CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00080350		2 Total pages	filed: 28
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER	The Honorable	Terry M.				
	NAME		l'ony ini			Date Received	
						ELECTRONIC	CALLY FILED
		NICKNAME	LAST		SUFFIX	10/07/2024	
			Wilson				
F				F)/.		Date Hand delivered	d or Date Postmarked
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	I/SUITE#; CI	ΙΥ;	ZIP CODE	Date Hand-delivered	of Date Postillarked
	MAILING	660 Parkline Drive				Receipt #	Amount
	ADDRESS					Receipt #	Amount
	Change of Address	Georgetown, TX 78626				Date Processed	
						Date Processed	
						Date Imaged	
						Date intageu	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER				IVII		
	NAME	Mr.	Craig M.				
		NICKNAME	LAST		SUFFIX		
			Magerkurth				
6	CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
	TREASURER	91 Stadium View DR					
	ADDRESS						
	(Residence or Business)	Markle Falle TV 70054					
		Marble Falls, TX 78654					
7	CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
Ľ	TREASURER	(512) 586-0884					
	PHONE	(312) 300-0004					
8	REPORT						
ľ	TYPE	January 15	X 30th day before	e election	Runoff	1 15th day after (campaign treasurer
							fficeholder only)
		July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)
		—			reporting limit	-	
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2024	TI	HROUGH	09/26/202	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year		Primary	Runoff	Other	
		11/05/2024					
				General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
		State Representative Dis	trict 20 Williams	on	State Representa	ative District 20	
1							
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1							
1			<u> </u>	TO PAGE 2			
L							
Fo	rms provided by Te	exas Ethics Commission	www.et	thics.state.tx.us	3	Ver	sion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Wilson, Terry M. (The	e Honorable)	14 Filer ID 00080350	(Ethics Com	nission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to sup candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowled consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures are required to report the such expension.								
X Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	X GENERAL	TREPAC							
		SPECIFIC 1115 San Jacinto Blvd							
		St. 200							
		Austin, TX 78701							
		COMMITTEE CAMPAIGN TREASURER NAME							
		Cantu, Leslie							
		COMMITTEE CAMPAIGN TREASURER ADDRES	20						
			55						
		P.O. Box 2246							
		Austin, TX 78768							
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	6)	\$	8,200.00				
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	AL EXPENDITURES		\$	34,662.59				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	259,909.50				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	74,149.96				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		The Hono	orable Terry M. Wilso	on					
			Candidate or Officeho						
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
Sworn to and subs	Sworn to and subscribed before me, by the said day								
	of, 20, to certify which, witness my hand and seal of office.								
Signature of office	cer administering	Printed name of officer administering	Title of office	er administerii	ng oath				
	ee				J				

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

				Page 3 of 28
C / OH NAME	Wilson, Terry M. (The	e Honorable)	Filer ID 00080350	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to been made without the candidate's or officeholder' d to report this information only if they receive noti	's knowledge or co	onsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Drive		
		Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
		4505 Corazon Cv		
		Round Rock, TX 78681		

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 28 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00080350 Wilson, Terry M. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 8,200.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 34,662.59 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 5/28 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Wilson, Terry M. (The Honorable) 00080350 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/11/2024 Burnet County Republican Women PAC 6 Contributor address; City; State; Zip Code Marble Falls, TX 78654 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/26/2024 Corte Jr., Frank Contributor address; City; State; Zip Code San Antonio, TX 79269 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/11/2024 Daniell, David (Mr.) Contributor address; City; State; Zip Code Florence, TX 76527-4511 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/17/2024 Griffin, Christopher (Mr.) Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor Self employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/11/2024 TARO PAC Contributor address; City; State; Zip Code Houston, TX 77057

