# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl		1 Filer ID (Ethics Comm 00086218		2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Teresa S.			Date Received  ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/08/2025
	Terri	Wilson			
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 29 Pirates Bch W	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
ADDRESS					·
Change of Address	Galveston, TX 77554				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<del></del>
TREASURER NAME	Mr.	David M.			
	NICKNAME	LAST	••••••	SUFFIX	
	Dave	Wilson			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; STATE; ZIP CODE
TREASURER ADDRESS	4219 Silver Reef				
(Residence or Business)	29 Pirates Bch W				
	Galveston, TX 77554				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	XTENSION		
TREASURER PHONE	(580) 749-9020				
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
	X July 15	8th day before e	alection $\square$	Exceeded modified	appointment (officeholder only)  Final Report (Attach C/OH-FR)
		our day before e		reporting limit	Tima Report (Madeir Greiff Fry
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2025	ТН	ROUGH	06/30/20	25
10 ELECTION	ELECTION DATE			ELECTION TYPE	_
	Month Day Year	l LIP	rimary	Runoff	Other
		G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGH	T (if known)
	State Representative Distr	rict 23			
				1	
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## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Wilson, Teresa S. (T	ne Honorable)	<b>14</b> Filer ID 00086218	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been ma officeholders are required to report this	de without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (O ES OF LOANS, OR CONTRIBUTIONS (		\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 8,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC		<b>\$</b> 17,911.10	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 65,526.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 40,000.00
<b>17</b> AFFIDAVIT			nder penalty of perjury, that the ac l includes all information required t tion Code.	
			The Honorable Teresa S. Wils	son
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal o	f office.	
Signature of office	cer administering	Printed name of officer administer	ing Title of office	r administering oath

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

## FORM C/OH COVER SHEET PG 3

	COVER SHEET PG 3 3 of 24
18 FILER NAME19 Filer IDWilson, Teresa S. (The Honorable)000862	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,750.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,911.10
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$</b> 13.37

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/24	
2	FILER NAME Wilson, Tere	esa S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00086218
4	Date 06/30/2025	Full name of contributor	)	7	Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$250.00
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	;) 	
	Timolpai oooc	pation / out the (eee motions)	Employer (Goo moradores	,, 	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,000.00
		Austin, TX 78701			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard W.  Contributor address; City; State; Zip Code  Houston, TX 77027			Amount of Contribution (\$) \$2,500.00
	Principal occu Real Estate	upation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u> 	

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/18 Rpt: 5/24	Wilson, Teresa S. (The Honorable) 00086218
4	Date	5 Payee name
	03/13/2025	Access Valet Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	
		Austin, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Parking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Parking
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	02/19/2025	Albrecht, Maggie
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	775 Marlin Street
	Ψ20.00	The maintenance
		Bayou Vista, TX 77563
┝	PURPOSE	· •
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Event Expense
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit G/OI	
	Date	Payee name
	03/14/2025	Albrecht, Maggie
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	775 Marlin Street
		Bayou Vista, TX 77563
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Event Expense
		Event Expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

