CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Etnics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE! OFFICEHOLDER MS / MRS / MR OFFICE USE ONLY DEREK NAME NICKNAME SUFFIX WILKEE ADDRESS / PO BOX; STATE; ZIP CODE 4 CANDIDATE; APT / SUITE #; **OFFICEHOLDER** 51 NOBLE LN. SHEPHERD TX 77371 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE PHONE NUMBER EXTENSION OFFICEHOLDER (713)962-9587 PHONE MS / MRS / MR 6 CAMPAIGN TREASURER MR. NAME NICKNAME SUFF X Date Imaged MILLKIE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN STATE: ZIP CODE TREASURER 51 NOBLE LN. SHEPHERD 77371 ADDRESS (Residence or Lus:ness) AREA CODE 8 CAMPAIGN PHONE NUMBER TREASURER PHONE (713) 962-9597 9 REPORT YPE January 15 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 10 /30/23 THROUGH 31 2025 11 ELECTION ELECTION DATE ELECT ON TYPE Primary Runoff Other General Special 12 OFFICE OFFICE HELD (# anv) 13 OFFICE SOUGHT (If known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Peges COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

	E/OFFICEHOLDER FINANCE REPORT	FORM COVER SHEET			
15 C/OH NAME	REK WILKSE	6 Filer ID (Ethics Commission	n Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s O			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 2131.5	J3		
CONTRIBUTION BALANCE	5. TOTAL FOLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL FRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$			
	vear, or affirm, under penalty of perjury, that the accompanying report is true a uired to be reported by me under Title 15, Election Code.	and correct and includes all	information		
Signature of Candidate or Officeho der Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
	efore me by this the hich, witness my hand and seal of office.	day of			
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administ	ering oath		
(a) (Incomes Books at in-	OR				
(2) Unsworn Declaration		100			
My name is DEREK My address is SI		200			
	(street) (state of TEXAS on the IST day of EB.		WAGELUIDS N)		

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ J 2. \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0 3. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 0 SCHEDULE E: LOANS 4. 0 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 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 2131.53 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH \$ 11, SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE	A1
If the requ	ested information is not applicable, DO NOT include this page in the	report.	
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1	
2 FILER NAM	E	3 Filer ID (Ethics Commission	n Filers)
4 Dale	5 Full name of contributor	7 Amount of contribution (s)
	6 Contributor address; City; State; Zip Code		
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City; State; Zip Code		
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (S)
	Contributor address; City, State; Zip Code		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (S)
	Contributor address; City: State; Zip Code		
Principal occu	pation / .ob title (See Instructions) Employer (See Instructions)	cions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor 5 Date ut-of-state PAC (ID#.__ Amount of 9 In-kind contribution Contribution \$ description 7 Contributor address City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-VIDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR INDICIAL) Full name of contributor Out-of-state PAC (IDM) Date Amount of In-kind contribution Contribution \$ description Contributor address: City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributors principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED f contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

	ED CONTRIBUTIONS sted information is not applicable, DO NOT in	nclude this page	in the report.	SCHEDULE B
Tho	Incompation Cride appleirs have a service about		1 Total pages Schedu	le B
Trie	Instruction Guide explains how to complete this	s form.		
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; St		Check if travel outsid	le of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor out-of-state PAC (ID#,		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
Dringing Loosup	ation / Job title (See Instructions)	Santaura (San		e of Texas. Complete Schedule T.
гинарат оссир	ation / Job little (See Histractions)	Employer (See	mstructions)	
Date	Full name of pledgor out-of-state PAC (ID#	1	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St.	ate; Zip Code	1	
			Check if travel outside	e of Texas, Complete Schedule 1
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgo: out-of-state_PAC_(ID#		Amount of Pledge \$	In-kind contribution description
	Pledgor address. City; State.	Zip Code		
			Check if travel outside	e of Texas. Complete Schedule T.
Principal occupa	ation / oob title (See Instructions)	Employer (See	Instructions)	
/ If c	ATTACH ADDITIONAL COPIES (ontributor is out-of-state PAC, please see Instr			equirements.