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

\$1,000.00

\$1,000.00

\$250.00

\$500.00

\$250.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

_						
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/28		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[y M. (The Honorable)		ľ	00080350	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/11/2024	Texans for Reasonable Solutions				\$1,200.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78741-6931				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/13/2024	Texas Farm Bureau Agfund				\$1,000.00
		Contributor address; City; State; Zip Code				. ,
		Waco, TX 76702-2689				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	·					
⊨	Data	Full name of contributor out-of-state PAC (ID#:	\ \	<u> </u>	Amount of Contribution (\$)	
	Date)		Amount of Continuation (\$)	¢500.00
	07/19/2024	Texas Municipal Police Association				\$500.00
		Austin, TX 78752				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/25/2024	Texas Realtors PAC (TREPAC)				\$2,500.00
		Contributor address; City; State; Zip Code		ł		
		Commodior address, City, State, Zip Code				
		Austin, TX 78768				
	Dringing age	l	Employer (Cap Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I I						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 1/22 Rpt: 7/28		Wilson, Terry M. (The Honorable)				00080350	
4	Date 09/06/2024	5 Payee name 024 12th Man Foundation						
6	Amount (\$) \$510.00 \$510.00 College Station, TX 77841							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to support Corps of Cadets						, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	
	Date		Payee name					
	07/18/2024		600 Degrees Pizzeria					
	Amount (\$) \$39.24		Payee address; City; State; 2 124 E 8th Street	Zip Cod	e			
	PURPOSE OF EXPENDITURE	(a)	Georgetown, TX 78626 Category (See Categories listed at the top of this schedu Food/Beverage Expense	ule) (n, TX	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	
	Date		Payee name					
	07/01/2024		Airtable					
	Amount (\$) \$153.50		Payee address; City; State; 2 799 Market St	Zip Cod	e			
			San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Office Overhead/Rental Expense	ule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense atform	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Exper Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)				
_	Tatal same Oak adula E1	i					
1	Total pages Schedule F1: Sch: 2/22 Rpt: 8/28	FILER NAME Wilson, Terry M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080350 00080350				
4	Date	Payee name					
	07/29/2024	Airtable					
6	Amount (\$) \$144.00	Payee address; City; State; Zip Code 799 Market St San Francisco, CA 94103					
_	BUBBOOF						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Collaboration Platform						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/29/2024	Airtable					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$153.50	799 Market St San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. sustin, TX, officeholder living expense tion Platform				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/16/2024	Airtable					
	Amount (\$) \$9.51	Payee address; City; State; Zip Code					
	16.64	799 Market St San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		n avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense tion Platform				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhaed/Rental Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 3/22 Rpt: 9/28	Wilson, Terry M. (The Honorable)	00080350				
4	Date 07/01/2024	Payee name Berry Communications					
6	Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 7509 Spivey Dr Austin , TX 78749					
8	PURPOSE OF EXPENDITURE	Consulting Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/25/2024	City of Austin Parking					
	Amount (\$) \$3.75	Payee address; City; State; Zip Code 301 W 2nd Street Austin , TX 78701					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Fees Categories listed at the top of this schedule) Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense or meeting with Texas Realtors				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/23/2024	Cracker Barrel					
	Amount (\$) \$33.20	Payee address;City;State;Zip Code3110 Briarcrest Dr					
		Bryan, TX 77802					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Meeting				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens (ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	9
The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1: Sch: 4/22 Rpt: 10/28	2	FILER NAME Wilson, Terry M. (The Honorable)					3	Filer ID (Ethics Commission File 00080350	ers)
_	•								00000330	
4	Date 08/13/2024	5	Payee name Daybreak Rotary							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$196.31		PO Box 706							
			Marble Falls, TX 78654							
_	DUDDOOF	(-)				(1-)				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of t		edule)	(b)	Description	outoi	da of Toyac, Complete Schodule T	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political C		nittoo				de of Texas. Complete Schedule T. officeholder living expense	
			Candidate/Onicerioider/Fonicar C	UIIIII	iiiiee		Donation to F			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ght			Office held	
	Date		Payee name							
	09/19/2024		Frazier, Jeff (Mr.)							
				01-1	7: 0	-1 -				
	Amount (\$)			State;	; Zip Co	ae				
	\$325.00	\$325.00 200 Alamo Heights Avenue								
			Austin, TX 78754							
	PURPOSE	(a)	Category (See Categories listed at the top of t	this sch	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District						de of Texas. Complete Schedule T.	
									officeholder living expense	
							Per diem for	Тех	as GOP Convention for Jeff Fra	azier
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/OI									
	Date		Payee name							
	09/19/2024		Frazier, Jeff (Mr.)							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$105.86		200 Alamo Heights Avenue		· •					
			Austin, TX 78754							
	PURPOSE OF	(a)	Category (See Categories listed at the top of t	this sch	edule)	(b)	Description			
	EXPENDITURE		Travel Out of District						de of Texas. Complete Schedule T. officeholder living expense	
									Frazier for Texas GOP Convent	tion
									ay for 158 miles total * \$0.67 pe	
_			Non-didata/Offia-la-la-			au la c			· · ·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	gnt			Office held	
		-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Pinting Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Sabadula E1		3 Filer ID (Ethics Commission Filers)					
T	Total pages Schedule F1: Sch: 5/22 Rpt: 11/28	Wilson, Terry M. (The Honorable)	Filer ID (Ethics Commission Filers) 00080350					
4	Date 09/06/2024	5 Payee name Galaxy Cafe						
6	Amount (\$) \$3.89	7 Payee address; City; State; Zip Code 1000 W Lynn Street Austin, TX 78703						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent meeting							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/19/2024	Georgetown Area Republican Women's PAC						
	Amount (\$)Payee address;City;State;Zip Code\$27.78P.O. Box 393							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense ICheon					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date 09/19/2024	Payee name Georgetown Chamber of Commerce						
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 1 Chamber Way, PO Box 346						
		Georgetown, TX 78627						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense h					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	verhea Expens Expens Wage	se s/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/22 Rpt: 12/28		Wilson, Terry M. (The Honorable)					00080350	· · · · · · · · · · · · · · · · · · ·
4	Date 09/19/2024	5	Payee name Georgetown Chamber of Commerce						
6	Amount (\$)	7	Payee address; City; Stat	te; Zip C	ode				
-	\$45.00	-	1 Chamber Way, PO Box 346	.o,p o	cuc				
			Georgetown, TX 78627						
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense	oneduic)			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							officeholder living	
						Georgetown	Cha	amber Corn	erstone Series
	Operation ONUN if dive at			0.0				0.4%	-1-1
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office h	ela
	Date		Payee name						
	09/19/2024		Georgetown Chamber of Commerce						
-	Amount (\$)		Payee address; City; Sta	te; Zip C	ode				
	\$20.00		1 Chamber Way, PO Box 346						
	\$20100								
			Georgetown, TX 78627						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense						plete Schedule T.
						Check if Austin, TX, officeholder living expense July Chamber lunch			
						July Chambe	i iu	non	
⊢	Complete ONLY if direct		Candidate/Officeholder name	Office so	lught			Office h	eld
	expenditure to benefit C/OI				agin				
⊨	Date		Payee name						
	09/19/2024		Georgetown Chamber of Commerce						
	Amount (\$)		Payee address; City; Stat	te; Zip C	ode				
	\$45.00		1 Chamber Way, PO Box 346						
			Georgetown, TX 78627						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense						nplete Schedule T.
						Cornerstone		officeholder living	
						201101310110	501		1
⊢	Complete ONLY if direct		Candidate/Officeholder name	Office so	liapt			Office h	eld
	expenditure to benefit C/OI			51100 30	agiit			Childe Hi	
\vdash									

