

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|  |   |   |   |                                     |   |  |  |   |  |  |  |
|--|---|---|---|-------------------------------------|---|--|--|---|--|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00053970 | <b>2</b> Total pages filed:<br><br>11   |                                     |   |  |  |   |  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME   | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>The Honorable</td> <td style="width: 30%;">FIRST<br/>Randall W.</td> <td style="width: 40%;">MI</td> </tr> </table>   |   | MS / MRS / MR<br>The Honorable  | FIRST<br>Randall W.                 | MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/12/2025 |  |   |  |  |  |
|  | MS / MRS / MR<br>The Honorable  | FIRST<br>Randall W.   | MI  |                                     |   |  |  |   |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Wilson</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>  |   | NICKNAME  | LAST<br>Wilson  | SUFFIX                              |   |  |  |   |  |  |  |
| NICKNAME   | LAST<br>Wilson  | SUFFIX  |   |                                     |   |  |  |   |  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address  | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>  |   | Date Hand-delivered or Date Postmarked<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed<br><br>Date Imaged | Receipt #                           | Amount  |  |  |   |  |  |  |
|  | Receipt #   | Amount  |   |                                     |   |  |  |   |  |  |  |
|  | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>Mr.</td> <td style="width: 30%;">FIRST<br/>Fred S.</td> <td style="width: 40%;">MI</td> </tr> </table>  |   | MS / MRS / MR<br>Mr.  | FIRST<br>Fred S.                    | MI  |  |  |   |  |  |  |
|  | MS / MRS / MR<br>Mr.  | FIRST<br>Fred S.  | MI  |                                     |   |  |  |   |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Robertson</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>   |   | NICKNAME  | LAST<br>Robertson   | SUFFIX                              |   |  |  |   |  |  |  |
| NICKNAME   | LAST<br>Robertson   | SUFFIX  |   |                                     |   |  |  |   |  |  |  |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div> |   |   |   |                                     |   |  |  |   |  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>  |   |   |                                     |   |  |  |   |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(713) 906-3072  |   |   |                                     |   |  |  |   |  |  |  |
| <b>8</b> REPORT TYPE   | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> |   |   | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff  | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)   | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| <input type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election   | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)  |                                     |   |  |  |   |  |  |  |
| <input checked="" type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded modified reporting limit  | <input type="checkbox"/> Final Report (Attach C/OH-FR)  |                                     |   |  |  |   |  |  |  |
| <b>9</b> PERIOD COVERED  | <table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>01/01/2025</td> <td>THROUGH</td> <td>06/30/2025</td> <td></td> </tr> </table>  |   |   | Month Day Year                      |   | Month Day Year   |  | 01/01/2025                                  | THROUGH  | 06/30/2025   |  |
| Month Day Year   |   | Month Day Year  |   |                                     |   |  |  |   |  |  |  |
| 01/01/2025   | THROUGH   | 06/30/2025  |   |                                     |   |  |  |   |  |  |  |
| <b>10</b> ELECTION   | <table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE<br/>Month Day Year</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other<br/> <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>   |   |   | ELECTION DATE<br>Month Day Year     | ELECTION TYPE                                     |  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |  |  |  |
| ELECTION DATE<br>Month Day Year  | ELECTION TYPE   |   |   |                                     |   |  |  |   |  |  |  |
|  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special  |   |   |                                     |   |  |  |   |  |  |  |
| <b>11</b> OFFICE   | OFFICE HELD (if any)<br>Court Of Appeals, Justice Place 9 District 14   |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 157   |                                     |   |  |  |   |  |  |  |

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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|  |   |
|--|---|
| <b>13 C / OH NAME</b> Wilson, Randall W. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00053970 |
|--|---|

|   |  |                          |
|---|--|--------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                          |
|   | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>    |
|   | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b> |
|   | <input type="checkbox"/> SPECIFIC  |                          |
|   |  |                          |
|   | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>   |                          |
|   | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  |                          |

|                                |  |    |           |
|--------------------------------|--|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 5,075.00  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 10,761.78 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |

**17 AFFIDAVIT**

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

\_\_\_\_\_  
The Honorable Randall W. Wilson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

|  |   |  |
|--|---|--|
| _____<br>Signature of officer administering oath | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |
|--|---|--|

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

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|  |   |   |                 |
|--|---|---|-----------------|
| <b>18 FILER NAME</b><br>Wilson, Randall W. (The Honorable) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00053970 |                 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE           |   |   | SUBTOTAL AMOUNT |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$  | 0.00            |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$  | 0.00            |
| 3.   | <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                         | \$  | 0.00            |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   | \$  | 0.00            |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$  | 5,075.00        |
| 6.   | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$  | 0.00            |
| 7.   | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$  | 0.00            |
| 8.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$  | 0.00            |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$  | 0.00            |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |                 |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |                 |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |                 |

