CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commit 00080350		2 Total pages fil	led: .4
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Terry M.			Date Received ELECTRONICA	ΔIIV EII ED
					07/15/2025	(LLTTILLD
	NICKNAME	LAST Wilson		SUFFIX	07/13/2023	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	660 Parkline Drive				Receipt #	Amount
Change of Address	Georgetown, TX 78626					
	Georgetown, 177 70020				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Craig M.				
	NICKNAME	LAST		SUFFIX		
		Magerkurth		001117		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	r / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	91 Stadium View DR					
(Residence or Business)	Marble Falls, TX 78654					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(512) 586-0884					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		_ ·			appointment (office	ceholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/03/2026	□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 20 Williamso	on	State Represent	tative	
	1			I		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 44

13 C / OH NAME	Wilson, Terry M. (The	e Honorable)		14 Filer ID 00080350	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus of may have been made without equired to report this information	the candidate's or offic	ceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		s, \$	0.00
		AL CONTRIBUTIO	NS OR GUARANTEES OF LOANS	5)	\$	10,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E.	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURE	ES		\$	19,086.33
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	269,262.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	84,352.25
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Hono	orable Terry M. Wils	son	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of offic	er administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			JVLK .	3 of 44	
l	ER NAN Ison, Te	ME erry M. (The Honorable)	19 Filer ID 00080350	(Ethics C	ommission Filers)
l	HEDULI ME OF :		SUB	TOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,500.00
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	6	\$	18,999.48
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	86.85
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/44	
2	FILER NAME Wilson, Terry	/ M. (The Honorable)		3	Filer ID (Ethics Commission 00080350	on Filers)
4	Date 06/26/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Dringing Loggy	Fort Worth, TX 76161	O Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: HILLCO PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	i illopai occa	sation / oob title (oce monactions)	Employer (See Manachoria	')		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard (Mr.) Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$2,500.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	()		

TARY POLITICAL CONTRIBU	SCHEDULE A1	
ruction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/44	
ME erry M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080350
5 Wholesale Beer Distributors of Texas BW-P	PAC	7 Amount of Contribution (\$) \$1,000.0
Austin, TX 78701		
ccupation / Job title (See Instructions)	9 Employer (See Instruction	ns)
· ·	ruction Guide explains how to complete the ME erry M. (The Honorable) 5 Full name of contributor out-of-state PAC Wholesale Beer Distributors of Texas BW-F 6 Contributor address; City; State; Zip Code Austin, TX 78701	For y M. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas BW-PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 1/38 Rpt: 6/44	Wilson, Terry M. (The Honorable) 00080350	
4	Date	5 Payee name	_
	01/23/2025	2 Bits a Dollar	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$83.16	1419 Euel Moore	
		Kingsland, TX 78639	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Bookkeeper	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot	<u>'</u>	
	Date	Payee name	
	01/29/2025	Airtable	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$204.67	799 Market St	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EX. ENDITORE	Check if Austin, TX, officeholder living expense Collaboration Platform	
		Collaboration	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-	Date		=
	Date 03/03/2025	Payee name Airtable	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$204.67	799 Market St	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Collaborative Platform	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/38 Rpt: 7/44	Wilson, Terry M. (The Honorable)		00080350
4	Date	5 Payee name		
	03/31/2025	Airtable		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$239.41	799 Market St		
		San Francisco, CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
			١	Check if Austin, TX, officeholder living expense Collaboration Platform
				Condoctation Flattorni
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		C.1190 1.010
	Date	Payee name		
	04/29/2025	Airtable		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$230.26	799 Market St		
	Ψ200.20	755 Market St		
		San Francisco, CA 94103		
	DUDDOCE	T.,		2
	PURPOSE OF	, , ,	o) I	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	i	Check if Austin, TX, officeholder living expense
				Collaboration platform
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	05/29/2025	Airtable		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$278.62	799 Market St		
		San Francisco, CA 94103		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
			ı	Check if Austin, TX, officeholder living expense Collaboration platform
				Collaboration platform
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O			

SCHEDULE F1

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

Event Expense Lo
Fees Of
Food/Beverage Expense Po
Git/Awards/Memorials Expense Pr
Legal Septices Sa