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	office Overh olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	•		• • • • •	3	Filer ID (Ethics Commission Filers)
1	Sch: 7/22 Rpt: 13/28	2	Wilson, Terry M. (The Honorable)			3	00080350
4	Date	5	Payee name				
	07/05/2024		Google				
6	Amount (\$) \$84.43	7	Payee address; City; State; Z 2710 Gateway Oaks Drive Sacramento, CA 96833	Zip Cod	e		
8	PURPOSE	(a)		(a)	b) Description		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Services						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce soug	nt		Office held
	Date		Payee name				
	08/05/2024		Google				
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e		
	\$84.43		2710 Gateway Oaks Drive Sacramento, CA 96833	-			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	le) (, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held
	Date		Payee name				
	09/05/2024		Google				
	Amount (\$) \$84.43		Payee address; City; State; Z 2710 Gateway Oaks Drive	Zip Cod	e		
			Sacramento, CA 96833				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	le) (, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transporta Food/Beverage Expense Polling Expense Travel in D By - Gift/Awards/Memorials Expense Printing Expense Travel Out	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
1	Sch: 8/22 Rpt: 14/28	Wilson, Terry M. (The Honorable) 000803	, ,
4	Date 09/19/2024	5 Payee name Grand Hyatt San Antonio Riverwalk	
6	Amount (\$) \$305.91	7 Payee address; City; State; Zip Code 600 E Market Street San Antonio, TX 78205	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas Check if Austin, TX, officeholder Hotel during Texas GOP Wornardt	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		e held
	Date	Payee name	
	09/19/2024	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.13	901 S I-35 Frontage Rd	
		Suite 101 Georgetown, TX 78626	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Check if travel outside of Texas Check if Austin, TX, officeholder Ribbon for State Flag Pr	living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e held
	Date	Payee name	
	09/09/2024	Hush & Whisper Distillery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.98	219 N Main St	
		Bryan, TX 77803	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas. Check if Austin, TX, officeholder Constituent meeting	·
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	0	e held