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):  
Sch: 1/1 Rpt: 4/11

2 FILER NAME

Wilson, Randall W. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00053970

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

# LOANS (JUDICIAL)

## SCHEDULE E(J)

|  |  |  |                                  |
|--|--|--|----------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |  | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 5/11  |                                  |
| <b>2</b> FILER NAME<br>Wilson, Randall W. (The Honorable)                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053970   |                                  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | \$ 0.00  |                                  |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) |  | <b>9</b> Loan Amount (\$)        |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; City; State; Zip Code                                 |  | <b>10</b> Interest Rate          |
|  |  |  | <b>11</b> Maturity Date          |
| <b>12</b> Lender's Principal Occupation  |  | <b>13</b> Lender's Job Title   |                                  |
| <b>14</b> Lender's Employer/Law Firm   |  | <b>15</b> Law Firm of lender's spouse (if any)   |                                  |
| <b>16</b> If lender is child, law firm of parent(s) (if any)                   |  |  |                                  |
| <b>17</b> Description of Collateral<br><input type="checkbox"/> None           |  | <b>18</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |                                  |
| <b>19</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>20</b> Name of guarantor  |  | <b>22</b> Amount Guaranteed (\$) |
|  | <b>21</b> Guarantor address; City; State; Zip Code                             |  |                                  |
| <b>23</b> Guarantor's Principal Occupation                                     |  | <b>24</b> Guarantor's Job Title  |                                  |
| <b>25</b> Guarantor's Employer/Law Firm  |  | <b>26</b> Law Firm of guarantor's spouse (if any)  |                                  |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                |  |  |                                  |
|  |  |  |                                  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/5 Rpt: 6/11             | <b>2</b> FILER NAME<br>Wilson, Randall W. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053970   |
| <b>4</b> Date<br>06/23/2025   | <b>5</b> Payee name<br>Bien Mur Travel Center   |  |
| <b>6</b> Amount (\$)<br>\$16.47                                     | <b>7</b> Payee address; City; State; Zip Code<br>100 Bien Mur Dr. N.E.<br><br>Albuquerque, NM 87122 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gasoline to attend CLE |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>06/20/2025  | Payee name<br>Dinner for Two  |  |
| Amount (\$)<br>\$179.83   | Payee address; City; State; Zip Code<br>106 N. Guadalupe<br><br>Santa Fe, NM 87501                  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dinner during CLE      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>06/24/2025  | Payee name<br>El Dorado Hotel & Spa   |  |
| Amount (\$)<br>\$1,768.89   | Payee address; City; State; Zip Code<br>309 W. San Francisco<br><br>Santa Fe, NM 87501              |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel for Santa Fe CLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 7/11             | <b>2</b> FILER NAME<br>Wilson, Randall W. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053970  |
| <b>4</b> Date<br>06/24/2025   | <b>5</b> Payee name<br>Hertz   |   |
| <b>6</b> Amount (\$)<br>\$236.12                                    | <b>7</b> Payee address; City; State; Zip Code<br>3400 University Blvd SE<br><br>Albuquerque, TX 87106    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Rental Car for CLE            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/18/2025  | Payee name<br>MNN Tech   |   |
| Amount (\$)<br>\$64.94  | Payee address; City; State; Zip Code<br>600 Park Offices Dr.<br>Suite 600<br>Durham, NC 27709            |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Portable monitor for work use | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Portable monitor for work use |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>06/22/2025  | Payee name<br>McDonalds  |   |
| Amount (\$)<br>\$6.23   | Payee address; City; State; Zip Code<br>1000 S. St. Francis<br><br>Santa Fe, NM 87505                    |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Breakfast                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 8/11             | <b>2</b> FILER NAME<br>Wilson, Randall W. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053970   |
| <b>4</b> Date<br>06/21/2025   | <b>5</b> Payee name<br>TST French Pastry  |  |
| <b>6</b> Amount (\$)<br>\$5.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>100 E. San Francisco<br><br>Santa Fe, NM 87501   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Breakfast                    |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>06/24/2025  | Payee name<br>TST Pilot Gasoline  |  |
| Amount (\$)<br>\$31.30  | Payee address; City; State; Zip Code<br>9220 Broadway<br><br>Albuquerque, NM 87105                |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gasoline for CLE in Santa Fe |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>04/14/2025  | Payee name<br>Tex ABOTA   |  |
| Amount (\$)<br>\$1,365.00   | Payee address; City; State; Zip Code<br>2001 Bryan<br>Suite 3000<br>Dallas, TX 75201              |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Santa Fe CLE registration    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/5 Rpt: 9/11             | <b>2</b> FILER NAME<br>Wilson, Randall W. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053970  |
| <b>4</b> Date<br>05/23/2025   | <b>5</b> Payee name<br>Tex ABOTA   |   |
| <b>6</b> Amount (\$)<br>\$174.75                                    | <b>7</b> Payee address; City; State; Zip Code<br>2001 Bryan<br>Suite 3000<br>Dallas, TX 75201    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dinner at CLE       |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>06/21/2025  | Payee name<br>Tex ABOTA  |   |
| Amount (\$)<br>\$100.00   | Payee address; City; State; Zip Code<br>2001 Bryan<br>Suite 3000<br>Dallas, TX 75201             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Expenses during CLE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>05/05/2025  | Payee name<br>Texas Board of Legal Specialization  |   |
| Amount (\$)<br>\$200.00   | Payee address; City; State; Zip Code<br>1414 Colorado<br><br>Austin, TX 78701                    |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual dues         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/5 Rpt: 10/11            | <b>2</b> FILER NAME<br>Wilson, Randall W. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053970   |
| <b>4</b> Date<br>05/19/2025   | <b>5</b> Payee name<br>United Airlines   |  |
| <b>6</b> Amount (\$)<br>\$826.47                                    | <b>7</b> Payee address; City; State; Zip Code<br>233 S. Wacker Dr.<br><br>Chicago, IL 60606              |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District        | <b>(b)</b> Description<br><input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Travel to attend Santa Fe CLE |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/25/2025  | Payee name<br>Young, Deborah   |  |
| Amount (\$)<br>\$100.00   | Payee address; City; State; Zip Code<br>301 Fannin<br><br>houston, TX 77002                              |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Cheer Fund for employees of the Court    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
Sch: 1/1 Rpt: 11/11

2 FILER NAME

Wilson, Randall W. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00053970

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

5 Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☒

Schedule F1

☐

Schedule F2

☐

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

6 Dates of Travel

06/19/2025

06/22/2025

7 Name of person(s) traveling

Wilson, Randy

8 Departure city or name of departure location

Houston

9 Destination city or name of destination location

Albuquerque

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

To attend Santa Fe CLE