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/38 Rpt: 8/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	06/30/2025	Airtable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.84	799 Market St
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Collaboration platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/30/2025	Arnold, Elaine
_	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7809 Valburn Drive
	Ψ100.00	7003 Valibani Brive
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	T-shirts Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sine Die t-shirts for staff
		Sine Die Comme for Stan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/28/2025	Best Buy
	Amount (\$) \$302.00	Payee address; City; State; Zip Code 1015 W University Ave
	φ302.00	
		Suite 300
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cartridges for color printer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

	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)	
l	Sch: 4/38 Rpt: 9/44	Wilson, Terry M. (The Honorable) 00080350	
4	Date	5 Payee name	_
	03/06/2025	Cabo Bob's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$130.73	7849 Shoal Creek Blvd	
		Austin, TX 78757	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch for staff	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	·		_
	Date	Payee name	
	04/14/2025	Capitol House Adminitration	_
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$549.00	1100 Congress Avenue	
L		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Photograph Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Panoramic photograph of House of Representatives	3
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
F	Date	Payee name	_
	03/20/2025	Cava	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$165.30	515 Congress Avenue	
l			
		Austin, TX 78701	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch for staff	
dash	Complete ONII V if allow	Condidate/Officeholder name Office country	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
\vdash	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/38 Rpt: 10/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/23/2025	Cedar Park Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	1460 E. Whitestone Blvd
		Suite 180
		Cedar Park, TX 78613
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.
		Check if Austin, TX, officeholder living expense Annual membership fee
		Annual membership ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2025	Cedar Park Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1460 E. Whitestone Blvd
		Suite 180
		Cedar Park, TX 78613
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Attended meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
	Date	Payee name
	06/16/2025	Chick-fil-a #01136
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.80	701 S Capital of Texas Hwy
	Ψ10.00	Suite L400
		West Lake Hills, TX 78746
	BUBBOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 6/38 Rpt: 11/44	Wilson, Terry M. (The Honorable) 00080350	
4	Date	5 Payee name	
	01/13/2025	Chick-fil-a #02482790	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.35	305 University Blvd	
		Round Rock, TX 78665	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Constitutent meeting	
			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/02/2025	Company L-1, Corps of Cadets	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	665 Military Mall	
		College Station , TX 77840	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Donation for outlit reunion	
_	Complete ONLY if direct	Condidate/Officeholder name Office country	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/06/2025	Daybreak Rotary	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$196.31	PO Box 706	
		Marble Falls, TX 78654	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Notally Contribution	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: 7/38 Rpt: 12/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	06/27/2025	Door Dash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.46	PO Box 735240
		Dallas, TX 75373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	04/13/2025	Georgetown Area Republican Women's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.78	P.O. Box 393
		Georgetown, TX 78628
Г	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 Monthly meeting
		monuny meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	01/06/2025	Google
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$84.43	2710 Gateway Oaks Drive
		Sacramento, CA 96833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email services
		Email Scrivious
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salarie	s/Wage	es/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/38 Rpt: 13/44		Wilson, Terr	y M. (The Hono	rable)				00080350		
4	Date	5	Payee name								
	02/05/2025		Google								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (Code					
	\$84.43		2710 Gatew	ay Oaks Drive							
			Sacramento	, CA 96833							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	l		nead/Rental Exp			Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE	l					—		, officeholder living	g expense	
		l					Email Service	es			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	İ		Office h	eld	
	expenditure to benefit C/OI	П									
	Date		Payee name								
	03/05/2025		Google								
	Amount (\$)		Payee addres	ss; City;	State; Zip (Code					
	\$84.43		2710 Gatew	ay Oaks Drive							
				-							
			Sacramento	. CA 96833							
	PURPOSE	(a)				(h)) Description				_
	OF	(۳)		e Categories listed at th		(5)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Over	ieau/Reiliai Exp	Jelise		=		, officeholder living		
							Email service	es			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	:		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								=
	04/07/2025		Google								
	Amount (\$)	\vdash	Payee addres	ss; City;	State; Zip (Code					_
	\$87.15		,	ay Oaks Drive	ээ, —р						
	Ψ01.10		2710 Calew	ay oaks brive							
			Cooromonto	CA 06022							
		L.	Sacramento								
	PURPOSE OF	(a)		e Categories listed at th		(b)	Description		:d4.T O	onlanda Calinardi da T	
	EXPENDITURE	l	Office Overh	nead/Rental Exp	ense				, officeholder living	plete Schedule T.	
							email service		, omeendaer nving	у охропос	
							2330	-			
\vdash	Complete ONLY if direct	L	Candidate/Offic	ceholder name	Office s	Juaht	•		Office he	eld	_
	expenditure to benefit C/OI		-analauto/Offic	Jonada Hallic	Office 3	Jugiil	•		Cinice III	···	
_											