			EXPENDITURE CA	TEGOF	RIES FOF	R BC)X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide expension		Office Ove Polling Ex Printing Ex Salaries/W	rheac pense pense (ages)	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filers)
1	Sch: 9/22 Rpt: 15/28	2	Wilson, Terry M. (The Honorable	e)				3	00080350
4	Date	5	Payee name						
	07/18/2024		IHOP						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$13.27		750 S I-35						
			Georgetown, TX 78628						
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Complete Schedule T.
	-								officeholder living expense
							Constituent m	iee	aung
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	07/17/2024		Lamppost Coffee						
	Amount (\$)		Payee address; City;	State:	Zip Co	de			
	\$9.99		809 S. Main St	,	, _, _,				
	ψ5.55								
			Georgetown, TX 78626						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b)	Description		
	EXPENDITURE		Food/Beverage Expense						de of Texas. Complete Schedule T. officeholder living expense
							Meeting with		
							Meeting with	COI	Isutent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	07/24/2024		Lamppost Coffee						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$12.75		809 S. Main St						
			Georgetown, TX 78626						
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b)	Description		
			Food/Beverage Expense		,		Check if travel of	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE								officeholder living expense
							Constituent m	nee	ting
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held
	expenditure to benefit C/OI	H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Imittee Legal Ser	erage Expense ds/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of District	oment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID (E	Ethics Commission Filers)			
	Sch: 10/22 Rpt: 16/28		Wilson, Terry M. (1	The Honorable)				00080350	,			
4	Date 07/26/2024		Payee name Lamppost Coffee									
6	Amount (\$) 7 Payee address; City; State; Zip Code \$15.37 809 S. Main St Georgetown, TX 78626 Georgetown, TX 78626											
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description 											
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name									
	09/19/2024		Leander Area Rep	ublican Women								
	Amount (\$) Payee address; City; State; Zip Code \$25.00 P.O. Box 551											
	BUBBOCE		Leander, TX 78646									
	PURPOSE OF EXPENDITURE		Category (See Categor Food/Beverage Ex	ries listed at the top of this sch pense	nedule)		n, TX,	de of Texas. Complete officeholder living exp				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholde	r name (Office sou	jht		Office held				
	Date		Payee name									
	09/19/2024		Leander Area Rep	ublican Women								
	Amount (\$) \$21.00		Payee address; 0 P.O. Box 551	City; State	; Zip Co	de						
			Leander, TX 78646	6-0551								
	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name (Office sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards nmittee Legal Servio	age Expense /Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 11/22 Rpt: 17/28		Wilson, Terry M. (Th	e Honorable)				00080350			
4	Date	5	Payee name				1				
	09/19/2024		Leander Area Republican Women								
6	Amount (\$)	7	Payee address; C	ty; State;	Zip Co	le					
	\$10.50		P.O. Box 551								
			Leander, TX 78646-	0551							
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Exp	ense				side of Texas. Complete Schedule T.			
						September It		a, officeholder living expense			
						September it					
9	Complete <u>ONLY</u> if direct		Candidate/Officeholder	name O	office soug	ht		Office held			
ľ	expenditure to benefit C/OF				1100 0004						
	Date		Payee name								
	09/24/2024		Matthew Lidemann	Campaign							
⊢	Amount (\$)		Payee address; C	ity; State;	Zip Co	le					
	\$2,500.00		P.O. Box 1213								
	-										
			Georgetown, TX 78	627							
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Contributions/Donat					side of Texas. Complete Schedule T.			
			Candidate/Officehol	der/Political Commi	ittee	Donation	1, TX,	z, officeholder living expense			
						Donation					
⊢	Complete ONLY if direct		Candidate/Officeholder	name O	Office souc	ht		Office held			
	expenditure to benefit C/OF										
⊨	Date		Payee name								
	07/22/2024		Microsoft								
-	Amount (\$)		Payee address; C	ty; State;	Zip Co	le					
	\$8.53		One Microsoft Way		•						
			Redmond, WA 9805	2							
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Re	ntal Expense				ide of Texas. Complete Schedule T.			
								z, officeholder living expense			
						Software Lice	ens	DC			
	Complete ONIL V if direct	Ľ	Candidate/Officeholder		office cours	ht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluale/Onicenoider		office soug	li it					
L											