OF EXPENDITURE  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Expense		Credit Card Payment	The Instruction Guide explains how to complete this form.
Date   O4/04/2025   5   Payee name   Albrecht, Maggie   7   Payee address; City; State; Zip Code   775 Marlin Street   Bayou Vista, TX 77563     Check if sevel outside of Texas, Complete Schedule T.   Check if sevel outside of Texas, Complete Schedule T.   Check if sevel outside of Texas, Complete Schedule T.   Check if sevel outside of Texas, Complete Schedule T.   Check if sevel outside of Texas, Complete Schedule T.   Check if sevel outside of Texas, Complete Schedule T.   Check if Austin, TX, officeholder Inving expense   Event Expense   Check if Schedule T.   C	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Amount (\$)  PURPOSE OF EXPENDITURE  (A) Category Abrecht, Maggie  Candidate/Officeholder name Office sought  Abrecht, Maggie  Amount (\$)  Purpose Abrecht, Maggie  Amount (\$)  Payee name Albrecht, Maggie  Amount (\$)  Purpose OF EXPENDITURE  (A) Category (See Categories istated at the top of this schedule)  Date O4/15/2025  Abrecht, Maggie  Amount (\$)  Payee name Albrecht, Maggie  Amount (\$)  Payee address; City; State; Zip Code  Fayenoliture to benefit CiOH  Candidate/Officeholder name Office sought  Office held  Office h		Sch: 2/18 Rpt: 6/24	Wilson, Teresa S. (The Honorable) 00086218
Amount (\$)  PURPOSE OF EXPENDITURE  (A) Category Abrecht, Maggie  Candidate/Officeholder name Office sought  Abrecht, Maggie  Amount (\$)  Purpose Abrecht, Maggie  Amount (\$)  Payee name Albrecht, Maggie  Amount (\$)  Purpose OF EXPENDITURE  (A) Category (See Categories istated at the top of this schedule)  Date O4/15/2025  Abrecht, Maggie  Amount (\$)  Payee name Albrecht, Maggie  Amount (\$)  Payee address; City; State; Zip Code  Fayenoliture to benefit CiOH  Candidate/Officeholder name Office sought  Office held  Office h	4	Date	5 Payee name
\$20.00 775 Marlin Street  Bayou Vista, TX 77563  8 PURPOSE OF EVENT Expense  (a) Category (See Categories listed at the top of this schedule)  Posset if Justin, TX, officientider living expense Event Expense  Candidate/Officeholder name  Office sought  Office held office held  Payee name  Albrecht, Maggie  Amount (s)  Payee address: City; State; Zip Code  775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Candidate/Officeholder name  Office sought  Office held  Candidate/Officeholder name  Office sought  Officeholder of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  Officeholder towng expense		04/04/2025	
Bayou Vista, TX 77563  8  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)	6	Amount (\$)	7 Payee address; City; State; Zip Code
Complete QNLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Candidate/Officeholder name   Office sought   Candidate/Officeholder name   Office sought   Office held		\$20.00	775 Marlin Street
Category   See Categories listed at the top of this schedule   Event Expense			
Check if travel outside of Texas. Complete Schedule T.   Check if Austin. TX. officeholder living expense			Bayou Vista, TX 77563
Check if Austin, Tx, officeholder it is schedule	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
9 Complete QNLY if direct expenditure to benefit C/OH  Date			
9 Complete ONLY if direct expenditure to benefit C/OH  Date O4/15/2025		EXPENDITURE	
Date O4/15/2025			Event Expense
Date O4/15/2025	_	0 1: 0.11.7.7.1.	
Amount (\$) Payee address; City; State; Zip Code 775 Marlin Street Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  Complete ONLY if direct expenditure to benefit C/OH  Date O5/29/2025  Albrecht, Maggie  Amount (\$) Payee name 05/29/2025  Albrecht, Maggie  Amount (\$) Payee address; City; State; Zip Code 775 Marlin Street  Bayou Vista, TX 77563  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Bayou Vista, TX 77563  Purpose OF Expense  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description Check if Austin, TX, officeholder of Event Expense	9		