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Office helder (Political Committee)

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: 9/38 Rpt: 14/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/05/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.50	2710 Gateway Oaks Drive
		Sacramento, CA 96833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email services
		<u> </u>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/05/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.50	2710 Gateway Oaks Drive
	Ψ30.00	2710 Outerway Out of Drive
		Sacramento, CA 96833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Pausa noma
	01/24/2025	Payee name HCTRA
	Amount (\$) \$28.94	Payee address; City; State; Zip Code P.O. Box 4440
	Φ20.94	
		Dept. 8
		Houston, TX 77210-4440
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Out of district travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	·	s)
	Sch: 10/38 Rpt: 15/44	Wilson, Terry M. (The Honorable) 00080350	,
4	Date	5 Payee name	
	06/24/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$111.50	2701 E 7th St	
		Austin, TX 78702	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Food for staff	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
"	expenditure to benefit C/O		
⊨	Date		
	03/18/2025	Payee name HEB	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.94	2701 E 7th St	
L		Austin, TX 78702	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Snack and coffee for higher ed committee	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
F	Date	Payee name	
	04/21/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.64	2701 E 7th St	
		Austin, TX 78702	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Snacks and coffee for Higher Ed Committee	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/38 Rpt: 16/44	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	05/26/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$49.50	2701 E 7th St	
	!		
		Austin, TX 78702	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Complete Collection
	EXPENDITURE	1 Toda/Beverage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	!	I — I —	I coffee for Higher Ed Committee
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/18/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.98	2701 E 7th St	
	!		
		Austin, TX 78702	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 1 000/Develage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	!	,	Higher Ed Committee
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Н	
	Date	Payee name	
	04/13/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.98	2701 E 7th St	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 00d/Develage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		·	Higher Ed Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	н	

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Coı		Legal Se		·		Vages	s/Contract Labor		Travel Out o		trict category not listed above)
L					struction Gu	uue expiains	now to co	mpie	ete this form.				
1	Total pages Schedule F1:	2								3	Filer ID		(Ethics Commission Filers)
_	Sch: 12/38 Rpt: 17/44	L	Wilson, Terr	у М. (The Hono	rable)					0008035	50	
4	Date	5	Payee name										
	03/26/2025		Harland Cla	rke									
6	Amount (\$)	7	Payee addres	is;	City;	State	; Zip Co	de					
	\$46.61		15955 La C	antera	Parkway								
			San Antonio	, TX 7	'8256								
8	PURPOSE	(a)	Category (Se	e Catego	ries listed at th	e top of this sch	nedule)	(b)	Description	_			
	OF	′	Accounting/				,,	1	_ :	outsi	ide of Texas.	Comp	olete Schedule T.
	EXPENDITURE		3		J				Check if Austin,	, TX,	officeholder l	living	expense
								1	Checks for ca	amı	paign acc	cour	nt
								1					
9	Complete ONLY if direct		Candidate/Offic	ceholde	er name		Office sou	ght			Office	e he	eld
	expenditure to benefit C/OF	Η											
H	Date	一	Davos noma					_		_			
	04/25/2025		Payee name	kes ^-	mal/ ainr	's Club							
		<u> </u>	Highland La										
	Amount (\$)		Payee addres		City;	State	; Zip Co	de					
	\$500.00		P.O. Box 54	.9									
			Marble Falls	s, TX 7	'8654								
	PURPOSE	(a)	Category (Se	e Catego	ries listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Don	ations Ma	de By		1					plete Schedule T.
			Candidate/C	Officeh	older/Polit	tical Comm	nittee	1	Check if Austin,				
								1	Donation for s	scr	ıoıarsnıp	run	u
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholde	er name	(Office sou	ght			Office	e he	eld
L	Experience to benefit C/Of												
	Date	ſĨ	Payee name										
	05/14/2025		Hoboken Pi	es									
	Amount (\$)	\vdash	Payee addres		City;	State	; Zip Co	de					
	\$94.19		718 Red Riv	-	- 1-31	Jiaie	,p 00						
	ФЭ4.19		1 TO KEN KI	ici Əl									
		L	Austin, TX 7	′8701				_		_		_	
	PURPOSE	(a)	Category (Se	e Catego	ries listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Ex	kpense		l	1					olete Schedule T.
	LAI LINDITURE						l	1	Check if Austin,		, officeholder I	living	expense
								1	Dinner for sta	aff			
								_		_		_	
	Complete ONLY if direct		Candidate/Offic	ceholde	er name	(Office sou	ght			Office	e he	eld
	expenditure to benefit C/OF	Н											