			EXPENDITURE C	ATEGO	RIES FOR	вС)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	rheac iense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	9	
1	Total pages Sabadula E1	1_		explains	11000 10 00.	lipic		5	Ethics Commission Fil	272)	
1	Total pages Schedule F1: Sch: 12/22 Rpt: 18/28		Wilson, Terry M. (The Honorat	ole)				3	Filer ID (Ethics Commission Fil 00080350	ers)	
4	Date	5	Payee name								
	07/22/2024		Microsoft								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de					
	\$135.31		One Microsoft Way								
			Redmond, WA 98052								
8	PURPOSE		Category (See Categories listed at the to	-f this coh	-l. d. a.)	(h)	Description				
	OF	1 ⁽¹⁾	Office Overhead/Rental Expen		nedule)	(~,	<u> </u>	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE			30					officeholder living expense		
							Software Lice	ense	e		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	ו Office sou	ght			Office held		
	Date	Γ	Payee name								
	08/22/2024		Microsoft								
	Amount (\$)	┢	Payee address; City;	State	; Zip Co						
	\$135.31			Sinc,	, <i>ב</i> וף כסי	JC					
	φτου.στ		One Microsoft Way								
			Redmond, WA 98052								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expen					de of Texas. Complete Schedule T.			
						Check if Austin, TX, officeholder living expense Software license					
							Software lice	nse	2		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held		
		—									
	Date		Payee name								
	08/22/2024		Microsoft								
	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$8.53		One Microsoft Way								
			Redmond, WA 98052								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expen	ise					de of Texas. Complete Schedule T.		
	LAFENDITORE								officeholder living expense		
							Software Lice	ense	e		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held		
	expenditure to benefit C/OI	п									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	e Expense emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
-	T-tel serve Cobadula E1	5		lion Guide Explaine .	11000 10 00.		1	Ellers ID (Ethics Commission Eilors)		
1	Total pages Schedule F1: Sch: 13/22 Rpt: 19/28		FILER NAME Wilson, Terry M. (The	Honorable)			3	Filer ID (Ethics Commission Filers) 00080350		
4	Date	5	Payee name				•			
	09/23/2024		Microsoft							
6	Amount (\$) \$8.53	7 Payee address; City; State; Zip Code 3.53 One Microsoft Way Redmond, WA 98052								
8	PURPOSE	(a)	Category (See Categories li	sted at the ton of this sche	edule)	(b) Description				
	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software License 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	.me C	Office soug	ght		Office held		
	Date		Payee name							
	09/23/2024		Microsoft							
	Amount (\$)		Payee address; City	; State;	Zip Coo	de				
	\$135.31		One Microsoft Way Redmond, WA 98052							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories li Office Overhead/Rent		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						Office held		
	Date		Payee name							
	07/19/2024		Minuteman Press							
	Amount (\$) \$358.30		Payee address; City 1904 S Austin Ave	; State;	Zip Coc	de				
			Georgetown, TX 7862	6						
	PURPOSE OF EXPENDITURE		Category (See Categories li Printing Expense	sted at the top of this sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	.me C	Office soug	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 14/22 Rpt: 20/28	Wilson, Terry M. (The Honorable)	00080350								
4	Date 09/20/2024	5 Payee name Minuteman Press									
6	Amount (\$) \$1,166.47										
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/03/2024	Monument Cafe									
	Amount (\$) Payee address; City; State; Zip Code \$84.65 500 S Austin Ave.										
		Georgetown, TX 78626									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense paign meeting								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/29/2024	North Texas Tollway Authority									
	Amount (\$) \$25.50	Payee address;City;State; Zip CodeP.O. Box 260928									
		Plano, TX 75026-0928									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense listrict								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 15/22 Rpt: 21/28	Wilson, Terry M. (The Honorable)	00080350								
4	Date 07/29/2024	Payee name North Texas Tollway Authority									
6	Amount (\$) \$110.84	7 Payee address; City; State; Zip Code \$110.84 P.O. Box 260928 Plano, TX 75026-0928									
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Toll for travel out of district										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/19/2024	Northwest Austin Republican Women									
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 9500 Eagle Knoll Drive Austin, TX 78717									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense cheon								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/25/2024	Plat Parking									
	Amount (\$) \$10.00	Payee address;City;State; Zip Code504 E 8th Street									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense neeting at Capitol Grille with constituents								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 16/22 Rpt: 22/28	Wilson, Terry M. (The Honorable)	00080350								
4	Date 09/18/2024	Payee name Qi Austin									
6	Amount (\$) \$120.68										
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/20/2024	RMA Toll Processing									
	Amount (\$) \$7.50	Payee address; City; State; Zip Code P.O. Box 734182									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rom travel out of district								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/20/2024	RMA Toll Processing									
	Amount (\$) \$17.84	Payee address;City;State;Zip CodeP.O. Box 734182									
		Dallas, TX 75373-4182									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense TR TRAVEL OUT OF district								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbu Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this f	xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/22 Rpt: 23/28	Wilson, Terry M. (The Honorable)	00080350
4	Date 08/19/2024	Payee name Residence Inn (College Station)	
6	Amount (\$) \$181.73	Payee address; City; State; Zip Code 720 University Dr E College Station, TX 77840	
8	PURPOSE OF EXPENDITURE	Have out of District	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense expense for meetings in College Station (DOD tment and rentention, BCDC)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/19/2024	Sirloin Stockade	
	Amount (\$) \$27.58	Payee address; City; State; Zip Code 1723 N Interstate Hwy 35	
	PURPOSE OF EXPENDITURE		ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense Republican Leaders meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/19/2024	Sirloin Stockade	
	Amount (\$) \$17.00	Payee address;City;State;Zip Code1723 N Interstate Hwy 35	
		Round Rock, TX 78664	
	PURPOSE OF EXPENDITURE		ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense nson County Republican Women luncheon
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATI	EGOR	RIES FOR	BC)X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /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 exp	lains h	now to cor	nple	te this form.		
1	Total pages Schedule F1:	2							
	Sch: 18/22 Rpt: 24/28		Wilson, Terry M. (The Honorable)						00080350
4	Date	5	Payee name						
	07/03/2024		Squarespace						
6	Amount (\$)	7	Payee address; City; S	State;	Zip Co	de			
	\$30.91		225 Varick St						
			New York, NY 10014						
•	DUDDOSE	(0)				(h)	<u> </u>		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of the Category Categories listed at the top of the Category Categor	his sche	edule)	(u)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense						officeholder living expense
							Website		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0)ffice sou	ght			Office held
	Date		Payee name						
	08/05/2024		Squarespace						
	Amount (\$)		· ·	State:	Zip Co	do			
	\$50.00		225 Varick St	State,		ue			
	\$50.00		225 VAIICK St						
			New York, NY 10014						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Office Overhead/Rental Expense	his sche	edule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	0)ffice sou	ght			Office held
	Date		Payee name						
	09/03/2024		Squarespace						
	Amount (\$)		Payee address; City; S	State:	Zip Co	de			
	\$30.91		225 Varick St	,					
	\$00101								
			New York, NY 10014						
	PURPOSE	(a)	Category (See Categories listed at the top of t	his sche	edule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T. officeholder living expense
-	Complete ONLY if direct	<u>_</u>	Candidate/Officeholder name	0	office soug	nht			Office held
	expenditure to benefit C/OI			0	mee soul	JIIL			

