

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:							
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="radio"/> MRS / MR FIRST LAST MI SUFFIX Stacey L. Wilson	<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="font-size: 2em; color: blue; font-weight: bold; text-align: center;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em; margin-top: 10px;">APR 04 2024</div> <div style="color: blue; font-weight: bold; font-size: 0.8em; margin-top: 5px;">ADMINISTRATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS</div> <div style="color: blue; font-size: 0.8em; margin-top: 5px;">By: <i>lp</i> Date Hand-delivered or Date Postmarked</div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged		
Receipt #	Amount \$									
Date Processed										
Date Imaged										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST MI SUFFIX Anita M. Shaw									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4703 Moose Ridge Court Killeen, Texas 76542									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (253) 861-6020									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2024 THROUGH 03/25/2024									
11 ELECTION	ELECTION DATE: Month Day Year 05/04/2024 <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description								
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) Council member Place 2	13 OFFICE SOUGHT (if known) Council member Place 2								
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

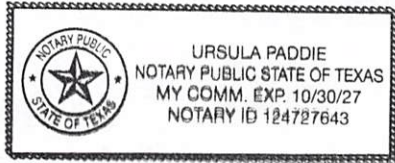
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4994.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2238.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6265.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Stacey L. Wilson
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stacey L. Wilson this the 4th day of April,

20 24, to certify which, witness my hand and seal of office.

Ursula Paddie

Ursula Paddie

Assistant City Secretary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

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
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4994.70
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 362.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1875.88
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fred Chinn	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code P.O. Box 2305 Harker Heights, TX 76548		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lavelle Ford	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2009 Caribou Trail Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Pendergrass	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 328 Pennsylvania Ave Weirton, WVA 26062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffrey P. Buss and Mary H.O.	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5609 Graphite Dr. Killeen, Texas 76542		
Principal occupation / Job title (See Instructions) Retired Soldier		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2 of 10</i>
2 FILER NAME <i>Stacey L. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/21/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Barbara Sias-Chinn DDS</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>500 Cheetah Trail Harker Heights, TX 76548</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Reliable Global Solutions LLC</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>3529 Shoreline Drive Harker Heights, TX 76548</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Janice Beasley</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4413 Lori Drive Killeen, TX 76549</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3/8/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Theresa Anderson</i>	Amount of contribution (\$) <i>\$70.00</i>
Contributor address; City; State; Zip Code <i>5718 Birmingham Circle Killeen, TX 76548</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self-Employed</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) D.A.W. Trucking, INC	7 Amount of contribution (\$) \$500.00
6 Contributor address: City: State: Zip Code 3402 Christina Lane Killeen, TX 76542		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self-Employed
Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jesse Myles	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 221 Memory Lane Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self-Employed
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donnetta Curtis	Amount of contribution (\$) \$140.00
Contributor address: City: State: Zip Code 519 Joey Circle Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacqueline Jones	Amount of contribution (\$) \$70.00
Contributor address: City: State: Zip Code 610 Leo Lane Killeen, Texas 76542		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tarasa Wilson-Evans	7 Amount of contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code 5508 Holly Oak Lane Killeen, TX 76542		
8 Principal occupation / Job title (See Instructions) Retired Soldier		9 Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Burt	Amount of contribution (\$) \$70.00
Contributor address; City; State; Zip Code 3529 Shoreline Dr. Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheril and Lonnie Gipson	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 306 Eric Drive Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcus Harris	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1320 Wales Dr. Apt 702 Killeen, TX 76549		
Principal occupation / Job title (See Instructions) Retired		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Jones	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2600 Red Fern Drive Harker Heights, 76548		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horace R. Grace	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code P.O. Box 10065 Killeen, Texas 76547		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharron Palmer	Amount of contribution (\$) \$70.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharon Butler	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 113 W. Running Wolf Trail Harker Heights 76548		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robby Butler	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 113 W. Running Wolf Trail Harker Heights 76548		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anita M. Shaw	Amount of contribution (\$) \$70.00
Contributor address; City; State; Zip Code 4703 Moose Ridge Killen, TX 76542		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donnie Anderson	Amount of contribution (\$) \$94.70
Contributor address; City; State; Zip Code 1005 Parkridge Drive Nolanville, TX 76559		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marshall Cowell	Amount of contribution (\$) \$70.00
Contributor address; City; State; Zip Code 3905 Hickory VW Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayayi Eneli	7 Amount of contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code 4203 Elf Trail Belton, Texas 76513		
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions)
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Jordan	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5400 E. Riverwood Ct Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stacy Williams	Amount of contribution (\$) \$70.00
Contributor address; City; State; Zip Code 809 Ridgeview Drive Temple, TX 76502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raye Mayborn	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 2218 Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Ray Mayborn Realty