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbur

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/38 Rpt: 18/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/15/2025	Kern, James (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	200 Alamo Heights Avenue
		Austin, TX 78754
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Furniture moving and setup in Capitol office
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/20/2025	La Tequila Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.58	14124 RM 1431
	,_,,,,	
		Kingsland, TX 78639
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign meeting
	0 1: 0111111111	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Leander Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 551
		Landar TV 70040 0554
		Leander, TX 78646-0551
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation for Texas Flags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

pense Travel in District

kpense Travel Out of Distri

/ages/Contract Labor OTHER (enter a ca

	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: 14/38 Rpt: 19/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/16/2025	Leander Area Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.00	P.O. Box 551
		Leander, TX 78646-0551
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
		LARW Roundup attendance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/13/2025	Leander Area Republican Women
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	P.O. Box 551
		Leander, TX 78646-0551
	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
		LARW meeting
		<u> </u>
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/13/2025	Leander Area Republican Women
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	P.O. Box 551
		Leander, TX 78646-0551
	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 LARW meeting
		LARVY meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 15/38 Rpt: 20/44	Wilson, Terry M. (The Honorable) 00080350				
4	Date	5 Payee name				
	04/13/2025	Leander Area Republican Women				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$28.00	P.O. Box 551				
		Leander, TX 78646-0551				
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 Monthly meeting				
		monding mooding				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Pavee name				
	04/28/2025	Leander Area Republican Women				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$28.00					
		Leander, TX 78646-0551				
	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.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Monthly meeting				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	y				
	Date	Payee name				
	01/30/2025	Leander Chamber of Commerce				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	103 N Brushy St				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Leander, TX 78641				
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Yearly membership fee				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimble Control of the Control of

