settle, Charles <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$94.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Thompson Coe
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Julia <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/50 Rpt: 44/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 04/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Julie <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$94.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara <hr/> Contributor address; City; State; Zip Code Boxford, MA 01921	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibley, Carol <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibley, Carol <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Aftab <hr/> Contributor address; City; State; Zip Code Arlington, TX 76002	Amount of Contribution (\$) \$94.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/50 Rpt: 45/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Campaign to Elect Alis <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Campaign Fund		9 Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Sheila <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$1.06
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jason <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Jason Smith
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Julie <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Covenant Christian
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Julie <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Covenant Christian

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/50 Rpt: 46/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Sarah <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$94.00
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions) Retired
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, David <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stringer, Sara <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) Forney ISD
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers-Ables, Joy <hr/> Contributor address; City; State; Zip Code Midwest City, OK 73110	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) OUHSC
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Hisham <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/50 Rpt: 47/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tang, Serena <hr/> 6 Contributor address; City; State; Zip Code Sitka, AK 99835	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Trial Attorney		9 Employer (See Instructions) Federal Maritime Commission
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/50 Rpt: 48/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Glenda <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Glenda <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Glenda <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$94.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Lisa <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Contract Recruiter		Employer (See Instructions) Pridestaff

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/50 Rpt: 49/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	7 Amount of Contribution (\$) \$6.00
6 Contributor address; City; State; Zip Code Arlington, TX 76010		
8 Principal occupation / Job title (See Instructions) Contract Recruiter		9 Employer (See Instructions) Pridestaff
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Contract Recruiter		Employer (See Instructions) Pridestaff
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Contract Recruiter		Employer (See Instructions) Pridestaff
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Contract Recruiter		Employer (See Instructions) Pridestaff
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underkofler, Christy	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Contract Recruiter		Employer (See Instructions) Pridestaff

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/50 Rpt: 50/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Mark	7 Amount of Contribution (\$) \$94.00
6 Contributor address; City; State; Zip Code Arlington, TX 76012		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Celina	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Higher Education		Employer (See Instructions) UT Arlington
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Becky	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Prof		Employer (See Instructions) ACC
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code ARLINGTON, TX 76013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Jeff	Amount of Contribution (\$) \$94.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Arlington ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/50 Rpt: 51/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Howard	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Long Beach, CA 90815		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster, Mary E.	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesstrom, Jill	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikoff, Melina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76011		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Melina Wikoff
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Franya	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/50 Rpt: 52/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Franya <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhelm, Franya <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Dean <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) LM Aero
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Denise <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$94.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfe, katherine <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/50 Rpt: 53/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Adam <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Alan <hr/> Contributor address; City; State; Zip Code Hilo, HI 96720	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) caterer		Employer (See Instructions) self
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamorano, Wanda <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) graham, suzanne <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87107	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) von Briesen, Hans <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87501	Amount of Contribution (\$) \$1.38
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 54/80	
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/29/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie, Polancic	8 Amount of contribution (\$) \$400.00	9 In-kind contribution description Artwork for postcards & event
	7 Contributor address; City; State; Zip Code Los Angeles, CA 90064		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Artist		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Dipert	Amount of contribution (\$) \$1,122.19	In-kind contribution description Food and nonalcoholic beverages at event.
	Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) none	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Donna	Amount of contribution (\$) \$25.00	In-kind contribution description Facility Rental for event
	Contributor address; City; State; Zip Code Pantego, TX 76013		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 55/80	
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/19/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Classroom Teachers Association <hr/> 7 Contributor address; City; State; Zip Code Austin, TX 78767	8 Amount of contribution (\$) \$1.59	9 In-kind contribution description Mailing Labels <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villerreal, Jordan <hr/> Contributor address; City; State; Zip Code Denton, TX 76208	Amount of contribution (\$) \$4,000.00	In-kind contribution description Campaign Consulting - field direction, turf cutting, advice on hires <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Political Strategist		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/24 Rpt: 56/80	2	FILER NAME Wilkerson, Denise V. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087899
4	Date 04/24/2024	5	Payee name ActBlue Technical Services		
6	Amount (\$) \$25.00	7	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Muslim Democratic Caucus		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/16/2024		Payee name ActBlue Technical Services		
	Amount (\$) \$135.00		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Democratic Women's Convention fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/14/2024		Payee name ActBlue Technical Services		
	Amount (\$) \$0.99		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/24 Rpt: 57/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 01/14/2024	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$0.79	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/21/2024	Payee name ActBlue Technical Services
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Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/21/2024	Payee name ActBlue Technical Services
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Amount (\$) \$0.24	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/24 Rpt: 58/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 01/21/2024	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/21/2024	Payee name ActBlue Technical Services
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Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2024	Payee name ActBlue Technical Services
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Amount (\$) \$0.20	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/24 Rpt: 59/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/28/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/24 Rpt: 60/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/04/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2024	Payee name ActBlue Technical Services	
Amount (\$) \$1.39	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2024	Payee name ActBlue Technical Services	
Amount (\$) \$2.77	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/24 Rpt: 61/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 02/25/2024	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$4.16	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2024	Payee name ActBlue Technical Services
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Amount (\$) \$44.31	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/05/2024	Payee name ActBlue Technical Services
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Amount (\$) \$13.83	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/24 Rpt: 62/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 03/10/2024	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$7.91	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/17/2024	Payee name ActBlue Technical Services
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Amount (\$) \$3.17	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/24/2024	Payee name ActBlue Technical Services
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Amount (\$) \$23.16	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/24 Rpt: 63/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 03/31/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.20	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2024	Payee name ActBlue Technical Services	
Amount (\$) \$4.71	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2024	Payee name ActBlue Technical Services	
Amount (\$) \$13.05	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 9/24 Rpt: 64/80	2	FILER NAME Wilkerson, Denise V. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087899
4	Date 04/21/2024	5	Payee name ActBlue Technical Services		
6	Amount (\$) \$5.19	7	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/30/2024		Payee name ActBlue Technical Services		
	Amount (\$) \$137.75		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/23/2024		Payee name ActBlue Technical Services		
	Amount (\$) \$127.47		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/24 Rpt: 65/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/16/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2024	Payee name ActBlue Technical Services	
Amount (\$) \$31.22	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2024	Payee name ActBlue Technical Services	
Amount (\$) \$16.69	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/24 Rpt: 66/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 05/26/2024	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$20.96	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/19/2024	Payee name ActBlue Technical Services
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Amount (\$) \$4.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/12/2024	Payee name ActBlue Technical Services
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Amount (\$) \$5.93	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/24 Rpt: 67/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/05/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$9.88	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2024	Payee name ActBlue Technical Services	
Amount (\$) \$0.20	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Allianz Travel Insurance	
Amount (\$) \$30.75	Payee address; City; State; Zip Code 2 Mid America Plaza, Suite 200 Oakbrook Terrance, IL 60181	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance for the TDW trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/24 Rpt: 68/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 04/01/2024	5 Payee name Comark Direct	
6 Amount (\$) \$226.24	7 Payee address; City; State; Zip Code 614 Hemphill St Fort Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing business cards/flyers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Digital Marketing & Print Solutions	
Amount (\$) \$718.75	Payee address; City; State; Zip Code 3305 Wiley Post Rd Carrollton, TX 75006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name Evite	
Amount (\$) \$73.58	Payee address; City; State; Zip Code 310 East Colorado Street Glendale, CA 91205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitations to Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/24 Rpt: 69/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/10/2024	5 Payee name Facebook	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Facebook	
