CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST CHRISTOPHER	MI W	OFFICE USE ONLY
IAVIAIC	NICKNAME CHRIS	WILSON	SUFFIX	Date Received 2/20/2041
4 CANDIDATE/	ADDRESS / PO BO	X; APT / SUITE #; (CITY; STATE; ZIP CODE	1 m
OFFICEHOLDER MAILING ADDRESS Change of Address	5101 STAT 75446	E HIGHWAY 34. H	ONEY GROVE TX	William mille
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(214)	864-6550		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	MR	CHRIS		Darry Processed 200
	NICKNAME	LAST	SUFFIX	Date Imaged
		JOHNSON		Date imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	411 NORTH	1 MAIN STREET, B	ONHAM, TX 75418	
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	10.
TREASURER PHONE	, 000	045 4004		
THORE	(903)	815-1661		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	1 ,	/ 1 / 24	THROUGH 1	/ 25 / 24
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3 / 5	/ 24 General	Special	
	0 / 0 /			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known) FANNIN COUNT)	COMMISSIONER-3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SET RECEIVE NOTICE OF SUCH EXPENDITURES,
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	11/1/2	
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME CHRISTOPHER W V		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	7,803.93
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,803.93
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	10,980.10
	4. TOTAL POLITICAL EXPENDITURES	\$	10,980.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	644.62
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	3,820.79
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct	and includes all information
rec	quired to be reported by me under Title 15, Election Code.		
	Signature of Caru	didate or O	fficeholder
	Please complete either option below:		
(1) Affidavit			
NOTARY STAMP/SEAL			
Swom to and subscribed	before me by this the	da	y of,
20, to certify v	which, witness my hand and seal of office.		
Signature of officer administer	ing oath Printed name of officer administering oath	Title	of officer administering oath
	OR		
(2) Unsworn Declaratio	n		
My name is CHRISTOP		9/27/1964	
My address is 5101 STA		7544	
Executed in FANNIN	(street) (city) (state of TEXAS , on the 19 day of FEBRUA (month)		ode) (country) 24 (year)
	Signatus of Candidati	e/Officehold	er (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME IRISTOPHER W WILSON	20 Filer ID (Ethics Con	nmiss	sion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,803.93
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	3,820.79
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	10,980.10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.05