				EXPENDITUR	RE CATEGO	RIES FOR	BC	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exper Sift/Awards/Memorials Legal Services	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	se s/Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
	Tatal same Oshadula Et.			The Instruction Guide explains how to complete this form.						File ID		
1	Total pages Schedule F1:		FILER NAME								Commission Filers)	
	Sch: 19/22 Rpt: 25/28			/ M. (The Hone	orable)					00080350		
4	Date	5	Payee name	e name								
	08/05/2024		Starbucks (F	RAFB)								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$8.90 630 3rd Street W Randolph Air Force Base, TX 78150												
•	DUDDOSE						(h)	Description				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Coffee meeting with Randolph AFB reps re: discussion on increasing recruitment and reter							reps re:					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	07/24/2024		Sweetwaters	Coffee and T	ea							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$8.74		316 W 12th Austin, TX 7									
	PURPOSE OF EXPENDITURE		Category _{(Se} Food/Bevera	e Categories listed at Ige Expense	the top of this sch	nedule)	(b)		, TX,	de of Texas. Com officeholder living ting		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	07/29/2024		TXTag									
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$2.30		12719 Burne	et Road								
			Austin, TX 7	8727								
	PURPOSE OF EXPENDITURE		Category _{(Se} Travel In Dis	e Categories listed at trict	the top of this sch	nedule)	(b)		, TX,	de of Texas. Com officeholder living events		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	eholder name	0	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)			
	Sch: 20/22 Rpt: 26/28		Wilson, Terry M. (The Honorable)					00080350			
4	Date 07/29/2024		Payee name IXTag								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$3.17 12719 Burnet Road Austin, TX 78727										
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel to constituent events/meetings 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)ffice souç	yht		Office held			
	Date	F	Payee name								
	09/18/2024	-	TXTag								
	Amount (\$) \$6.38		Payee address; City; L2719 Burnet Road Austin, TX 78727	State;	Zip Coo	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Fravel In District	this sche	edule)	Check if Austin	η, TX,	ide of Texas. Complete Schedule T. , officeholder living expense on district business			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ght		Office held			
	Date		Payee name								
	08/19/2024		Taco Casa								
	Amount (\$) \$8.64		Payee address; City; 616 N Earl Rudder Fwy	State;	Zip Coo	de					
		1	oryan, TX 77802								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	this sche	edule)	Check if Austin	п, ТХ, trav	ide of Texas. Complete Schedule T. , officeholder living expense /el to College Station for meetings ncellor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	Jht		Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political of Credit Card Payment			Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expens Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			d/Rental Expense e e /Contract Labor		Iraising Expense quipment & Related Expense strict category not listed above)		
1	Total pages Schedule F1:	2								(Ethics Commission Filers)
	Sch: 21/22 Rpt: 27/28	Wilson, Terry M. (The Honorable)						00080350		
4	Date 08/19/2024	5 Payee name Taco Casa								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$13.16	616 N Earl Rudder Fwy								
		Bryan, TX 77802								
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense							plete Schedule T.
							Check if Austin, TX, officeholder living expense Food during travel to College Station for meetings with TAMU president			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						əld		
	Date		Payee name							
	07/10/2024		Texas Chili Parlor							
	Amount (\$)	Amount (\$) Payee address; City; State; Zip Code								
	\$57.17		1409 Lavaca Street		•					
			Austin, TX 78701							
PURPOSE OF EXPENDITURE			(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel ou Check if Austin, T Lunch with sta					, TX,		plete Schedule T. g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office sought						Office he	eld
_	Date Payee name									
08/05/2024 Town Square Publications										
Amount (\$) Payee address; City; State; Zip Code										
\$50.00 P.O. Box 3078										
		Olathe, KS 66063								
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description			
	EXPENDITURE		Advertising Expense					, тх,	officeholder living	
-	Complete ONLY if direct	L(andidate/Officeholder name	C	Office sou	ight			Office he	eld
expenditure to benefit C/OH										