Amount (\$) Payee address; City; State; Zip Code 775 Marlin Street Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  Complete ONLY if direct expenditure to benefit C/OH  Date O5/29/2025  Albrecht, Maggie  Amount (\$) Payee name 05/29/2025  Albrecht, Maggie  Amount (\$) Payee address; City; State; Zip Code 775 Marlin Street  Bayou Vista, TX 77563  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Bayou Vista, TX 77563  Purpose OF Expense  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description Check if Austin, TX, officeholder of Event Expense		·	
Amount (\$) Payee address; City; State; Zip Code    Purpose			
### Sabout Vista, TX 77563    Purpose OF EXPENDITURE			
Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Date 05/29/2025  Amount (\$) Payee name Albrecht, Maggie  Amount (\$) Payee address; City; State; Zip Code \$81.80  Payee address; City; State; Zip Code  \$81.80  Purpose OF Expenditure  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Expense  Candidate/Officeholder name  Office sought  Office held  Payee name  Albrecht, Maggie  Amount (\$)  Payee address; City; State; Zip Code  \$81.80  Payee address; City; State; Zip Code  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		\$35.00	775 Marlin Street
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Expense  Candidate/Officeholder name  Office sought  Office held  Payee name  Albrecht, Maggie  Amount (\$)  Payee address; City; State; Zip Code  \$81.80  Payee address; City; State; Zip Code  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense			Bayou Vista, TX 77563
EXPENDITURE  EVENT Expense  Complete ONLY if direct expenditure to benefit C/OH  Date  05/29/2025  Amount (\$)  Payee address; City; State; Zip Code  775 Marlin Street  Bayou Vista, TX 77563  PURPOSE  OF  EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  EVENT Expense  Check if Austin, TX, officeholder living expense  Event Expense  Office sought  Office held  Office held  Office held  Office held  (b) Description  Check if Austin, TX, officeholder living expense  (b) Description  Check if Austin, TX, officeholder living expense			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 05/29/2025 Albrecht, Maggie  Amount (\$) Payee address; City; State; Zip Code 775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense    Candidate/Officeholder name			Livelit Expense
Complete ONLY if direct expenditure to benefit C/OH  Date 05/29/2025  Albrecht, Maggie  Amount (\$)  Payee address; City; State; Zip Code 775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  Office sought Office held  Office held  Office held  Office held  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Date 05/29/2025 Albrecht, Maggie  Amount (\$) Payee address; City; State; Zip Code 775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, Officeholder living expense			Event Expense
Date Payee name 05/29/2025 Albrecht, Maggie  Amount (\$) Payee address; City; State; Zip Code 775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Amount (\$)  Payee address; City; State; Zip Code  775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  Albrecht, Maggie  Payee address; City; State; Zip Code  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Amount (\$)  Payee address; City; State; Zip Code  775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  Albrecht, Maggie  Payee address; City; State; Zip Code  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Date	Payae name
Amount (\$) Payee address; City; State; Zip Code  775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
\$81.80 775 Marlin Street  Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Bayou Vista, TX 77563  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		<b>402.00</b>	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Bayou Vista TX 77563
OF EXPENDITURE  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		DUDDOCE	· ·
EXPENDITURE Check if Austin, TX, officeholder living expense			
Event Expense		EXPENDITURE	L Event Expense
			Event Expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			<b>U</b>
expenditure to benefit C/OH		expenditure to benefit C/OI	<u> </u>