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 2			
2 FILER NAME CHRISTOF	PHER W WILSON		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)			
11/21/2023	6 Contributor address; City;	State; Zip Code	2,500.00			
5101 STATE HIGHWAY 34,HONEY GROVE, TX 75446						
8 Principal occu RANCHER	upation / Job title (See Instructions)	ions) CH OWNER OPERATOR				
Date	Full name of contributor out-of-state PAG JENNIFER CWAGENBERG	C (ID#:)	Amount of contribution (\$)			
11/24/2023	Contributor address; City;	State; Zip Code	2.56			
	5101 STATE HIGHWAY 34,HONEY	GROVE, TX 75446	2.00			
Principal occup SOFTWARE E	pation / Job title (See Instructions) ENGINEER	Employer (See Instruction PROTOPIA.AI	ons)			
Date		C (ID#:)	Amount of contribution (\$)			
11/30/2023	MICHAEL WILSON	China Zia Coda	953.20			
	Contributor address; City; 3101 TOWERCREEK PARKWAY,SUITE 560	State; Zip Code),ATLANTA, GA 30339	900.20			
Principal occups BUSINESS OV	oation / Job title (See Instructions) WNER	Employer (See Instruction PINNACLE RESTAUF	•			
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)			
12/08/2023	Contributor address; City;	State; Zip Code	2 000 00			
605 TERRY CT, LUCAS, TX 75002			2,000.00			
		Employer (See Instruction CROWDSTRIKE, INC	· ·			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A1: 2		
2 FILER NAME CHRISTOF	PHER W WILSON	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
11/21/2023	6 Contributor address; City; 5101 STATE HIGHWAY 34,HONEY		2,500.00		
8 Principal occu RANCHER	pation / Job title (See Instructions)	9 Employer (See Instruct MOSS CREEK RANG	ions) CH OWNER OPERATOR		
Date	Full name of contributor out-of-state PA JENNIFER CWAGENBERG	C (ID#:)	Amount of contribution (\$)		
11/24/2023		State; Zip Code GROVE, TX 75446	2.56		
Principal occup SOFTWARE E	ation / Job title (See Instructions) ENGINEER	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
11/30/2023	Contributor address; City; 3101 TOWERCREEK PARKWAY,SUITE 560	State; Zip Code D,ATLANTA, GA 30339	953.20		
Principal occup BUSINESS O\	ation / Job title (See Instructions) WNER	Employer (See Instructi PINNACLE RESTAU	,		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
12/08/2023	BRETT SMITH Contributor address; City; 605 TERRY CT, LUCAS	State; Zip Code	2,000.00		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction CROWDSTRIKE, INC	·		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requester	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME CHRISTOPH	HER W WILSON	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF U	NITEMIZED LOANS	\$ 3,820.79	
5 Date of loan 11/21/2023	7 Name of lender	e PAC (ID#:)	9 Loan Amount (\$) 3,820.79
6 Is lender a financial Institution?	8 Lender address; City; 5101 STATE HIGHWAY 34, H	State; Zip Code	10 Interest rate 0.00
YON	75446		11 Maturity date 05/28/2024
12 Principal occupation RANCHER-O	on / Job title (See Instructions)	Н	
14 Description of Coll	lateral	Check if personal fund account (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
■ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	cion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal fund account (See Instructi	ds were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
annliantia	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE struction guide for additional rep	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services	Salaries/	Wages/Contract Labor	Other (enter a cate	gory not listed above)
Credit Cald Payment		The Instruction Guide explai	ns how to	complete this form.		
1 Total pages Schedule F1	1	AME OPHER W WILSON			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Payee na	me				
11/23/2023	GODAD	DY				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
288.93	Godadd	y.com LLC, 2150 E W	/arner F	Rd, Tempe, AZ		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		WEB SITE EX	PENSE	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	ı, TX, officeholder livi	ng expense
9 Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H CHRIST	TOPHER W WILSON		COMMISSIONER	3	
Date	Payee na	me				
11/26/2023	ADOBE					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
58.70	345 Park	Avenue San Jose, C	aliforni	a 95110-2704		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE	ADVER	TISING EXPENSE		DESIGN		
OF EXPENDITURE						
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct		te / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	CHRIS	TOPHER W WILSO) NC	COMMISSION	ER3	
Date	Payee nar	me				
11/26/2023	GODADI	ΟY				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
22.16	Godaddy.	com LLC, 2150 E Wa	arner R	d, Tempe, AZ		
	Category (See Categories listed at the top of this sc	hedule)	Description		
PURPOSE OF EXPENDITURE	ADVERT	ISING EXPENSE		WEB SITE EXP	ENSE	
	С	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidat	e / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	CHRIST	OPHER W WILSON	۱ C	OMMISSIONER	23	
	ATTA	CH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEED	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME CHRISTOPHER W WILSON		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2023	5 Payee name GODADDY		
288.93	7 Payee address; Godaddy.com LLC, 2150 E Warner	city; Rd, Tempe, AZ	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEB SITE EXF	PENSE
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3	Office held
Date	Payee name		
11/26/2023	ADOBE		
Amount (\$)	Payee address;	City;	State; Zip Code
58.70	345 Park Avenue San Jose, Californ	ia 95110-2704	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DESIGN	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONE	Office held
Date	Payee name		
1/26/2023	GODADDY		
Amount (\$)	Payee address;	City;	State; Zip Code
22.16	Godaddy.com LLC, 2150 E Warner F	Rd, Tempe, AZ	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEB SITE EXP	ENSE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	CANDISTOPHED MANUSON	Office sought	Office held
	CHRISTOPHER W WILSON	COMMISSIONER	3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	•	Gift/Awards/Memonals Expense Legal Services The Instruction Guide explain:		xpense Vages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1	1				3 Filer ID (Ethic	s Commission Filers)
9	+	PHER W WILSON				
4 Date	5 Payee na					
11/23/2023	GODAD					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
288.93	Godadd	Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ				
8	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE WEB SITE EXPENS			PENSE		
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder living	g expense
- CONT. 1 CONT				Office sought	3	Office held
Date	Payee nai	me				
11/26/2023	ADOBE					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
58.70	345 Park	Avenue San Jose, Ca	aliforni	a 95110-2704		
	Category	(See Categories listed at the top of this sch	redule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		DESIGN		
	(Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct		te / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	CHRIS	TOPHER W WILSO	N (COMMISSION	ER3	
Date	Payee nar	ne				
11/26/2023	GODADI	ΟΥ				
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
22.16	Godaddy	.com LLC, 2150 E Wa	rner R	d, Tempe, AZ		
	Category (See Categories listed at the top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE	ADVERT	ISING EXPENSE		WEB SITE EXP	PENSE	
	С	heck if travet outside of Texas. Complete Sche	dule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidat	e / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	CHRIST	OPHER W WILSON	С	OMMISSIONEF	R3	
	ATTA	ACH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Benking Consulting Expense