LOANS		HEDULE E
If the requested information is not applicable, DO NO	OT include this page in the report.	
The Instruction Guide explains how to com	plete this form.	Schedule E:
2 FILER NAME	3 Filer ID (Et	hics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$	
5 Date of loan 7 Name of lender out-of-state	PAC (ID#:) 9 Loan Amo	unt (\$)
6 Is lender a financial Institution? 8 Lender address: City;	State; Zip Code 10 Interest rate	
YN	11 Maturity da	ate
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral none	Check if personal funds were deposite account (See Instructions)	ed into political
16 GUARANTOR 17 Name of guarantor INFORMATION.	19 Amount Gr	uaranteed (\$)
18 Guarantor address; City; ☐ not applicable	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#. Loan Amou	unt (\$)
Is lender Lender address; City; a financial Institution?	State; Zip Code Interest rat	е
YN	Maturity da	te
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral in none	Check if personal funds were deposite account (See Instructions)	d into political
GUARANTCR Name of guarantor INFORMATION	Amount Gu	paranteed (\$)
Guarantor address; City,	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
	PIES OF THIS SCHEDULE AS NEEDED struction guide for additional reporting require	ments.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE FA

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing 5x1 er Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Travel Out Of Distr Polling Expense Gift/Awards/Memorials Expense Printing Expense 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 2 FILER NAME 3 File ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: City; Zip Code State (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE EXPENDITURE** (c) Check it travel outside of Texas, Complete Scho Check if Austin TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office Held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address City; State; Category (See Assenting listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office hold expenditure to benefit C/OH Payee name Amount (\$) Payee address; City; Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule I. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 If the regulated information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Event Expense Advertising Expe Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Fees Consulting Expense Contributions/Denation Made By Food/Beverage Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Offic Rollitical Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total page: Schedule F2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS S 5 Date 6 Payee name 7 Amount (\$) 8 Payee address. City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Comte Schedule -Check if Austin, TX_I officeholder living expense 11 Complete ONLY I direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Рауее пате Amount (\$) Payee address; City; Zip Code State: TYPE OF EXPENDITURE Non-Political Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Complete (N)Y f direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	ASE OF INVESTMENTS MADE POLITICAL CONTRIBUTIONS	SCH	EDULE F3
If the reques	sted information is not applicable, DO NOT include this page i	n the report.	
7	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F	
2 FILER NAME		3 Filer ID (Ethics Commiss	on Filers)
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased;	ty State;	Z p Code
	7 Description of investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; Cit	y, State,	Zio Code
	Description of investment		
	Amount of investment (\$)		
/ ,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Event Expense Advertising Ex Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Extense Accounting/Barking Consulting Exprines Contributions/Donations Made By Candidate/Officer Adem/Political Committee Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 7 Amount (\$ 8 Payee address; City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political (a) Category (See Category listed at the top of this schedule) 10 (b) Description PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ON_Y if direct expenditure to benefit C/OH Payee name Date Amount (\$ Payee address; State: Zip Code TYPE OF EXPENDITURE Political Non-Folitical Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austr TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Foed Foed/Beverage Expense Food/Beverage Expense Food/Beverage Expense Forming Expense Polling Expense Printing Expense Legal Services Food Box 8(a) Loan Repayment/Reimbursement Office Overtiead/Rental Expense Fransportation Equipment & Relation Travel In District Travel Out of District Travel Out of District Travel Out of District Other (enter a category not isted a

Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli CreditCard Payment	tical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not issed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
11-20-23	KINGWOOD SIGNS
6 Amount (\$)	7 Payee address; City State; Zp Code
Reimbursament from political contributions intended	14420 FM 1314 PORTER TX 77365
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	ADVERTISING EXPENSE SIGNS
	(c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Office hald Office sought Office held
expenditure to benefit C/OH	DEREK WILKIE CONSTABLE PCT. 1
Date	Payee name
11-24-23	PENSRUS, COM
Amount (\$) 3 7 . 3 8 Reimbursement from political contributions intended	Payee address; City; State: Zo Code P. O. Box 313 TALLMADGE OH 44278
PURPOSE	Category (See Categories listed at the top of this schedule) Description
OF	ADVERTISING EXPENSE PENS & MOTEPADS
EXPENDITURE	
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Office holder name Office sought Office sought Office hold OFfice hold
Date	Payee name
11-22-23	TRACTOR SUPPLY
Amount (\$)	Payee address; City; State; Z:p Code
Reimbursement from political contributions intended	1725 EAST HOUSTON ST CLEVELAND TX 77827
PURPOSE	Category (See Categories listed at the top of this schedule) Description MATERIALS TO
OF EXPENDITURE	OTHER T-POST/ HANG SIGNS
	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	DEREK WILKIZ CONSTABLE PLT. 1
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