Amount (\$) \$1.69	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2024	Payee name Facebook	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/24 Rpt: 70/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/14/2024	5 Payee name Facebook	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name GDBH LLC	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 6110 Bay Hill Dr Arlington, TX 76018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production, Facebook & Website development
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Google	
Amount (\$) \$46.05	Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Suite
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/24 Rpt: 71/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899			
4 Date 05/01/2024	5 Payee name Google				
6 Amount (\$) \$46.05	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G Suite			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 04/01/2024	Payee name Google				
Amount (\$) \$46.05	Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G Suite			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 03/01/2024	Payee name Google				
Amount (\$) \$46.05	Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G Suite			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/24 Rpt: 72/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 02/01/2024	5 Payee name Google
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6 Amount (\$) \$46.05	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G Suite
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/02/2024	Payee name Google
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Amount (\$) \$43.02	Payee address; City; State; Zip Code 1600 Amphitheater Parkway Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G Suite
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2024	Payee name HEB Chamber of Commerce
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Amount (\$) \$403.00	Payee address; City; State; Zip Code 201 E. Martin Dr Bedford, TX 76021
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Memberships	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber of Commerce Membership
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/24 Rpt: 73/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/20/2024	5 Payee name Jay Jay Cafe	
6 Amount (\$) \$36.79	7 Payee address; City; State; Zip Code 1001 S. Bowen RD Arlington, TX 76013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense President's Day Coffee with the Candidate food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2024	Payee name Lee Candidate Services	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 25 Broadway, 12th Floor New York, NY 10004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Provides campaign guidance, website updates, messaging, coaching
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Lenier Consulting	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1321 Upland Drive PMB 19714 Houston, TX 77043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting services - messaging and events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/24 Rpt: 74/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 01/22/2024	5 Payee name Lenier Consulting
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6 Amount (\$) \$56.29	7 Payee address; City; State; Zip Code 1321 Upland Drive PMB 19714 Houston, TX 77043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse consultant for event food & beverage expenses
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/18/2024	Payee name Lenier Consulting
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1321 Upland Drive PMB 19714 Houston, TX 77043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services - help with reporting and messaging
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2024	Payee name Mail Chimp
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Amount (\$) \$63.96	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email marketing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/24 Rpt: 75/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 05/22/2024	5 Payee name Mail Chimp	
6 Amount (\$) \$63.96	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Marketing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/22/2024	Payee name Mail Chimp	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/22/2024	Payee name Mail Chimp	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/24 Rpt: 76/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/22/2024	5 Payee name Mail Chimp	
6 Amount (\$) \$63.96	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/22/2024	Payee name Mail Chimp	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/08/2024	Payee name Precision Press	
Amount (\$) \$251.14	Payee address; City; State; Zip Code 900 W Main St Arlington, TX 76013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/24 Rpt: 77/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/12/2024	5 Payee name Spring Hill Suites	
6 Amount (\$) \$168.29	7 Payee address; City; State; Zip Code 4501 S I-35 Frontage Rd Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Democratic Women's Convention
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Spring Hill Suites	
Amount (\$) \$151.71	Payee address; City; State; Zip Code 4501 S I-35 Frontage Rd Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Democratic Women's Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Square Space	
Amount (\$) \$163.74	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/24 Rpt: 78/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
4 Date 06/05/2024	5 Payee name Steelman Digital	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 17316 Shadow Hawk Ln Edmond, OK 73012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Hosting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hostin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2024	Payee name United States Postal Service	
Amount (\$) \$126.40	Payee address; City; State; Zip Code 1114 S. Bowen Road Arlington, TX 76013-2299	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2024	Payee name United States Postal Service	
Amount (\$) \$306.00	Payee address; City; State; Zip Code 1114 S. Bowen Road Arlington, TX 76013-2299	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/24 Rpt: 79/80	2 FILER NAME Wilkerson, Denise V. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087899
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4 Date 06/28/2024	5 Payee name Your Tees
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6 Amount (\$) \$155.88	7 Payee address; City; State; Zip Code 305 W. Fork Dr Arlington, TX 76013
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2024	Payee name Your Tees
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Amount (\$) \$370.22	Payee address; City; State; Zip Code 305 W. Fork Dr Arlington, TX 76013
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 80/80
2 FILER NAME Wilkerson, Denise V. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087899
4 Date 02/13/2024	5 Name of person from whom amount is received Springhill Suites	8 Amount (\$) \$16.59
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78744	
	7 Purpose for which amount is received Refund of over payment on room charges	<input type="checkbox"/> Check if political contribution returned to filer