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 7/24	Wilson, Teresa S. (The Honorable)		00086218
4	Date	5 Payee name		•
	02/09/2025	American Legislative Exchange Council		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$200.00	2900 Crystal Drive		
		#6		
		Arlington, VA 22202		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE			Check if Austin, TX, officeholder living expense  Membership Fee
				Membership Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O		,	Cince Hold
-	Date	Payee name		
	01/29/2025	Austin City Hall Parking		
-	Amount (\$)	Payee address; City; State; Zip Cod	de.	
	\$18.00	301 W. 2nd Street		
	Ψ10.00	SOT W. Zha Shest		
		Austin, TX 78701		
-	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Parking Fee	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Talking Fee		Check if Austin, TX, officeholder living expense
				Parking Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	01/16/2025	Best Western - Aiden		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$270.00	2200 South I H 35		
		Austin, TX 78704		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Lodging		Check if travel outside of Texas. Complete Schedule T.    X   Check if Austin, TX, officeholder living expense
				In-Session Hotel Expense
				·
Н	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O			

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manne Coloradula 54	
1	Total pages Schedule F1: Sch: 4/18 Rpt: 8/24	2 FILER NAME Wilson, Teresa S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086218
4	Date	5 Payee name
ľ	01/28/2025	Best Western - Aiden
	01/20/2023	Dest Western - Aluen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	2200 South I H 35
		Austin, TX 78704
		1
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		In-Session Hotel Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
$\vdash$	Date	Davies name
		Payee name
	02/13/2025	Best Western - Aiden
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	2200 South I H 35
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		In-Session Hotel Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/24/2025	Best Western - Aiden
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	2200 South I H 35
		Austin, TX 78704
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Lodging  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	TX Check if Austin, TX, officeholder living expense
		In-Session Hotel Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com		Legal Service				ages.	e /Contract Labor ete this form.		Travel O OTHER		strict category not listed above)	
_	Total manage Calcadate 54	1			Juliue	-Apidino I	.51. 10 001			1~	File - ID		(Ethiop Commission 5	iloro)
	Total pages Schedule F1:	ı			la a I I · ·	-1-1-1				3			(Ethics Commission F	ners)
	Sch: 5/18 Rpt: 9/24		Wilson, Tere	esa S. (I	ne Honor	abie)					00086	218		
4	Date	5	Payee name											
	02/28/2025		Best Wester	rn - Aider	l									
6	Amount (\$)	7	Payee addres	ss; Cit	<b>/</b> ;	State;	Zip Co	de						
	\$270.00		2200 South	I H 35										
			Austin, TX 7	797∩ <i>/</i>										
<u>_</u>	DUDDOS-	-					i	<i>(</i> 1-)						
8	PURPOSE OF		Category (Se	e Categories	listed at the to	p of this sche	edule)	(b)	Description	a	ide of T-		oloto Cobodul- T	
	EXPENDITURE		Lodging						Check if travel  X Check if Austin				plete Schedule T.	
									In-Session H				poco	
9	Complete ONLY if direct		andidate/Offic	caholdor n	ame		Office soud	aht			Of	fice he	7ld	
"	expenditure to benefit C/O		anuiuale/UIII	cendidel II	ane	U	mice SOU(	yııı			Oli	iice IIE	au	
_		_												
	Date	l	Payee name											
L	03/10/2025	L	Best Wester	rn - Aider	<u> </u>									
	Amount (\$)		Payee addres	ss; Cit	<b>/</b> ;	State;	Zip Co	de						
	\$360.00		2200 South	I H 35										
			Austin, TX 7	'8704										
_	PURPOSE	├				****	1	(h)	Description					
	OF		Category <sub>(Se</sub>	ee Categories	listed at the to	p of this sche	edule)	(12)	_	outsi	ide of Texa	as. Com	plete Schedule T.	
	EXPENDITURE		Lodging						X Check if Austin					
									In-Session H					
$\vdash$	Complete ONLY if direct	C	andidate/Offic	ceholder n	ame	0	Office sou	ght			Of	fice he	eld	
	expenditure to benefit C/O	Н					•	-						
H	Date		Dayoo nama											
	03/14/2025	ı	Payee name Best Weste	rn - Aiden	ı									
		_												
	Amount (\$)	ı	Payee addres		<b>y</b> ;	State;	Zip Co	de						
	\$270.00		2200 South	I H 35										
			Austin, TX 7	'8704										
	PURPOSE	(a)	Category (Se	e Categories	listed at the to	p of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Lodging	<u> </u>			´		Check if travel				plete Schedule T.	
	EVENDLICKE		- <del>-</del>						X Check if Austin				expense	
									In-Session H	ote	I Exper	ıse		
	Complete ONLY if direct		andidate/Offi	ceholder n	ame	0	office sou	ght			Of	fice he	eld	
	expenditure to benefit C/OI	H												