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense L Fees C Food/Beverage Expense P y - Gift/Awards/Memorials Expense P			ent/Reimbursement ad/Rental Expense se s/Contract Labor ete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			· ·		3	Filer ID (Ethics Commission Filers)		
-	Sch: 22/22 Rpt: 28/28	-	Wilson, Terry M. (The Honorable)					00080350		
4	Date 07/05/2024	5 Payee name Virginia's on the Bay								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$678.40	815 Trout Street								
		Port Aransas, TX 78373								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Food for func				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI									
	Date		Payee name							
	09/10/2024 Williamson County Child Advocacy Center									
	Amount (\$) Payee address; City; State; Zip Code									
	\$500.00 1811 SE Inner Loop									
		Georgetown, TX 78626								
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
EXPENDITURE								el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
			Candidate/Officeholder/Political Committee			Dontation				
						Domation				
_	Complete ONLY if direct		Candidate/Officeholder name	Offico s				Office held		
expenditure to benefit C/O										
_	Data	_								
Date Payee name										
09/19/2024 WoodSpring Suites San Antonio										
Amount (\$) Payee address; City; State; Zip Code										
	\$568.57		13598 I-35							
	San Antonio, TX 78233									
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District	,				ide of Texas. Complete Schedule T.		
	EXFENDITORE							, officeholder living expense		
						Hotel for Jeff	Fra	azier during Texas GOP Convention		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ought			Office held		