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·				
_	Sch: 16/38 Rpt: 21/44	Wilson, Terry M. (The Honorable) 00080350				
4	Date	5 Payee name				
	05/16/2025	Loro Asian Smokehouse				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$290.50	11601 Domain Dr #200				
		Austin, TX 78758				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Dinner for staff				
		Diffici for stall				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/OI	the state of the s				
	Date	Payee name				
	01/13/2025	McDonald's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.44 3300 Bee Caves Rd					
		West Lake Hills, TX 78746				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Lunch while out on district business				
		Eurier write out oil district business				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	06/23/2025	Meyer, Kristine				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,200.00	880 CR 229				
		Florence, TX 76527				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Paid intern for session				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 17/38 Rpt: 22/44	Wilson, Terry M. (The Honorable) 00080350			
4	Date	5 Payee name			
	01/22/2025	Microsoft			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$15.99	One Microsoft Way			
		Redmond, WA 98052			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Software License			
		Solitiva de Electrico			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
١	expenditure to benefit C/O				
_	Data	David and the second se			
	Date 01/27/2025	Payee name Microsoft			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$8.52 One Microsoft Way				
		Redmond, WA 98052			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Software License			
		Software License			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
	Data				
	Date	Payee name Microsoft			
	01/27/2025	Microsoft			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$162.40	One Microsoft Way			
		Redmond, WA 98052			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Software license			
		Software license			
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 18/38 Rpt: 23/44	2 FILER NAME Wilson, Terry M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080350
4	Date	5 Payee name	00000330
	02/12/2025	Microsoft	
6	Amount (\$) \$15.99	7 Payee address; City; State; Zip Code One Microsoft Way	
		Redmond, WA 98052	
8	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense S
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/25/2025	Microsoft	
	Amount (\$) \$8.52	Payee address; City; State; Zip Code One Microsoft Way	
		Redmond, WA 98052	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/25/2025	Payee name Microsoft	
	Amount (\$) \$162.40	Payee address; City; State; Zip Code One Microsoft Way	
		Redmond, WA 98052	
	PURPOSE OF EXPENDITURE	Office Overfiead/Nerital Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense ense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 Cara r dyment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/38 Rpt: 24/44	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	03/12/2025	Microsoft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.99	One Microsoft Way	
		Redmond, WA 98052	
8	PURPOSE		scription
	OF EXPENDITURE	Onice overnead/ tental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		l — — — — — — — — — — — — — — — — — — —	oftware License
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	03/25/2025	Microsoft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.52	One Microsoft Way	
	, , , , , ,		
		Redmond, WA 98052	
	PURPOSE		covintion
	OF		Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		So	ftware License
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to belieff of of	'	
	Date	Payee name	
	03/26/2025	Microsoft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$162.40	One Microsoft Way	
		Redmond, WA 98052	
	PURPOSE		scription
	OF EXPENDITURE	Onice Overneau/Nerital Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			oftware License
\vdash	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 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: Sch: 20/38 Rpt: 25/44	2 FILER NAME Wilson, Terry M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080350
4	Date 04/14/2025	5 Payee name Microsoft
6	Amount (\$) \$15.99	7 Payee address; City; State; Zip Code One Microsoft Way
8	PURPOSE OF EXPENDITURE	Redmond, WA 98052 (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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/25/2025	Payee name Microsoft
	Amount (\$) \$162.40	Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052
	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
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/25/2025	Payee name Microsoft
	Amount (\$) \$8.52	Payee address; City; State; Zip Code One Microsoft Way
		Redmond, WA 98052
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: Sch: 21/38 Rpt: 26/44		ion Filers)
4	Date 05/12/2025	5 Payee name Microsoft	
6	Amount (\$) \$15.99	7 Payee address; City; State; Zip Code One Microsoft Way	
8	PURPOSE OF EXPENDITURE	Redmond, WA 98052 (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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 05/27/2025	Payee name Microsoft	
	Amount (\$) \$8.52	Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052	
	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	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 05/27/2025	Payee name Microsoft	
	Amount (\$) \$162.40	Payee address; City; State; Zip Code One Microsoft Way	
		Redmond, WA 98052	
	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	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Reimbursement Solicitation/Fundraising Expense
Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	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: 22/38 Rpt: 27/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	06/25/2025	Microsoft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.52	One Microsoft Way