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 10/24	Wilson, Teresa S. (The Honorable) 00086218
4	Date	5 Payee name
	03/21/2025	Best Western - Aiden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.00	2200 South I H 35
	!	
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
	!	In-Session Hotel Expense
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/28/2025	Best Western - Aiden
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	2200 South I H 35
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	In-Session Hotel Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  In-Session Hotel Expense
	!	III-3633IOTI TOTAL EXPANSA
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/04/2025	Best Western - Aiden
	Amount (\$)	Payee address; City; State; Zip Code
	\$469.00	2200 South I H 35
	!	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	In-Session Hotel Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
	!	In-Session Hotel Expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit over	

#### SCHEDULE F1

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

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

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

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#### SCHEDULE F1

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

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

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

The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	ers)
L 0.15 0/40 D.1 40/04 L 14/15 - T 0 (Th. 11	
Sch: 8/18 Rpt: 12/24 Wilson, Teresa S. (The Honorable) 00086218	
4 Date 5 Payee name	
04/18/2025 Best Western - Aiden	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$275.40 2200 South I H 35	
Austin, TX 78704	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF In-Session Hotel Expense Check if travel outside of Texas. Complete Schedule T.	
X Check if Austin, 1X, officeholder living expense	
In-Session Hotel Expense	
<b>9</b> Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experience to benefit 6/011	
Date Payee name	
05/05/2025 Best Western - Aiden	
Amount (\$) Payee address; City; State; Zip Code	
\$1,159.74 2200 South I H 35	
Austin, TX 78704	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas Complete Schedule I	
In-Session Hotel Expense	
X   Check if Austin, TX, officeholder living expense   In-Session Hotel Expense	
III-Session Floter Expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
05/05/2025 Best Western - Aiden	
Amount (\$) Payee address; City; State; Zip Code	
\$91.80   2200 South I H 35	
Austin, TX 78704	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas	
EXPENDITURE In-Session Hotel Expense	
X   Check if Austin, TX, officeholder living expense   In-Session Hotel Expense	
III-Session Floter Expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Tatal as a second of Education Education		- \			
1	Total pages Schedule F1: Sch: 9/18 Rpt: 13/24	2 FILER NAME Wilson, Teresa S. (The Honorable) 3 Filer ID (Ethics Commission Filers 00086218	5)			
4	Date	5 Payee name				
	05/19/2025	Best Western - Aiden				
6	Amount (\$) \$91.80	7 Payee address; City; State; Zip Code 2200 South I H 35				
		Austin, TX 78704				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	In-Session Hotel Expense				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		In-Session Hotel Expense				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	05/19/2025	Best Western - Aiden				
_						
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,067.94	2200 South I H 35				
		Austin, TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		In-Session Hotel Expense				
	2/11/21/01/12	X Check if Austin, TX, officeholder living expense				
	In-Session Hotel Expense					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	06/02/2025	Best Western - Aiden				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,048.56	2200 South I H 35				
		Austin, TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	In-session Hotel				
	LAFLINDITORL	Check if Austin, TX, officeholder living expense				
		In-session Hotel				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	· · · · · · · · · · · · · · · · · · ·					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 14/24	Wilson, Teresa S. (The Honorable) 00086218
4	Date	5 Payee name
	06/03/2025	Best Western - Aiden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$314.16	2200 South I H 35
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	In-session Hotel  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		In-session Hotel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/17/2025	Clear Creek Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 2171
	Ψ20.00	1 0 50% 2171
		League City, TX 77574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Membership fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	03/03/2025	Clear Creek Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 2171
	<b>7</b> 200.00	. 6 - 5 / 2 - 5
		League City, TX 77574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Sponsorship
		Everit Sporisorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/18 Rpt: 15/24	Wilson, Teresa S. (The Honorable) 00086218
4	Date	5 Payee name
	01/07/2025	Edinburgh, Paul
6	Amount (\$) \$120.00	7 Payee address; City; State; Zip Code
		Santa Fe, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Tyra Ranch Event Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	Embassy Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	300 South Congress Avenue
	,	and a state of the
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event Parking
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2025	Friends of Dr. Greg Bonnen
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.00	PO Box 1183
		Friendswood, TX 77549
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
	- <del>-</del>	Check if Austin, TX, officeholder living expense
		Donation item
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief C/OI	•