If the reque	ested information is not applicable, DO NOT include t	this page in the report.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expension Accounting/Banking Consulting Expensions/Dona Candidate/Critical Credit Card Paymen	g Fees Office Over Food/Beverage Expense Polling Extens Made By Git/Awards/Memorials Expense Printing E	xpenta Travel Out Of District Wages/Contract Labor Other (enter a category not ilsted above)
1 Total pages Sch	hedule G: 2 FILER NAME	2 532 10 1541 0 1 1 1 5
		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12-15-1	3 SAN JAKENTO COUNTY REI	PARTY PARTY
6 Amount (s) 50.00 Reimbursem political continuended		City; State; Zip Code COLD SPRING TX 77331
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITUR	(c) Check "travel outside of Texas. Complete Schedule T.	MEET THE CANTOATE NICHT
9	Candidate / Officeholder name	Check if Austin TX, officeholder living expense
Complete ONLY 1 expenditure to bene	direct	Office sought Office held
Date	Payee name	
11-20-2	3 SAN JACTURO COUNTY P	EPUBLICAN PARTY
Amount (S) 375 D Reimburseme political contri	entirom	City: State: Zip Code COLDSPRING T+ 7737/
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	E OTHER	FILING FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY expenditure to be	II direct	Office sought Office held
Date	Payee name	
Amount (S)	Payee address;	City; State; Zip Code
Reimburseme political contril intended		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Candidate / Officeholder name	Check if Austin TX, officeholder living expense
Complete <u>ONLY</u> f di expenditure to bone	frect	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

I .		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR M. R. NICKNAME	PIRST DEREK LAST WILKTE	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX SI NOBL AREA CODE (713)	; APT / SUITE #; C	EXTENSION	Date Hand colivered or Date Postmisiked
6 CAMPAIGN TREASURER NAME	M\$ / MR\$ / MR M 2, NICKNAME	FIRST DEREK LAST WILKTE	MI S SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	JITE#; CITY: SHE PHERD	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elected as the state of the	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year 25/2024
11 ELECTION	ELECTION DAY Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE SCUGHT (I' krown)	PCT. 1
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	EHOLUER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF TH	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ -**TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE, TOTALS \$ 4. **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD Parameter and the second second OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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 _____ , 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 (2) Unsworn Declaration My name is DERCK WILKTE and my date of birth is _____ NOBLE LN SHEPHERD (city) (state) (zip code) (country) Executed in SAN TACTURE County, State of TOXAS, on the 180 day of FEB >/N/

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

_		
19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1:	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4	SCHEDULE E: LOANS	\$ O
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ D
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 342.74
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ O
11 ₊₁	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:___ 6 Contributor address: City: State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 5 Date ut-of-state PAC (ID#_ Amount of 9 In-kind contribution Contribution \$ 7 Contributor address. State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor s a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor Out-of-state PAC Date Amount of In-kind contribution Contribution \$ description Contributor address; City: State Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ___ out-of-state PAC (ID#:__ Amount 9 In-kind contribution of Pledge description 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) Date Full name of pledgor Amount In-kind contribution ☐ cut-of-state PAC (ID# of Pledge \$ description Pledgor address; City; State Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date D sui-of-state PAC (ID# Amount of In-kind contribution Full name of piedgor Pledge \$ description Pledgor address; State; Zip Code Check if travel cutside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor ul-of-state PAC (ID#_ description Pledge \$ Pledgo address; State; Zip Code City; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS If the requeste	ed information is not applic	able DO NO	OT include this page in the r	SCHEDULE E
		-	equited existing and an ex-	1 Total pages Schedule E
The	Instruction Guide explains	how to com	plete this form.	i Total pages achedule E
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS			\$
5 Date of loan	7 Nama of lender	out-of-state	PAC ID#	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupati	ion / Job title (See Instruction)	\	13 Employer (See Instructions)	
14 Descript on af Col	lateral		Check if personal fur account (See Instruc	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor	/	\	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state	PAC (ID#	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State; Zin Code	Interest rate
Y N			/	Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colla	ateral		Check if personal fun account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address;	City;	State; Zir Code	
Principal Occupation	on (See Instructions)		Employer (See Instructions)	
If le			ES OF THIS SCHEDULE AS NEI	

