CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Dr.	FIRST Jennifer			MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST			SUFFIX	Date Received	
	NICKNAIVIE	Wilson			SUFFIX	RECE	IVED
4 CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #;	CITY;	STATE;	ZIP CODE		1:10
OFFICEHOLDER MAILING			Lubbock	Tx	79424	APR 2	9 2022
ADDRESS						OFFICE OF THE C	ITY SECRETARY
Change of Address						OFFICE OF THE C	K, TEXAS
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER		EXTENSION	NC	Date Hand-delivered	or Date Postmarked
PHONE							
6 CAMPAIGN	MS / MRS / MR	FIRST			MI	Receipt #	Amount \$
TREASURER	Mr.	Robert				Date Processed	
NAME	NICKNAME	LAST			SUFFIX	Date Processed	
		Wood				Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); AP	T / SUITE #;	CITY;	hook	STATE;	ZIP CODE
ADDRESS				Lub	bock	TX	79424
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION	ON		
TREASURER							
PHONE							
9 REPORT TYPE					20	4500 4500 4500	
	January 15	30th day bef	fore election	Run	off	treasurer a	
				Ever	eeded Modified	(Officeholde	
	July 15	8th day befor	re election		orting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year			Month	Day Yea	r
COVERED	4	/ 1 / 22	THR	OUGH	4	/ 29 / 22	
	/						
11 ELECTION	ELECTION DA				ELECTION TYPE		
	Month Day	Year Prin	mary Ru	unoff	Other Description		
	5 / 7	/ 22 ■ Gen	neral Sp	pecial			
			T			,	
12 OFFICE	OFFICE HELD (if any)				OUGHT (if know		
			C	ity Coi	uncil Dist	rict 5	
14 NOTICE FROM		CE OF POLITICAL CONTRIBUTE					
POLITICAL COMMITTEE(S)		S AND OFFICEHOLDERS ARE R					
00111111112(0)	COMMITTEE TYPE	COMMITTEE NAME	n Camanaian				
		Dr. Jennifer Wilson	n Campaign				
Additional Pages	GENERAL	COMMITTEE ADDRESS	Lub	hock -	TX 79424		
/ Additional Fages	SPECIFIC	COMMITTEE CAMPAIGN			17. 7012		
	SPECIFIC	Robert Wood					
		COMMITTEE CAMPAIGN		DDRESS			
					ck, TX	79424	
						to ended the second	
		GO T	O PAGE	2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Dr. Jennifer Wilson Campaign			16 Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION 1. TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$	1-45
2.	TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, O		\$	55,331.74
EXPENDITURE TOTALS 3.	TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$	lei gale
4.	TOTAL POLITICAL EXPENDITUR	RES	\$	42,604.33
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	ST DAY \$	15,816.77
OUTSTANDING 6. LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		THE \$	
	affirm, under penalty of perjury, that the reported by me under Title 15, Election		and comect	and includes all information
			1////	1
	_	Signature of Car	ndidate or O	fficeholder
	Please complete	e either option below	<i>/</i> :	
(1) Afficavit Notary Publi	. MAYNARD ic, State of Texas # 13229477-4 n Expires 12-27-2023			
NOTARY STAMP/SEAL				
Sworn to and subscribed before m	ne by Jennifer Wilson	this the	Zath +	was April
		this the	da	ay of project,
20 23, to certify which, with	1 1	1 1		1/1
	Jimmy 1	laynard		Wtany
Signature of officer administering oath	Printed name of officer a	dministering oath	Title	e of officer administering oath
16. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	OR			
(2) Unsworn Declaration				
My name is		, and my date of birth is		
My address is				
	(street)	(city) (s	state) (zip	code) (country)
Executed in	County, State of, c	on the day of	, 2	0
		(month)	(year)
		Signature of Candid	Jate/Officehok	der (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dr. Jennifer Wilson Campaign	cs Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,975.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,356.74
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 42,604.33
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 CA	/ ОН \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicabl	le, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Dr. Jennife	r Wilson Campaign			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Barnett, Travis	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
04/01/2022	6 Contributor address;	city;	State; Zip Code Ck, TX 79424	500.00
8 Principal occu	pation / Job title (See Instructions)	er .	9 Employer (See Instruct	tions)
Date	Full name of contributor Bain, Mark	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/05/2022	Contributor address;	City;	State; Zip Code k, TX 79424	500.00
Principal occup Banker	pation / Job title (See Instructions)		Employer (See Instruct First United Bank	ions)
Date	Full name of contributor Kral, Kendal	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/06/2022	Contributor address;	City;	State; Zip Code	75.00
Principal occup Registered Nu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/08/2022	Hisey, Rebecca Contributor address;	City;	State; Zip Code	500.00
		Atn	ens, TX 75752	
Retired	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACHADDITI	ONAL CODIES	OF THIS SCHEDLILE AS N	EEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		A 9		
The	Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Dr. Jennife	r Wilson Campaign			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Marc McDougal	out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
04/20/2022	6 Contributor address;	city;	State; Zip Code Ck, TX 79423	500.00
8 Principal occu Real Estate	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor Robert Wood	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/20/2022		City;	State; Zip Code	4,000.00
Principal occup Developer	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Lubbock Chamber of C		C (ID#:)	Amount of contribution (\$)
04/20/2022	Contributor address;	City;	State; Zip Code	2,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Firefighter PAC		.C (ID#:)	Amount of contribution (\$)
04/20/2022	Contributor address;	City;	State; Zip Code	41,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACHADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC,	please see Inst	ruction guide for additional r	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 thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Dr. Jennife	r Wilson Campaign			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Hamman, Thomas	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
04/22/2022	6 Contributor address;	City;	State; Zip Code Ck, TX 79424	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Renteria, Antonio	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/24/2022	Contributor address;	City;	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/24/2022	Sams, Joe Contributor address;	city;	State; Zip Code	300.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Renteria, Antonio	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/29/2022	Contributor address;	City;	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACHARDIT	IONAL CODICE	OF THIS SCHEDULE AS N	IEEDED