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terris Goodwin	7 Amount of contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code 1500 N. 5th Street Temple, TX 76501		
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Scott and White Hospital
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronnie Rusell	Amount of contribution (\$) \$80.00
Contributor address; City; State; Zip Code 118 West Iowa Drive Harker Heights 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anettra Dozier	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2117 Addax Trl Harker Heights 76548		
Principal occupation / Job title (See Instructions) Realestate Agent		Employer (See Instructions)
Date 3/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joyce Tenner	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 118 W. Iowa Drive Harker Heights 76548		
Principal occupation / Job title (See Instructions) Computer Tech		Employer (See Instructions) Government

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 10

2 FILER NAME

Stacey L. Wilson

3 Filer ID (Ethics Commission Filers)

4 Date

3/13/2024

5 Full name of contributor out-of-state PAC (ID# _____)

Darwin Tanksley

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

1610 Cottonwood Ct. Roundrock, TX 78664

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

3/14/2024

Full name of contributor out-of-state PAC (ID# _____)

Dr. Harold Van Arsdale

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

516 Pioneer Trl Harker Heights 76548

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/15/2024

Full name of contributor out-of-state PAC (ID# _____)

Louie Minor

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1808 E. Rancier Killeen, TX 76541

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

3/20/2024

Full name of contributor out-of-state PAC (ID# _____)

Anita M. Shaw

Amount of contribution (\$)

\$130.00

Contributor address; City; State; Zip Code

4703 Moose Ridge Killeen, TX 76542

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 10 of 10
2 FILER NAME Stacey L. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carl Webb	7 Amount of contribution (\$) \$ 100.00
6 Contributor address, City, State, Zip Code 6409 Manganite Drive Killeen, TX 76542		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 1 of 7	2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 3-7-2024	5 Payee name Janice Beasley	
6 Amount (\$) \$5.58	7 Payee address: 4413 Lori Drive Killeen, Texas 76549 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donateway
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson Office sought Councilmember Place 2 Office held	
Date 3-8-2024	Payee name Theresa Anderson	
Amount (\$) \$4.00	Payee address: 5718 Birmingham Circle Killeen, Texas 76548 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donateway
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson Office sought Councilmember Place 2 Office held	
Date 3-18-2024	Payee name Donnetta Curtis	
Amount (\$) \$7.68	Payee address: 519 Joey Circle Harker Heights, Texas 76548 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donateway
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson Office sought Councilmember Place 2 Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 7</i>	2 FILER NAME <i>Stacey L. Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-11-2024</i>	5 Payee name <i>Jacqueline Jones</i>	
6 Amount (\$) <i>\$4.00</i>	7 Payee address: City: State: Zip Code <i>610 Leo Lane Killeen, Texas 76542</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Donateway</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Stacey L. Wilson Councilmember Place 2</i>	
Date <i>3-11-2024</i>	Payee name <i>Tarasa Wilson-Evans</i>	
Amount (\$) <i>\$4.00</i>	Payee address: City: State: Zip Code <i>5508 HollyOak Ln Killeen, Texas 76542</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Donateway</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Stacey L. Wilson Councilmember Place 2</i>	
Date <i>3-11-2024</i>	Payee name <i>Brian Burt</i>	
Amount (\$) <i>\$4.00</i>	Payee address: City: State: Zip Code <i>3529 Shoreline Drive Harker Heights, Texas 76548</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Donateway</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Stacey L. Wilson Councilmember Place 2</i>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 7	2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
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4 Date 3-12-2024	5 Payee name Donnie Anderson
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6 Amount (\$) \$5.30	7 Payee address: 1005 Parkridge Drive Nolanville, Texas 76559	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donate way
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Council member	Office held Place 2
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Date 3-13-2024	Payee name Marshall Cowell
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Amount (\$) \$4.00	Payee address: 3905 Hickory VW Harker Heights, TX 76548	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donate way
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Council member	Office held Place 2
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Date 3-13-2024	Payee name Ayayi Eneli
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Amount (\$) \$4.00	Payee address: 4203 EIF Trail Belton, Texas 76513	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donate way
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Council member	Office held Place 2
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 7	2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 3-13-2024	5 Payee name Steven Jordan	
6 Amount (\$) \$10.84	7 Payee address: City: State: Zip Code 5400 E. Riverwood Ct Killeen, Texas 76542	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donateway
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Office held Councilmember Place 2
Date 3-13-2024	Payee name Stacy Williams	
Amount (\$) \$4.00	Payee address: City: State: Zip Code 809 Ridgeview Drive Temple, Texas 76502	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donateway
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Office held Councilmember Place 2
Date 3-13-2024	Payee name Raye Mayborn	
Amount (\$) \$5.58	Payee address: City: State: Zip Code P.O. Box 2218 Harker Heights, TX 76548	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donateway
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Office held Councilmember Place 2