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

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME CHRISTOPHER W WILSON	3	Filer ID (Ethics Commission Filers)
4 Date 11/23/2023	5 Payee name GODADDY		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
288.93	Godaddy.com LLC, 2150 E Warner	Rd, Tempe, AZ	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEB SITE EXP	ENSE
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3	Office held
Date	Payee name		
11/26/2023	ADOBE		
Amount (\$)	Payee address;	City;	State; Zip Code
58.70	345 Park Avenue San Jose, Californ	nia 95110-2704	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DESIGN	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER	Office held
Date	Payee name		
11/26/2023	GODADDY		
Amount (\$)	Payee address;	City;	State; Zip Code
22.16	Godaddy.com LLC, 2150 E Warner F	Rd, Tempe, AZ	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEB SITE EXPE	NSE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	CHRISTOPHER W WILSON	COMMISSIONER3	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politic		Legal Services	Salaries/	Nages/Contract Labor	Other (enter a cate)	gory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to	complete this form.		
1 Total pages Schedule F1		ME PHER W WILSON			3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee nar	ne				
11/23/2023	GODAD	DY				
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
288.93	Godaddy	com LLC, 2150 E W	arner F	Rd, Tempe, AZ		
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		WEB SITE EX	PENSE	
	(c) (Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name OPHER W WILSON		Office sought COMMISSIONER:	3	Office held
Date	Payee nan	ne				
11/26/2023	ADOBE					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
58.70	345 Park	Avenue San Jose, C	aliforni	a 95110-2704		
	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE	ADVER	TISING EXPENSE		DESIGN		
OF EXPENDITURE						
	C	neck if travel outside of Texes. Complete Sc	thedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	CHRIS	TOPHER W WILSO	ON (COMMISSIONI	ER3	
Date	Payee nam	ne				
11/26/2023	GODADD	Υ				
Amount (\$)	Payee add	ess;		City;	State;	Zip Code
22.16	Godaddy.	com LLC, 2150 E Wa	arner R	d, Tempe, AZ		
	Category (9	see Categories listed at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	ADVERT	SING EXPENSE		WEB SITE EXP	PENSE	
	Ch	eck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate	e / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	CHRIST	OPHER W WILSON	۱ C	OMMISSIONEF	R3	
	ATTA	CHADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME CHRISTOPHER W WILSON		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2023	5 Payee name GODADDY		
6 Amount (\$) 288.93	7 Payee address: Godaddy.com LLC, 2150 E Warner	city; Rd, Tempe, AZ	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEB SITE EXP	PENSE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3	Office held
Date	Payee name		
11/26/2023	ADOBE		
Amount (\$)	Payee address;	City;	State; Zip Code
58.70	345 Park Avenue San Jose, Californ	ia 95110-2704	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DESIGN	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONE	Office held
Date	Payee name		
11/26/2023	GODADDY		
Amount (\$)	Payee address;	City;	State; Zip Code
22.16	Godaddy.com LLC, 2150 E Warner R	d, Tempe, AZ	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEB SITE EXPE	ENSE
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	E D

