

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	EXTENSION		
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 \$500 limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 17 / 2019 THROUGH 01 / 07 / 2020		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

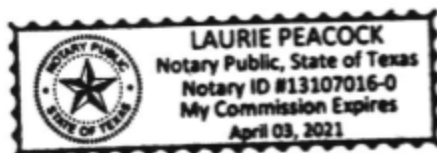
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>Bryan M. Wilkinson</i>		15 Filer ID (Ethics Commission Filers)
16 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.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	
	☐ SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <i>0.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>16,431.19</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>6652.85</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>9,297.15</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

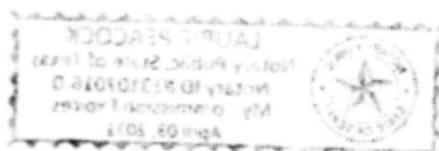
Bryan M. Wilkinson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Bryan Wilkinson*, this the *17th* day of *January*, 20*20*, to certify which, witness my hand and seal of office.

Laurie Peacock
Signature of officer administering oath

Laurie Peacock
Printed name of officer administering oath

Campus Secretary
Title of officer administering oath



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Bryan M. Wilkinson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15950 ⁰⁰
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 481 ¹⁹
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	☐ SCHEDULE E: LOANS	\$ -
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6652 ⁸⁵
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	\$ -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Bryan M Wilkinson

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/14

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kevin Clark

7 Amount of contribution (\$)

300 -

6 Contributor address;

City;

State;

Zip Code

New York NY 10014

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rick Clark

Amount of contribution (\$)

2500 -

Contributor address;

City;

State;

Zip Code

Denton Tx 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

William Haddon

Amount of contribution (\$)

500 -

Contributor address;

City;

State;

Zip Code

Denton Tx 76208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/6/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Allisha Johnson

Amount of contribution (\$)

250 -

Contributor address;

City;

State;

Zip Code

Corinth Tx 76210

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.

3556 -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

Bryan M. Wilkinson

3 Filer ID (Ethics Commission Filers)

4 Date

11/6/19

5 Full name of contributor

David Bond

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

250-

6 Contributor address;

City;

State;

Zip Code

Mauretta OK 73448

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/6/19

Full name of contributor

Corey Clark

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100-

Contributor address;

City;

State;

Zip Code

Allen Tx 75002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/19

Full name of contributor

Charley Smith

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

250-

Contributor address;

City;

State;

Zip Code

Denton Tx 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/19

Full name of contributor

Tammy Eppler

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

1000-

Contributor address;

City;

State;

Zip Code

Denton Tx 76207

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.

1600-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Bryan M. Wilkinson		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/19	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Bill Cason 6 Contributor address; City; State; Zip Code [Redacted] Flower Mound Tx 75028	7 Amount of contribution (\$) 160-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/9/19	Full name of contributor ☐ out-of-state PAC (ID# _____) Jason Hollingshead Contributor address; City; State; Zip Code [Redacted] Krum Tx 76249	Amount of contribution (\$) 260-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/19	Full name of contributor ☐ out-of-state PAC (ID# _____) Marielle Inman Contributor address; City; State; Zip Code [Redacted] Ponder Tx 76259	Amount of contribution (\$) 100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/19	Full name of contributor ☐ out-of-state PAC (ID# _____) Rosy Halfmann Contributor address; City; State; Zip Code [Redacted] Ponder Tx 76259	Amount of contribution (\$) 25-
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.		

4

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Bryan M. Wilkinson		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/19	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Robyn Pucci	7 Amount of contribution (\$) 250-
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Krum TX 76249		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/23/19	Full name of contributor ☐ out-of-state PAC (ID# _____) Gustavo Ariza	Amount of contribution (\$) 100-
Contributor address: _____ City: _____ State: _____ Zip Code _____ Denton TX 76205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/19	Full name of contributor ☐ out-of-state PAC (ID# _____) Mike Caley	Amount of contribution (\$) 50-
Contributor address: _____ City: _____ State: _____ Zip Code _____ Pilot Point TX 76258		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/2/19	Full name of contributor ☐ out-of-state PAC (ID# _____) Lloyd Fitzpatrick	Amount of contribution (\$) 2000-
Contributor address: _____ City: _____ State: _____ Zip Code _____ Denton TX 76205		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Bryanna Wilkinson		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/19	5 Full name of contributor Itamar Gelbman ☐ out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ Flower Mound Tx 75022	7 Amount of contribution (\$) 500-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/2/19	Full name of contributor Taylor White ☐ out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ Denton Tx 76209	Amount of contribution (\$) 100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/19	Full name of contributor Babette Welch ☐ out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ Trophy Club Tx 76262	Amount of contribution (\$) 50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/19	Full name of contributor Lauren Hardy ☐ out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ Denton Tx 76208	Amount of contribution (\$) 100-
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME

Bryan M. Wilkinson

3 Filer ID (Ethics Commission Filers)

4 Date

12/13/19

5 Full name of contributor

Craig Laughlin

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100-

6 Contributor address:

City:

State:

Zip Code

Argyle Tx 76226

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/19

Full name of contributor

Jodi Cox

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

500-

Contributor address:

City:

State:

Zip Code

Flower Mound Tx 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/19

Full name of contributor

Bobby West

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

2500-

Contributor address:

City:

State:

Zip Code

Justin Tx 76247

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/19

Full name of contributor

Karl Walk

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

500-

Contributor address:

City:

State:

Zip Code

Northlake Tx 76247

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Bryan Wilkinson

3 Filer ID (Ethics Commission Filers)

4 Date

12/19/19

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Tammy Eppler

7 Amount of contribution (\$)

3,000-

6 Contributor address:

City:

State:

Zip Code

Denton Tx 76207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/7/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

James Morgan

Amount of contribution (\$)

100-

Contributor address:

City:

State:

Zip Code

Flower Mound Tx 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/7/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ronald Parker

Amount of contribution (\$)

500-

Contributor address:

City:

State:

Zip Code

Ardenmore OK 73402

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bryan Wilkinson

Amount of contribution (\$)

25.00

Contributor address:

City:

State:

Zip Code

Justin Tx 76247

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.