		Redmond, WA 98052
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software License
		Solitiva de Electrico
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dayaa nama
	06/26/2025	Payee name Microsoft
		1.111.1
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.40	One Microsoft Way
		Redmond, WA 98052
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software License
		Solitiva de Electrico
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2025	Monument Cafe
_		Payee address; City; State; Zip Code
	Amount (\$) \$27.18	500 South Austin Avenue
	Φ21.18	JOO JOURN AUSUN AVENUE
		Coorgotoury TV 70020
		Georgetown, TX 78626
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent meeting
	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 Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Fil	lers)
	Sch: 23/38 Rpt: 28/44		ry M. (The Honoral	ole)				00080350		,
4	Date	5 Payee name								
	03/03/2025	Monument	Cafe							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$51.18	500 South	Austin Avenue							
		Georgetow	n, TX 78626							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			_		de of Texas. Comp officeholder living		
						Lunch with St			ехрепзе	
9	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	ld	
	expenditure to benefit C/O	1								
	Date	Payee name								
	03/20/2025	Monument	Cafe							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$53.57	500 South	Austin Avenue							
		Georgetow	n, TX 78626							
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp officeholder living		
						Lunch with st		officeriolaer living	схрепзе	
	Complete ONLY if direct		iceholder name	Office sou	<u>I</u> ıght			Office he	ld	
	expenditure to benefit C/OF	4								
	Date	Payee name								
	01/22/2025	North Texa	s Tollway Authority							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$3.38	P.O. Box 2	60928							
		Plano, TX	75026-0928							
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	istrict			ш		de of Texas. Com		
						Travel on dist		officeholder living	expense	
						TIGVET OIT GIST		LUGIIICGG		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht Iaht			Office he	ld.	
	expenditure to benefit C/O		TOTAL HALLE	Onice 300	.grit			Onice ne		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/38 Rpt: 29/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/23/2025	North Texas Tollway Authority
6	Amount (\$) \$58.72	7 Payee address; City; State; Zip Code 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 Travel on district business
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2025	North Texas Tollway Authority
	Amount (\$) \$65.78	Payee address; City; State; Zip Code P.O. Box 260928 Plano, TX 75026-0928
	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 on district business
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Numinous Coffee Roasters
	Amount (\$) \$6.95	Payee address; City; State; Zip Code 715 Ranch Road 1431
		Marble Falls, TX 78654
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/38 Rpt: 30/44	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	03/31/2025	Numinous Coffee Roasters	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.19	715 Ranch Road 1431	
		Marble Falls, TX 78654	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 dod/Beverage Expense	rel outside of Texas. Complete Schedule T.
		Constituent	stin, TX, officeholder living expense
		Constituent	Theeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	06/23/2025	Numinous Coffee Roasters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.25	715 Ranch Road 1431	
	41.23	TEO RAISH ROAD E IOE	
		Marble Falls, TX 78654	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if trav	rel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	stin, TX, officeholder living expense
		Constituent	t meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/Or	1	
	Date	Payee name	
	06/30/2025	Opie's Bbq	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.92	9504 E Hwy 71	
		Spicewood, TX 78669	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Tood/Beverage Expense	rel outside of Texas. Complete Schedule T.
		Constituent	stin, TX, officeholder living expense
		Consulueni	Theoding
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)	
Sch: 26/38 Rpt: 31/44	Wilson, Terry M. (The Honorable)				
4 Date	5 Payee name		•		
02/14/2025	Parking Management Company				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$11.96	306 42nd Avenue N				
	Nashville, TN 37209				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Travel In District		el outside of Texas. Con		
		. —	intern at Capitol	g expense	
		Faiking ioi	intern at Capitor		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office h	old	
expenditure to benefit C/OI		agrit.	Office II	Ciu	
Data					
Date 04/14/2025	Payee name Primo Brands Water Service				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$49.95	200 Eagles Landing Boulevard				
	Lakeland, FL 33810				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Food/Beverage Expense	. —	el outside of Texas. Con tin, TX, officeholder livin		
			ery service for C		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld	
expenditure to benefit C/OI	Н				
Date	Payee name				
05/14/2025	Primo Brands Water Service				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$40.96	200 Eagles Landing Boulevard				
	Lakeland, FL 33810				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Food/Beverage Expense		el outside of Texas. Con	nplete Schedule T.	
EXPENDITURE		_	tin, TX, officeholder livin		
		Water deliv	ery service for C	apitol office	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office h	eld	
experience to beliefit 6/01					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ense Travel in Districtions Travel Out of Districtions OTHER (enter a contract Labor OTHER (ente