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 Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Reputed Expense Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Pollina Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category novisted above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethips Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address City: Zip Code State: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City: State: Zip Code Category (See Categories little at the top of this schedule) Description PURPOSE OF **EXPENDITURE** The rivel our side 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 Date Payee name Amount (\$) Pavee address: City, State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel cutside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Make By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate Officer older/Polifical Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2 I FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee hame 7 Amount (\$) 8 Payee address City: State: Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the con of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Son Check & Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; State: Zip Code TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Descript on PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to Lenefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requ	ested information is not applicable, DO NOT include this page	ge in the report.
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (S)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zíp Code
	Description of investment	
	Amount of investment (s)	
1	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Travel In District Polling Expense Printing Expense Contributions/Donations Make By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Poli cal 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 F4 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; Zip Code State: TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the of this schedule) (b) Description **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas Complete Sc date T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete CNLY if direct expenditure to benefit C/OH Pavee name Amount (\$) Payee address; Sity State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder ving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

ii the requested if	normation is not applicable, bo NOT Include	de this page in the rep	ort.
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Offic Food/Beverage Expense Polli By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
,			THE 1D (Ethics Commission Filers)
4 Date	5 Payee name		
1-23-24	KINGWOOD STGUS		
6 Amount (\$) Lo. O O Reimbursement from political contributions intended	7 Payee address; 24420 FM 1314 STE. 10	7 PORTER	State; Zip Code TV 77365
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF EXPENDITURE	ADVERTISING EXPENSE	E SIGNS	
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DEREK WILKEE	Office sought	Office held
Date	Payee name		
1-23-24	TRACTOR SUPPLY		
Amount (\$) 25.45 Reimbursement from political contributions intended	Payce address; 1725 EAST HOUSTON ST	CLZOZLANO	State; Zip Code 77327
PURPOSE OF	Category (See Categories listed at the top of this schedule	7 W	ATERTALS TO
EXPENDITURE	OTHER	T-POST / HA	NG STGNS
	Check if travel outside of Texas, Complete Şchedule T	Check if Austin	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH DEREIK WILKIE	Office sought CONSTABLE	Office held
Date	Payee name		
1-9-2074	WALMART		
Amount (5) 32.75 Reimbursement from publifical contributions intended	Payee address; 931 Hwy 59 S	CLEVELAN	State; Zip Code 77327
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	EVENT EXPENSE	DECORATEO	US
EXI ENDITORE	Check if travel outside of Texas Complete Schedule T		X, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE G

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/Reinburserrent Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 1-10-24 WALMART 7 Payee address; 6 Amount (\$) Zip Code 25.56 1620 W CHURCH ST LIVINGSTON 77351 Reimbursament from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EVENT EXPENSE DRINKS **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Ch∋ck of Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1-9-24 MCCOY Amount (\$) Zip Code 31,09 1000 CLEUZLAND 77327 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1-10-24 MCCOY'S Amount (\$) Payee address; City; State; 42.44 Reimbursement from Zip Code FRUNTAGE RA 1000 CLEVELAND 77327 political contributions ntenced Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE OTHER Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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 GitVAwards/Memorials Expense Legal Services

Loan Repayment/Reimburzement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wegos/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (entire a critical property of listed should)

Credit Card Payment	The instruction Guide explains how t	o complete this form.	CONTRACTOR OF THE CONTRACTOR O
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1-27-24	5 Payee name 1 PACTOR SUPPLY		
6 Amount (\$) 25.45 Reimbunsementfrom political contributions intended	7 Payee address; 1725 EAST HOUSTON ST	CHY; CLEVELAND	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (c) Check if travel outside of Texas, Compilete Schedule T.		R HARNGING SIGNS IX, Officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Oate	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	Сіту;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/O.	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, T	CX, officeholder living expense Office held
Date	Payee name		
Amount (\$) Reimbusement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
	Candidate / Officeholder name	Office sought	

			IENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA PG 1
		See	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2	CANDI	DAT≣	MS / MRS / MR FIRST MI	OFFICE USE ONLY
	NAME		DEREK	Filer ID#
			NICKNAME LAST SUFFIX	Date Received
			WILKIE	
3	CANDI		ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE	
	MAILIN ADDRE		51 NOBLE LN SHEPHERD TX 77371	AD Z w
				Date Hand-delivered of Resimances
_	CANDID	AFE	AREA CODE PHONE NUMBER EXTENSION	Recailer Amounts
4	PHONE			\$ E
			(713) 962-7587	Date Processed
5	OFFICE HELD (if any)			Date Imaged
6	OFFICE			
	(if known)	ļ	CONSTABLE POT 1	
7	CAMPAI TREASU		MSMRSMF FIRST MI NICKNAME DEREIL 5	LAST SUFFIX
	NAME		Dekor-	J
8	CAMPA		STREET ADDRESS; APT / SUITE #; CITY;	STATE: ZIP CODE
	TREASI STREE I ADDRE	r I	51 NOBLE LA SHEPHERD	TX 7737/
(residence or	b siress)		
9	CAMPA		AREA CODE PHONE NUMBER EXTENSION	
	TREASU PHONE	RER	(73) 010 000	
			(713) 962-8587	
10	CANDID/ SIGNATL		I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
			I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of
			I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	10-30 73
			Signature of Candidate	Date Signed
			GO TO PAGE 2	

FORW CTA **CANDIDATE MODIFIED** REPORTING DECLARATION PG 2 11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING DECLARATION **CHOOSING MODIFIED REPORTING** - This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) · Candidates for the office of state chair of a political party may NOT choose modified reporting. .. I do not intend to accept more than \$1,010 in political contributions dr make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report. Year of election(s) or election cycle to Signature of Candidate which declaration applies This appointment is effective on the date it is filed with the appropriate filing authority. TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070 Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

APPOINTN BY A CAN	IENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA	
Se	e CTA Instruction Guide for detailed instructions.	1 Total pages files:	
2 CANDIDATE NAME	MS/MRS/MR FRST MI DEREK 5 NICKNAME LAST SUFFIX	OFFICE USE ONLY	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 51 NOBLE LU SHEPHERD TY 77371	JACINT OR SAMURAL OF THE PROPERTY OF THE PROPE	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (7/3) 962-9587	Date control	
5 OFFICE HELD (if any)		Date Imaged	
6 OFFICE SOUGHT (if known)	CONSTABLE PCT 1		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME DEREK 5	LAST SUFFIX	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT/SUITE #: CITY: SHEPHERD	STATE ZIP. CODE 7737/	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 962-8587		
10 CANDIDATE SIGNATURE	Lam aware of the Nepotism Law. Chapter 573 of the Te	xas Government Code.	
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions		
	from corporations and labor organizations. Signature of Candidate	10 - 30 - 7.3 Date Signed	
	GO TO PAGE 2		

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

- 11 CANDIDATE NAME
- 12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
- •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
 - •• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$1,010 n political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR M. R., NICKNAME	DEREK LAST WILKTE	MI S SUFFIX	OFFICE USE ONLY Date Becoved
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX		CITY: STATE: ZIP CODE HEPHERD TH 77371 EXTENSION	R 0 1 2024 INTO CO ADMINIST
OFFICEHOLDER PHONE	(7/3)	962-959 FIRST		Date Hand delivered or Date Posiniarked Receipt # Amount S
6 CAMPAIGN TREASURER NAME	MR.	DEREK LAST NILKEÉ	S SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	l	(NO PO BOX PLEASE); APT / SI	UITE #; CITY: S HEPIHERD	STATE; ZIP CODE 77371
8 CAMPAIGN TREASURER PHONE	AREA CODE (7/3)	PHONE NUMBER 962 - 8587	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD COVERED	Month	Day Year 7 6 / 24	Reporting Limit Manth THROUGH	Final Report (Attach C/OH - FR) Day Year 24 / 24
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 0 EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ **TOTAL POLITICAL EXPENDITURES** \$ CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD normal in the second control to the second OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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 _____ _____, 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 (2) Unsworn Declaration My name is ______, and my date of birth is ____ My address is (state) (zip code) (street) (city) (country) Executed in _____ county, State of _____ , on the ____ day of ____ (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Com			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1,6	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0		
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0		
4.	SCHEDULE E: LOANS	\$ O		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 0		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \(\rangle \)		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0		
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0		
9,,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0		