3425-

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2

2 FILER NAME

Bryan M. Wilkinson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

11/6/19

6 Full name of contributor

Kevin Clark

☐ out-of-state PAC (ID# _____)

7 Contributor address:

City:

State:

Zip Code

New York NY 10019

8 Amount of Contribution \$

47.62

9 In-kind contribution description

web domain name

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

10 Principal occupation / Job title (FOR NON-JUDICIAL) (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 JUDICIAL)

Date

11/6/19

Full name of contributor

Kevin Clark

Contributor address:

City:

State:

Zip Code

New York NY 10019

Amount of Contribution \$

229.50

In-kind contribution description

Website Hostn Square Space

☐ 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Bryan M Wilkinson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/7/19	6 Full name of contributor ☐ out-of-state PAC (ID# _____) Kevin Clark	8 Amount of Contribution \$ 204.07	9 In-kind contribution description Banner & post card printing
7 Contributor address; City; State; Zip Code New York NY 10019		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (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 JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Bryan M Wilkinson		3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/19		5 Payee name Denton GOP			
6 Amount (\$) 1250-		7 Payee address: [REDACTED]		City: Denton State: Tx Zip Code: 76210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fee		(b) Description Candidate App fee filing fee		
	(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: _____ Office sought: _____ Office held: _____					
Date 11/18/19		Payee name U S Postal Service			
Amount (\$) 22.00		Payee address: [REDACTED]		City: Argyle State: Tx Zip Code: 76226	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Ex		Description Stamps for thank you notes		
	☐ 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: _____ Office sought: _____ Office held: _____					
Date 11/14/19		Payee name Alpha Graphics			
Amount (\$) 56.29		Payee address: [REDACTED]		City: Denton State: Tx Zip Code: 76205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description business cards		
	☐ 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: _____ Office sought: _____ Office held: _____					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1328 29

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Bryan Wilkinson		3 Filer ID (Ethics Commission Filers)	
4 Date 11/27/19		5 Payee name Design Works			
6 Amount (\$) 129.90		7 Payee address: [REDACTED]		City: Southlake Tx	State: Zip Code 76092
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense		(b) Description magnetic vehicle sign		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/4/19		Payee name Winco Foods			
Amount (\$) 26.45		Payee address: [REDACTED]		City: Ft Worth Tx	State: Zip Code 76177
PURPOSE OF EXPENDITURE	Event Expense		X mas parade Lsui Tx		
	☐ 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 12/6/19		Payee name Liz Fuentes			
Amount (\$) 65.00		Payee address: [REDACTED]		City: Denton Tx	State: Zip Code 76210
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign Photos		
	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

221.15

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>		2 FILER NAME <u>Bryann M. Wilkinson</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>12/7/19</u>		5 Payee name <u>Black Walnut</u>			
6 Amount (\$) <u>80.85</u>		7 Payee address; City; State; Zip Code <u>[REDACTED] Flower Mound TX 75022</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>event expense</u>		(b) Description <u>parade volunteer meals</u>		
	(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					
Date <u>12/7/19</u>		Payee name <u>WinCo</u>			
Amount (\$) <u>25.94</u> 80.85		Payee address; City; State; Zip Code <u>[REDACTED] Lewisville TX 75067</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>event expense</u>		Description <u>parade candy canes</u>		
	☐ 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					
Date <u>11/4 - 11/7/20</u>		Payee name <u>Stripe</u>			
Amount (\$) <u>120.73</u>		Payee address; City; State; Zip Code <u>[REDACTED] San Francisco CA 94103</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>fees</u>		Description <u>online processing fees</u>		
	☐ 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 Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Bryan m. Wilkinsan		3 Filer ID (Ethics Commission Filers)	
4 Date 12/7/19		5 Payee name Big Lots			
6 Amount (\$) 15.16		7 Payee address: [REDACTED]		City: Lewisville Tx Zip Code: 75067	
8 PURPOSE OF EXPENDITURE	(a) Description event expense		(b) Description parade vehicle		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 12/7/19		Payee name Takis			
Amount (\$) 61.22		Payee address: [REDACTED]		City: Flowermound Tx Zip Code: 75028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense		Description meals for parade volunteers		
	☐ 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					
Date 12/13/19		Payee name Kroger			
Amount (\$) 20.03		Payee address: [REDACTED]		City: Bartonville Tx Zip Code: 76226	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense		Description baked goods meet greet		
	☐ 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					

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146.41

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Bryan M. Wilkinson		3 Filer ID (Ethics Commission Filers)	
4 Date 12/14/19		5 Payee name Homeland			
6 Amount (\$) 7.78		7 Payee address; City; State; Zip Code [Redacted] Justin Tx 76247			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense		(b) Description meet & greet FM		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 12/14/19		Payee name Denton Trophy House			
Amount (\$) 51.96		Payee address; City; State; Zip Code [Redacted] Denton Tx 76201			
PURPOSE OF EXPENDITURE	Description advertising expense		name tags		
	☐ 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					
Date 12/24/19		Payee name Signs on the Cheap (Build a Sign)			
Amount (\$) 4669.04		Payee address; City; State; Zip Code [Redacted] Austin Tx 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description signs		
	☐ 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					

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