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Dr. Jenni	fer Wilson Campaign		Filer ID (Ettiles Co	minission rileis)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor Out-of-state PAC (ID#:	tion DAC	8 Amount of Contribution \$	9 In-kind contribution description
	Lubbock Professional Firefighters Associa	LIOH PAC	250.00	I Musician Campaign
02/16/2022	7 Contributor address; City; State;	Zip Code	350.00	Event
			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor)		
Date			Amount of Contribution \$	In-kind contribution description
	Lubbock Professional Firefighters Association	tion PAC		Compaign Event
02/21/2022	Contributor address; City; State;	Zip Code	2,692.37	Campaign Event
				1
			Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ii contributor	is a clina, law min or parent(s) (ii arry) (i cit sociolistic)			-7-1-1-1-1
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHED	III E AS NEEDED	
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SCHEDULE A2

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

e Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	Ile A2:	
		1 Total pages Schedule A2:		
Dr. Jennifer Wilson Campaign		3 Filer ID (Ethics Commission Filers)		
F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
6 Full name of contributor □ out-of-state PAC (ID#:	tion PAC	Contribution \$	9 In-kind contribution description Campaign Event de of Texas. Complete Schedule T.	
upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)	
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Full name of contributor	tion PAC	Amount of Contribution \$ 756.56	In-kind contribution description Campaign Event de of Texas. Complete Schedule T.	
upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	L		
principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	F UNITEMIZED IN-KIND POLITICAL CONTRIE 6 Full name of contributor	Full name of contributor out-of-state PAC (ID#: Lubbock Professional Firefighters Association PAC 7 Contributor address; City; State; Zip Code Lupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer Lupation / Job title (FOR NON-JUDICIAL) Principal occupation (FOR JUDICIAL) Law firm Is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#: Lubbock Professional Firefighters Association PAC Contributor address; City; State; Zip Code Lupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer principal occupation (FOR JUDICIAL) Contributor address; City; State; Law firm Lupation / Job title (FOR NON-JUDICIAL) (See Instructions) Law firm Law firm (FOR JUDICIAL) Law firm Law firm (FOR JUDICIAL) Law firm	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor	

SCHEDULE A2

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

Tł	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	dule A2:
² FILER NAM Dr. Jenni	_∈ fer Wilson Campaign		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor	Full name of contributor		9 In-kind contribution description
03/29/2022	7 Contributor address; City; State;	Zip Code	14.00 Check if travel outs	Campaign Event I I side of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JI	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	I In-kind contribution description
03/29/2022	Contributor address; City; State;	Zip Code	29.42	Campaign Event
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spor	use (if any) (FOR JUDICIAL)
If contributo	r 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.

SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
Dr. Jenni	ifer Wilson Campaign		Teach Williams Seed W. S. School Seeds Conect	established vallage access? Sometimes of the P.
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	4 55
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution
	Lubbock Professional Firefighters Associa	tion PAC	Contribution \$	description
04/23/2022	7 Contributor address; City; State;	Zip Code	60.00	Campaign Event
			Check if travel outs	I ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of	In-kind contribution
Date	Lubbock Professional Firefighters Associa	tion PAC	Contribution \$	description
04/27/2022	Contributor address; City; State;	Zip Code	200.00	Campaign Event
			Check if travel outs	 ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributo	r 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.

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 Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to describe the services and the services are services.	Vages/Contract Labor complete this form.	Other (enter a categor	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Dr. Jennifer Wilson Campaign		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/28/2022	5 Payee name Cafe Venture Catering	7 - 5 - 5		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,353.13	PO Box 54200	Lubbock	TX	79453
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense		1	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	5 - 1	Office held
Date	Payee name			
04/08/2022	Townsquare Media			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,000.05				
	Category (See Categories listed at the top of this schedule)	Description	×11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00 × 11.00	
PURPOSE OF EXPENDITURE	Advertising Expense	- 13.		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2022	KAMC Ch 28			
Amount (\$)	Payee address;	City;	State;	Zip Code
4,505.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Dr. Jennifer Wilson Campaign		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
04/20/2022	KLBK Ch 13			
3,633.75	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2022	KJTV			
Amount (\$)	Payee address;	City;	State;	Zip Code
4,052.80				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2022	Suddenlink			
Amount (\$)	Payee address;	City;	State;	Zip Code
6,231.35				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME Dr. Jennifer Wilson Campaign		3 Filer ID (Ethics Commission Filers)	
Date	5 Payee name			
04/20/2022	KCBD			
Amount (\$) 19,828.25	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	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, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	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 Aus	t if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held