

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090445		2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Zdenka	MI	
	NICKNAME Zee		LAST Wilcox	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1007 Southlake Hills Drive Southlake , TX 76092		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/27/2026			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Brian D.	MI
		NICKNAME		LAST Wilcox	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1007 Southlake Hills Drive Southlake , TX 76092			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (949) 533-7530			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 01/01/2026 01/22/2026			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 98	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Wilcox, Zdenka (Mrs.)	14 Filer ID (Ethics Commission Filers) 00090445
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,031.00
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,211.26
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,205.51
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

Mrs. Zdenka Wilcox

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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18 FILER NAME Wilcox, Zdenka (Mrs.)		19 Filer ID 00090445	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,031.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,211.26
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/13
2 FILER NAME Wilcox, Zdenka (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chene, Michael (Colonel) <hr/> 6 Contributor address; City; State; Zip Code SAN CLEMENTE, CA 92672	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) GO2 TECHNICAL SALES
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erck, Steven (Mr.) <hr/> Contributor address; City; State; Zip Code THISAND OAKS, CA 91360	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Christine (Mrs.) <hr/> Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF-EMPLOYED
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markey, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code CHANDLER, AZ 85224	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CHAIN CURRENT AI
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midkiff, Corinne (Mrs.) <hr/> Contributor address; City; State; Zip Code ROANOKE, TX 76262	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/13
2 FILER NAME Wilcox, Zdenka (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Solmi (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self-employed
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jessica (Mrs.) <hr/> Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	Amount of Contribution (\$) \$498.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Ana (Mrs.) <hr/> Contributor address; City; State; Zip Code BUCKEYE, AZ 85396	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self-Employed
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Ethan (Mr.) <hr/> Contributor address; City; State; Zip Code Bogart, GA 30622	Amount of Contribution (\$) \$49.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) TTI INC
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Liam (Mr.) <hr/> Contributor address; City; State; Zip Code CANTON, GA 30115	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) STUDENT		Employer (See Instructions) STUDENT

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 6/13

2 FILER NAME
Wilcox, Zdenka (Mrs.)

3 Filer ID (Ethics Commission Filers)
00090445

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 7/13
2 FILER NAME Wilcox, Zdenka (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090445
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 8/13	2 FILER NAME Wilcox, Zdenka (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/21/2026	5 Payee name GoDaddy	
6 Amount (\$) \$31.86	7 Payee address; City; State; Zip Code 2155 E. GODADDY WAY TEMPE, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2026	Payee name IMPRINT.COM	
Amount (\$) \$650.80	Payee address; City; State; Zip Code 555 N. COMMONS DR. Aurora, IL 60504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PROMOTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2026	Payee name TX Efile	
Amount (\$) \$8.00	Payee address; City; State; Zip Code 205 W. 14TH ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 9/13	2 FILER NAME Wilcox, Zdenka (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/12/2026	5 Payee name TX Efile	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 205 W. 14 th ST Suite 600 AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2026	Payee name TX Efile	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 205 W. 14 th ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2026	Payee name TX Efile	
Amount (\$) \$82.00	Payee address; City; State; Zip Code 205 W. 14 th ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 10/13	2 FILER NAME Wilcox, Zdenka (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/12/2026	5 Payee name TX Efile	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 205 W. 14 th ST Suite 600 AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/12/2026	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$213.00	Payee name TX Efile Payee address; City; State; Zip Code 205 W. 14 th ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/12/2026	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.00	Payee name TX Efile Payee address; City; State; Zip Code 205 W. 14 th ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 11/13	2 FILER NAME Wilcox, Zdenka (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/12/2026	5 Payee name TX Efile	
6 Amount (\$) \$10.12	7 Payee address; City; State; Zip Code 205 W. 14tTH ST Suite 600 AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2026	Payee name TX Efile	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 205 W. 14tTH ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2026	Payee name TX Efile	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 205 W. 14tTH ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 12/13	2 FILER NAME Wilcox, Zdenka (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/16/2026	5 Payee name TX Efile	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 205 W. 14tTH ST Suite 600 AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2026	Payee name TX Efile	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 205 W. 14tTH ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2026	Payee name TX Efile	
Amount (\$) \$4.48	Payee address; City; State; Zip Code 205 W. 14tTH ST Suite 600 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 13/13	2 FILER NAME Wilcox, Zdenka (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090445
4 Date 01/16/2026	5 Payee name TX Efile	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 205 W. 14TH ST Suite 600 AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EFILE FEE FOR PRO SE COURT REPRESENTATION VS. TCGOP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held