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/38 Rpt: 32/44	Wilson, Terry M. (The Honorable)	00080350
4	Date	5 Payee name	
	05/19/2025	Primo Brands Water Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.96	200 Eagles Landing Boulevard	
		Lakeland, FL 33810	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Water delivery service for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
"	expenditure to benefit C/O		Office field
_	Data		
	Date	Payee name	
	06/18/2025	Primo Brands Water Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.96	200 Eagles Landing Boulevard	
		Lakeland, FL 33810	
	PURPOSE OF	(**************************************	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Water delivery to Capitol office
			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/22/2025	RMA Toll Processing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.55	P.O. Box 734182	
		Dallas, TX 75373-4182	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Travel on district business
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office field

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		nmittee Leg	Awards/Memorials E al Services e Instruction Gui	·		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
_	Total manage Calmadala E4	1					,		<u> </u>	Files ID	(Ethios Carrier	ingian Fil\
1	Total pages Schedule F1: Sch: 28/38 Rpt: 33/44	ı	Wilson, Terry N	1. (The Honoi	rable)				3	Filer ID 00080350	(Ethics Comm	ission Filers)
4	Date	5	Payee name									
	01/23/2025	ı	RMA Toll Proc	essing								
6	Amount (\$) \$38.35		Payee address; P.O. Box 7341 Dallas, TX 753		State;	Zip Coo	de					
8	PURPOSE	├					(h)	Description				
١	OF		Category (See Ca Travel In Distric		e top of this sche	edule)	(0)		nutsi	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE		Havel III Distil	J.				=		officeholder living		
								Travel on dist			, - ,	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeh	older name	0	ffice souç	ght			Office he	eld	
	Date		Payee name									
	02/07/2025		RMA Toll Proc	essing								
	Amount (\$)		Payee address;	City;	State:	Zip Cod	de					
	\$8.90	ı	P.O. Box 7341	•	•	·						
	40.00		1 .0. Box 10 12	<i>3</i> –								
			Dallas, TX 753	73-4182								
	PURPOSE OF	(a)	Category (See Ca	tegories listed at the	e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Travel In Distri	ct				=			plete Schedule T.	
										officeholder living	j expense	
								Travel on dist	liic	i business		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeh	older name	0	ffice soug	ght			Office he	eld	
	Date		Payee name									
	04/25/2025		RMA Toll Proc	essing								
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$24.92		P.O. Box 7341	32								
			Dallas, TX 753	73-4182								
	PURPOSE OF		Category (See Ca		e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Travel In Distri	ct				ш			plete Schedule T.	
								ш		officeholder living	g expense	
								Travel on dist	ırıcı	uusiness		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeh	older name	0	ffice soug	ght			Office he	eld	
L	experioliture to beriefit C/OF	_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	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: 29/38 Rpt: 34/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	05/30/2025	RMA Toll Processing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.41	P.O. Box 734182
		Dallas, TX 75373-4182
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for district business
		Traver for district business
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a sana
	Date	Payee name
	06/30/2025	RMA Toll Processing
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.71	P.O. Box 734182
		Dallas, TX 75373-4182
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel on district business
		Traver off district business
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/30/2025	RMA Toll Processing
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.43	P.O. Box 734182
		Dallas, TX 75373-4182
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel on district business
		Traver on district business
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 30/38 Rpt: 35/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	06/30/2025	RMA Toll Processing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.50	P.O. Box 734182
		Dallas, TX 75373-4182
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel on district business
		Travel off district susmices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	ReadyRefresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.49	900 Long Ridge Road, Building 2
		Stamford, CT 06902
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water service for Capitol office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Pouro nomo
	Date 03/19/2025	Payee name ReadyRefresh
_		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.96	900 Long Ridge Road, Building 2
		Stamford, CT 06902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Water service for Capitol office
	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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 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: 31/38 Rpt: 36/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/03/2025	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.18	225 Varick St
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Website
_	Operation ONLY # discort	Outside to Office health and a second to the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	02/03/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	225 Varick St
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/03/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.49	225 Varick St
		New York, NY 10014
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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 co	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 32/38 Rpt: 37/44	Wilson, Terry M. (The Honorable)	00080350
4 Date	5 Payee name	•
04/03/2025	Squarespace	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$35.18	225 Varick St	
	New York, NY 10014	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	· ·	Check if Austin, TX, officeholder living expense
		Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght Office held
Date	Payee name	
05/05/2025	Squarespace	
Amount (\$)	Payee address; City; State; Zip Co	de
\$35.18	225 Varick St	
	New York, NY 10014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		
Date	Payee name	
06/03/2025	Squarespace	
Amount (\$)	Payee address; City; State; Zip Co	de
\$35.18	225 Varick St	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	New York, NY 10014	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overficad/Nertial Experise	Check if Austin, TX, officeholder living expense
		Website
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/38 Rpt: 38/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/23/2025	TXTag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.94	12719 Burnet Road
		Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel on district business