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 7	2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 3-13-2024	5 Payee name Terris Goodwin	
6 Amount (\$) \$4.00	7 Payee address; City; State; Zip Code 1500 N. 5th Street Temple, Texas 76501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donate way
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Stacey L. Wilson Councilmember Place 2	
Date 3-13-2024	Payee name Bonnie Russell	
Amount (\$) \$4.53	Payee address; City; State; Zip Code 118 West Iowa Drive Harker Heights, Tx 76548	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donate way
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Stacey L. Wilson Councilmember Place 2	
Date 3-13-2024	Payee name Anettra Dozier	
Amount (\$) \$8.21	Payee address; City; State; Zip Code 2117 Addax Trail Harker Heights, Tx 76548	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donate way
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Stacey L. Wilson Councilmember Place 2	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 7	2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 3-13-2024	5 Payee name Joyce Tenner	
6 Amount (\$) \$5.58	7 Payee address: City: State: Zip Code 118 W. Iowa Drive Harker Heights, TX 76548	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Donateaway
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Office held Council member Place 2
Date 3-13-2024	Payee name Darwin Tanksley	
Amount (\$) \$5.58	Payee address: City: State: Zip Code 1610 Cottonwood Ct Roundrock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donateaway
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Office held Council member Place 2
Date 3-14-2024	Payee name Dr. Harold Van Arsdale	
Amount (\$) \$4.26	Payee address: City: State: Zip Code 516 Pioneer Trail Harker Heights, TX 76548	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donateaway
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Office held Council member Place 2

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 7 of 7 2 FILER NAME: Stacey L. Wilson 3 Filer ID (Ethics Commission Filers):

4 Date: 3-15-2024 5 Payee name: Louie Minor

6 Amount (\$): \$5.58 7 Payee address: 1808 E. Rancier Ave Killeen, Texas 76541 City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): Fees (b) Description: Donate way

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Stacey L. Wilson Office sought: Council member Place 2 Office held:

Date: 3-19-2024 Payee name: Nina's Sewing Corner

Amount (\$): \$270.00 Payee address: 2703 Chameleon Drive Killeen, Texas 76549 City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Advertising Expense Description: Graphic and Art for T-Shirts

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: Stacey L. Wilson Office sought: Council member Place 2 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:

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 4	2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1875.88
5 Date 2-1-2024	6 Payee name United States Postal Service	
7 Amount (\$) \$182.00	8 Payee address; City; State; Zip Code 415 E FM 2410 Road Harker Heights, Texas 76548	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Campaign P.O. Box
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Councilmember Place 2
Date 2-20-2024	Payee name Texas Democratic Party	
Amount (\$) \$425.00	Payee address; City; State; Zip Code 314 E Highland Blvd Austin, Texas 78752	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description VAN Access
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Councilmember Place 2

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 of 4	2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3-4-2024	6 Payee name Hobby Lobby	
7 Amount (\$) \$73.12	8 Payee address; City; State; Zip Code 2002 E. Central Texas Expwy Killeen, TX 76541	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign advertisement Shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Councilmember Place 2
Date 3-4-2024	Payee name Worldwide Print Shop	
Amount (\$) \$562.90	Payee address; City; State; Zip Code WorldwidePrintShop.com worldwidelprintshop@gmail	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign door knob hanger
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Councilmember Place 2

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)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3 of 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3-11-2024	6 Payee name Wal-Mart	
7 Amount (\$) \$10.48	8 Payee address; City; State; Zip Code 1400 Lowes Blvd Killeen, Texas 76542	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Magnet Graphics
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought / Office held Councilmember Place 2
Date 3-12-2024	Payee name Joe's Italian Restaurant	
Amount (\$) \$606.20	Payee address; City; State; Zip Code 2330 Verna Lee Blvd Harker Heights, TX 76548	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought / Office held Councilmember Place 2

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)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>4 of 4</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3-21-2024</i>	6 Payee name <i>Hobby Lobby</i>	
7 Amount (\$) <i>\$16.18</i>	8 Payee address; City; State; Zip Code <i>2002 E. Central Texas Expy Killeen, Texas 76541</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Campaign advertisement Shirts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Stacey L. Wilson</i>	Office sought <i>Councilmember Place 2</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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