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/18 Rpt: 16/24	Wilson, Teresa S. (The Honorable) 00086218
4	Date	5 Payee name
	06/13/2025	Henry, Betty
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code  Bayou Vista, TX 77563
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	La Brisa
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 501 North Wesley Drive
		League City, TX 77573
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2025	Laz Parking Ecommerce
	Amount (\$) \$25.75	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Event Parking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 13/18 Rpt: 17/24	Wilson, Teresa S. (The Honorable) 00086218						
4	Date	5 Payee name						
	01/13/2025	LeBlanc, Susan						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$15.00	7134 FM 563						
		Wallisville, TX 77597						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Winnie COC Event Expense						
		Willing GGG Event Expense						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	H						
$\vdash$	Date	Payee name						
	02/11/2025	LeBlanc, Susan						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$50.00	7134 FM 563						
		Wallisville, TX 77597						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Event Expense						
		LVCIII EXPENSE						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
_	Data	Davies same						
	Date 03/24/2025	Payee name LeBlanc, Susan						
		· · · · · · · · · · · · · · · · · · ·						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$60.00	7134 FM 563						
		Wallisville, TX 77597						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Winnie C of C Event Expense						
		vviilile C of C Everit Expense						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_								

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/18 Rpt: 18/24	Wilson, Teresa S. (The Honorable) 00086218
4	Date	5 Payee name
	01/13/2025	Mendoza, Saul
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.88	1100 Congress Avenue
		E2.810
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Opening Day Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	Premier Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	
		Austin, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2025	Texas Conservative Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 2659
		Austin, TX 78681
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Membership Fee
		Methibership i de
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
_	Tatal manage Calculula E4.	S. FILED MANE							
1	Total pages Schedule F1: Sch: 15/18 Rpt: 19/24	2 FILER NAME Wilson, Teresa S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086218							
4	Date	5 Payee name							
	02/02/2025	Texas Department of Criminal Justice							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$270.63	8801 South 1st Street							
		Suite 100							
		Austin, TX 78748							
8	PURPOSE	(a) Cotogony (a. Cotogony (b.) Doscription							
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Local donation items							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/02/2025	Texas Department of Criminal Justice							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$467.64	8801 South 1st Street							
		Suite 100							
		Austin, TX 78748							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE		Staff Gifts Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
Staff Gifts									
	Stan Onto								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
L	03/04/2025	Texas House Republican Caucus							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	1100 Congress Avenue							
		Austin, TX 78701							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Membership fee							
		Michiberalily lee							
	Complete ONLY 'C. "	Condidate/Officeholder name							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

#### SCHEDULE F1

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 16/18 Rpt: 20/24	2 FILER NAME Wilson, Teresa S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086218					
4	<u> </u>	5 Payee name UT Brazos Parking Garage					
6	Amount (\$) \$17.00	7 Payee address; City; State; Zip Code 210 E. MLK Blvd.					
8	PURPOSE OF EXPENDITURE	Austin, TX  (a) Category (See Categories listed at the top of this schedule)  Event Parking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Parking					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date 02/20/2025	Payee name UT Brazos Parking Garage					
	Amount (\$) \$6.00	Payee address; City; State; Zip Code 210 E. MLK Blvd.  Austin, TX					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Parking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Parking					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date 02/20/2025	Payee name UT Brazos Parking Garage					
	Amount (\$) \$9.00	Payee address; City; State; Zip Code 210 E. MLK Blvd.					
L		Austin, TX					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Parking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Parking					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 17/18 Rpt: 21/24	Wilson, Teresa S. (The Honorable) 00086218							
4	Date	5 Payee name							
	02/09/2025	WILSON, DAVID							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$270.00	29 Pirates Bch W							
		Galveston, TX 77554							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		In-Session Hotel Expense Reimbursement							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	02/09/2025	WILSON, DAVID							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$5,000.00	29 Pirates Bch W							
		Galveston, TX 77554							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE		Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Loan Repayment							
		Loan Ropaymont							
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol	1							
	Date	Payee name							
	05/22/2025	West Chambers County Chamber of Commerce							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$175.00	2830 North Farm to Market 565 Road							
l		Suite 200							
		Mont Belvieu, TX 77523							
┝	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Event Expenses (3)							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
L									