		Travel of district susmices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	03/25/2025	Texas Conservative Coalition
_	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO Box 2659
	Ψ2,000.00	1 O BOX 2000
		Austin, TX 78681
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 13305
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to the Texas House Republican Caucus
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	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: 34/38 Rpt: 39/44	Wilson, Terry M. (The Honorable) 00080350						
4	Date	5 Payee name						
	01/09/2025	Texas Taxpayer and Research Association						
6	Amount (\$) \$31.81	7 Payee address; City; State; Zip Code 400 W 15th St #400 Austin, TX 78701						
8	PURPOSE							
J	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 Attended meeting						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	05/30/2025	Town Square Publications						
	Amount (\$) \$125.00	Payee address; City; State; Zip Code P.O. Box 3078 Olathe, KS 66063						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE Advertising Expense Advertising Expense Advertising Expense Magazine advertising cost								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/19/2025	Trader Joe's						
	Amount (\$) \$28.00	Payee address; City; State; Zip Code 211 Walter Seaholm Dr Ste 100						
		Austin, TX 78701						
	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 Office supplies						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/38 Rpt: 40/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	04/14/2025	Tremont House Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$242.65	2300 Ship Mechanic Street
		Galveston, TX 77550
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel while in higher ed meetings
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/30/2025	US Postal Service MF
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.25	1212 N Us Highway 281
		Marble Falls, TX 78654
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage for mailing volunteer appreciation gift
		Toolage for maining volunteer appropriation gine
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/24/2025	Warehouse Bbq & Meatery
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.61	305 N Water Street
	Ψ+0.01	555 IT Hatel Circle
		Burnet, TX 78611
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituent Meeting
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 36/38 Rpt: 41/44	Wilson, Terry M. (The Honorable) 00080350				
4	Date	5 Payee name				
_	02/24/2025	Williamson County Republican Leaders				
6	Amount (\$) \$19.00	7 Payee address; City; State; Zip Code PO Box 1595				
	Φ19.00	FO BOX 1393				
		Cedar Park, TX 78631				
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.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Attended meeting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	03/19/2025	Williamson County Republican Leaders				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.00	PO Box 1595				
		Cedar Park, TX 78631				
	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				
	Meeting attendance					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experience to benefit Gree					
	Date	Payee name				
	04/28/2025	Williamson County Republican Leaders				
	Amount (\$) \$18.00	Payee address; City; State; Zip Code PO Box 1595				
	Ψ10.00	1 0 50% 1000				
		Cedar Park, TX 78631				
	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 Monthly meeting				
		Montally meeting				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/38 Rpt: 42/44	Wilson, Terry M. (The Honorable) 00080350
4	Date	5 Payee name
	01/16/2025	Williamson County Republican Women PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.00	PO Box 342
		Round Rock, TX 78680
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 WCRW Meeting
		WORW Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	01/16/2025	Williamson County Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.50	PO Box 342
		Round Rock, TX 78680
	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.
		CARNA mosting
		GARW meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	<u> </u>	
	Date	Payee name
	02/04/2025	Wood, Tim (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	234 Old Oaks Drive
		Georgetown, TX 78633
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Campaign sign storage
		Campaigh sign storage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committe	Gift/ ee Leg	d/Beverage Expense /Awards/Memorials Ex al Services e Instruction Guid			se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FIL	ER NAME					3	Filer ID	(Ethics Commission File	rs)
	Sch: 38/38 Rpt: 43/44	I		И. (The Honora	able)				00080350		
4	Date	5 Pav	yee name								
	05/09/2025	Ye									
6	Amount (\$)	7 Pav	yee address;	City;	State:	Zip Code					
	\$1,355.13	I	01 Southwe		,						
				,							
			stin, TX 787								
8	PURPOSE OF			ategories listed at the		edule) (b)	Description				
	EXPENDITURE	Gif	t/Awards/Me	emorials Exper	nse				ide of Texas. Com , officeholder living		
							_			tee members	
							1-1-	3			
9	Complete ONLY if direct expenditure to benefit C/OI	L Cand H	didate/Officeh	older name	C	Office sought			Office he	eld	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead Kental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Creak Gara r dymont		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAMI	E			3	Filer ID (Ethics Commission Filers)		
	Sch: 1/1 Rpt: 44/44	Wilson, Ter	ry M. (The Honorable)				00080350		
4	Date	5 Payee name	<u> </u>						
	06/03/2025	Chick-fil-a							
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode				
	\$22.61	3600 Ranc	h Rd 620 S Ste C						
	Reimbursement from								
	X political contributions intended	Bee Caves	, TX 78738						
8	PURPOSE OF	(a) Category (s	see Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Beve	rage Expense		L	_	eck if Austin, TX, officeholder living expense		
					Lunch while on d	listri	ct business		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		
H	Data								
	Date	Payee name							
	06/19/2025	Gold Burge							
	Amount (\$)	Payee addre	•	; Zip Co	ode				
	\$42.73	\$42.73 109 W 7th St							
	Reimbursement from								
	X political contributions intended	Georgetow	n, TX 78726						
\vdash	PURPOSE	Category (s	iee Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.		
OF		Food/Beverage Expense		Check if Austin, TX, officeholder living expense					
	EXPENDITURE		Constituent mee				eting		
						-			
Complete ONLY if direct		Candidate/Officeholder name Office			Office sought		Office held		
	expenditure to benefit				, and the second				
	C/OH								
	Date	Payee name							
	06/23/2025	Longhorn S	Steakhouse						
\vdash	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode				
	\$21.51	1 1	iversity Ave						
			- 2 .,						
	X Reimbursement from political contributions intended	Georgetow	n, TX 78628						
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense		[Ch	eck if Austin, TX, officeholder living expense		
	THE ENDITORIE				Lunch while on d	listri	ct business		
		Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								