

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)

2 Total pages filed: 16

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MR CHRISTOPHER W
NICKNAME LAST SUFFIX
CHRIS WILSON

OFFICE USE ONLY

Date Received
2/20/2024 1:30 PM
Vicki Miller

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5101 STATE HIGHWAY 34. HONEY GROVE TX 75446

Change of Address

Date Hand-delivered or Date Postmarked

2/20/2024

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR CHRIS
NICKNAME LAST SUFFIX
JOHNSON

Date Processed
2/20/2024

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
411 NORTH MAIN STREET, BONHAM, TX 75418

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 815-1661

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election 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 DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FANNIN COUNTY COMMISSIONER-3

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
CHRISTOPHER W WILSON

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. 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 DAY OF REPORTING PERIOD	\$ 644.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,820.79

18 SIGNATURE 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.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

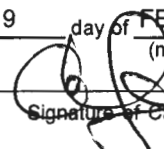
OR

(2) Unsworn Declaration

My name is CHRISTOPHER W WILSON, and my date of birth is 09/27/1964.

My address is 5101 STATE HIGHWAY 34, HONEY GROVE, TX, 75446, USA.

Executed in FANNIN County, State of TEXAS, on the 19 day of FEBRUARY, 2024.



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME CHRISTOPHER W WILSON		20 Filer ID (Ethics Commission Filers)
21 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 CONTRIBUTIONS		\$ 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 FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. ■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 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 this form.		1 Total pages Schedule A1: 2
2 FILER NAME CHRISTOPHER W WILSON		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) CHRISTOPHER W WILSON 6 Contributor address; City; State; Zip Code 5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) RANCHER		9 Employer (See Instructions) MOSS CREEK RANCH OWNER OPERATOR
Date 11/24/2023	Full name of contributor out-of-state PAC (ID#: _____) JENNIFER CWAGENBERG Contributor address; City; State; Zip Code 5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446	Amount of contribution (\$) 2.56
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions) PROTOPIA.AI
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL WILSON Contributor address; City; State; Zip Code 3101 TOWERCREEK PARKWAY, SUITE 560, ATLANTA, GA 30339	Amount of contribution (\$) 953.20
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) PINNACLE RESTAURANT SERVICES
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: _____) BRETT SMITH Contributor address; City; State; Zip Code 605 TERRY CT, LUCAS, TX 75002	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) 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 this form.

1 Total pages Schedule A1: **2****2** FILER NAME**CHRISTOPHER W WILSON****3** Filer ID (Ethics Commission Filers)**4** Date

11/21/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

CHRISTOPHER W WILSON**6** Contributor address;

City;

State;

Zip Code

5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446

7 Amount of contribution (\$)**2,500.00****8** Principal occupation / Job title (See Instructions)**RANCHER****9** Employer (See Instructions)**MOSS CREEK RANCH OWNER OPERATOR**

Date

11/24/2023

Full name of contributor

out-of-state PAC (ID#: _____)

JENNIFER CWAGENBERG

Contributor address;

City;

State;

Zip Code

5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446

Amount of contribution (\$)

2.56

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

PROTOPIA.AI

Date

11/30/2023

Full name of contributor

out-of-state PAC (ID#: _____)

MICHAEL WILSON

Contributor address;

City;

State;

Zip Code

3101 TOWERCREEK PARKWAY, SUITE 560, ATLANTA, GA 30339

Amount of contribution (\$)

953.20

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

PINNACLE RESTAURANT SERVICES

Date

12/08/2023

Full name of contributor

out-of-state PAC (ID#: _____)

BRETT SMITH

Contributor address;

City;

State;

Zip Code

605 TERRY CT, LUCAS, TX 75002

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME CHRISTOPHER W WILSON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,820.79
5 Date of loan 11/21/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER W WILSON	9 Loan Amount (\$) 3,820.79
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code 5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446	10 Interest rate 0.00
		11 Maturity date 05/28/2024
12 Principal occupation / Job title (See Instructions) RANCHER-OWNER		13 Employer (See Instructions) MOSS CREEK RANCH
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
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 (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract 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: 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; City; State; Zip Code Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEB SITE EXPENSE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3
Date 11/26/2023	Payee name ADOBE	
Amount (\$) 58.70	Payee address; City; State; Zip Code 345 Park Avenue San Jose, California 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, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3
Date 11/26/2023	Payee name GODADDY	
Amount (\$) 22.16	Payee address; City; State; Zip Code Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEB SITE EXPENSE
	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 COMMISSIONER3

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DESIGN
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3
Date 11/26/2023	Payee name GODADDY	
Amount (\$) 22.16	Payee address; City; State; Zip Code Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEB SITE EXPENSE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract 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: 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; City; State; Zip Code Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEB SITE EXPENSE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3
Date 11/26/2023	Payee name ADOBE	
Amount (\$) 58.70	Payee address; City; State; Zip Code 345 Park Avenue San Jose, California 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, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3
Date 11/26/2023	Payee name GODADDY	
Amount (\$) 22.16	Payee address; City; State; Zip Code Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEB SITE EXPENSE
	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 COMMISSIONER3

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
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1 Total pages Schedule F1: 9		2 FILER NAME CHRISTOPHER W WILSON		3 Filer ID (Ethics Commission Filers)	
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description WEB SITE EXPENSE		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CHRISTOPHER W WILSON		Office sought COMMISSIONER3	
Date 11/26/2023		Payee name ADOBE			
Amount (\$) 58.70		Payee address; City; State; Zip Code 345 Park Avenue San Jose, California 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, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CHRISTOPHER W WILSON		Office sought COMMISSIONER3	
Date 11/26/2023		Payee name GODADDY			
Amount (\$) 22.16		Payee address; City; State; Zip Code Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description WEB SITE EXPENSE		
	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 COMMISSIONER3	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

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1 Total pages Schedule F1: 9	2 FILER NAME CHRISTOPHER W WILSON	3 Filer ID (Ethics Commission Filers)
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Date 11/26/2023	Payee name ADOBE	
Amount (\$) 58.70	Payee address; City; State; Zip Code 345 Park Avenue San Jose, California 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, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER W WILSON	Office sought COMMISSIONER3
Date 11/26/2023	Payee name GODADDY	
Amount (\$) 22.16	Payee address; City; State; Zip Code Godaddy.com LLC, 2150 E Warner Rd, Tempe, AZ	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEB SITE EXPENSE
	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 COMMISSIONER3

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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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME
CHRISTOPHER W WILSON

3 Filer ID (Ethics Commission Filers)

4 Date

12/21/2023

5 Name of person from whom amount is received
USAA BANK
.....
6 Address of person from whom amount is received; City; State; Zip Code
9800 Fredericksburg Rd.
San Antonio, TX 78288

8 Amount (\$)

0.02

7 Purpose for which amount is received Check if political contribution returned to filer
INTEREST PAID INTO CAMPAIGN CHECKING ACCOUNT

Date

01/19/2024

Name of person from whom amount is received
USAA BANK
.....
Address of person from whom amount is received; City; State; Zip Code
9800 Fredericksburg Rd.
San Antonio, TX 78288

Amount (\$)

0.03

Purpose for which amount is received Check if political contribution returned to filer
INTEREST PAID INTO CAMPAIGN CHECKING ACCOUNT

Date

Name of person from whom amount is received
.....
Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received
.....
Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

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