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Candidate/Officeholder/Politic Credit Card Payment		a/Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 9	2 FILER NAME CHRISTOPHER W WILSON		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2023	5 Payee name GODADDY		
6 Amount (\$) 288.93	7 Payee address; Godaddy.com LLC, 2150 E Warner	City: Rd, Tempe, AZ	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEB SITE EXF	PENSE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3	Office held
Date	Payee name		
11/26/2023	ADOBE		
Amount (\$)	Payee address;	City;	State; Zip Code
58.70	345 Park Avenue San Jose, Californ	nia 95110-2704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DESIGN	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONE	Office held
Date	Payee name		
11/26/2023	GODADDY		
Amount (\$)	Payee address;	City;	State; Zip Code
22.16	Godaddy.com LLC, 2150 E Warner I	Rd, Tempe, AZ	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEB SITE EXPE	ENSE
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule FI: 4 Date CHRISTOPHER W WILSON COMMISSIONER3 8 PURPOSE OF EXPENDITURE CHRISTOPHER W WILSON COMMISSIONER3 CHRISTOPHER W WILSON CHRISTOPHER W WILSON CHRISTOPHER W WILSON CHRISTOPHER W WILSO	Contributions/Donations Made 6 Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor O	rave! Out Of District ther (enter a category not listed above)
6 Amount (\$) 7 Payse address; City: State: Zip Code 288.93 8 PURPOSE OF EXPENDITURE (a) Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE (b) Category (See Celegories listed at the top of this schedule) CHRISTOPHER W WILSON Candidate / Office hold CHRISTOPHER W WILSON Complete QNLY if direct of Payse address; Complete QNLY if direct expenditure to benefit C/OH Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE (c) Category (See Celegories listed at the top of this schedule) ADOBE Amount (\$) Payse address; City: State: Zip Code Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE Complete QNLY if direct expenditure to benefit C/OH Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE Complete QNLY if direct expenditure to benefit C/OH Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE Complete QNLY if direct expenditure to benefit C/OH Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE Complete QNLY if direct expenditure to benefit C/OH Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE Category (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE Celegory (See Celegories listed at the top of this schedule) ADVERTISING EXPENSE Check if taustin, Tx, officeholder living expense Check if taustin ty, officeholder living expense Check if taustin ty, officeholder living expense Check if taustin ty, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Check if taustin ty, officeholder living expense Check if taustin ty, officeholder living			3	Filer ID (Ethics Commission Filers)
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			and the same of th	
ATTACH ADDITIONAL CODING OF THIS SCHEDING IN SIGNIFICATION				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	,	a/Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME CHRISTOPHER W WILSON		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2023	5 Payee name GODADDY		
6 Amount (\$) 288.93	7 Payee address; Godaddy.com LLC, 2150 E Warner	City: Rd, Tempe, AZ	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEB SITE EX	PENSE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONERS	Office held
Date	Payee name		
11/26/2023	ADOBE		
Amount (\$)	Payee address;	City;	State; Zip Code
58.70	345 Park Avenue San Jose, Californ	nia 95110-2704	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DESIGN	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONE	Office held
Date	Payee name		
11/26/2023	GODADDY		
Amount (\$)	Payee address;	City;	State; Zip Code
22.16	Godaddy.com LLC, 2150 E Warner F	Rd, Tempe, AZ	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEB SITE EXP	ENSE
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS		
	711 1110 11110 11110 11110 11110		

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

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

1110	Instruction Guide explains how to complete this form.	1 Total pages Sche	Jule K: 1
2 FILER NAME CHRISTO	PHER W WILSON	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	USAA BANK		
12/21/2023	6 Address of person from whom amount is received; City; Sta 9800 Fredericksburg Rd. San Antonio, TX 78288	te; Zip Code	0.02
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	INTEREST PAID INTO CAMPAIGN CHECKING AG	CCOUNT	
Date	Name of person from whom amount is received		Amount (\$)
	USAA BANK		0.00
01/19/2024	Address of person from whom amount is received; City; Sta	ite; Zip Code	0.03
01/13/2024	9800 Fredericksburg Rd. San Antonio, TX 78288		
	Purpose for which amount is received Check if	political contribution r	eturned to filer
	INTEREST PAID INTO CAMPAIGN CHECKING AC	CCOUNT	
Date	INTEREST PAID INTO CAMPAIGN CHECKING AC	CCOUNT	Amount (\$)
Date			
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State		Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State	e; Zip Code	Amount (\$)
	Name of person from whom amount is received Address of person from whom amount is received; City; State Purpose for which amount is received Check if p	e; Zip Code	Amount (\$)