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1: Sch: 18/18 Rpt: 22/24	ı	ILER NAME Vilson, Teresa	S. (The Hor	norable)				1	Filer ID 00086218	(Ethics Com	mission Filers)
4	Date 03/27/2025		Payee name Vest Chamber	s County Pilo	ot Club				1			
6	Amount (\$) \$15.00	F	Payee address; P.O. Box 1032 Mont Belvieu, 7	City;	State;	Zip Code	е					
8	PURPOSE OF EXPENDITURE		Category (See Ca Event Expense	tegories listed at th	e top of this sched	ule) (I			n, TX,	de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		andidate/Officeh	older name	Off	fice sough	nt			Office he	eld	
	Date 06/13/2025	ı	Payee name Zwiener, Erin (	The Honorab	le)							
	Amount (\$) \$42.00	F	Payee address; P.O. Box 2910 Austin, TX 787	City;	State;	Zip Code	Э					
	PURPOSE OF EXPENDITURE		Category <sub>(See Ca</sub> Committee Cha		e top of this sched	ule) (I			n, TX,	de of Texas. Com officeholder living rman Gift		
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeh	older name	Off	fice sough	nt			Office he	eld	

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

	The Instru	ages Schedule K: /2 Rpt: 23/24					
2	FILER NAME				(Ethics Commission F	ilers)	
	Wilson, Tere	esa	218				
4	Date 01/07/2025	'					\$2.82
			Galveston, TX 77551				
		7	Purpose for which amount is received	k if politic	al contr	ibution returned to filer	
	Date	Π	Name of person from whom amount is received			Amount (\$)	
	02/06/2025		Frost Bank			<b>(·</b> )	\$2.41
		ļ					,
			Address of person from whom amount is received; City; State; Zip Code				
			Galveston, TX 77551				
		$\vdash$		li if malitia	al a a satu	ilandiana watuuwaad ta filaw	
			<del>-</del>	K If politic	ai contr	ibution returned to filer	
		싵	Interest				
	Date Name of person from whom amount is received					Amount (\$)	
	03/07/2025		Frost Bank				\$2.03
	Address of person from whom amount is received; City; State; Zip Code						
	Additional of possibility whom difficult to received, only, office, zip code						
			Galveston, TX 77551				
			Purpose for which amount is received	k if politic	al contr	ibution returned to filer	
			Interest				
_	Date	一	Name of person from whom amount is received			Amount (\$)	
	04/07/2025		Frost Bank			Αποαπ (Φ)	\$2.15
	04/01/2023	ļ					Ψ2.13
			Address of person from whom amount is received; City; State; Zip Code				
			Galveston, TX 77551				
		$\vdash$		k if politic	al contr	l ibution returned to filer	
			Interest	K II politic	ai com	ibation retained to mer	
_	D-4-	는				A (d)	
	Date		Name of person from whom amount is received			Amount (\$)	Φ0.00
	05/07/2025 Frost Bank						\$2.02
		Address of person from whom amount is received; City; State; Zip Code					
		oxdot	Galveston, TX 77551				
			Purpose for which amount is received	k if politic	al contr	ibution returned to filer	
			Interest				

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 24/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wilson, Teresa S. (The Honorable) 00086218 5 Name of person from whom amount is received 8 Amount (\$) 06/06/2025 \$1.94 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code Galveston, TX 77551 Purpose for which amount is received Check if political contribution returned to filer Interest