CAMPAIC	ATE / OF GN FINAN	FICEHOLDER NCE REPORT		FORM C/OH
The C/OH Instruction	n Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	NICKNAME	First Ernest	MI J SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	"EJ" ADDRESS / PO E 214 Iron (AREA CODE (Pleasanton, TX 78064 EXTENSION	Date Received SCOSA COLUMN FEB 2 6 70 CCOLUMN CCOSA CCOSA CCOSA COLUMN Date Hand delivered to the Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS. NICKNAME	FIRST Sierra LAST	MI C SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	Wilson (NO PO BOX PLEASE); APT / SUITI	_	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	3 Pleasanton,	TX 78064
9 REPORT TYPE	January 15	30th day before election	Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 26 / 2024	Reporting Limit Month THROUGH 02	Day Year 26 / 2024
11 ELECTION	ELECTION D. Month Day	Year Primary 2024 General	ELECTION TYPE Runoff Other Description Special	20 / 2024
2 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (If known)	Constable Det 4
4 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATE:	S AND OFFICEHOLDERS ARE REQUIRED T	Atascosa County C PTED OR POLITICAL EXPENDITURES MADE (HAVE BEEN MADE WITHOUT THE CANDIDA TO REPORT THIS INFORMATION ONLY IF THEY	ONSTADIO PCT, 4 BY POLITICAL COMMITTEES TO SUPPORT TE'S OR OFFICEHOLDER'S KNOWLEDGE OR RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURE COMMITTEE CAMPAIGN TREASURE	RER NAME	
		GO TO PA		

CAMPAIG	N FINANCE REPO	DEK DRT	•	FORM C/OH COVER SHEET PG 2
15 C/OH NAME			16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED PO PLEDGES, LOANS, OR CONTRIBUTIONS MADI	DLITICAL CONTRIBUTIONS (OTHER GUARANTEES OF LOANS, OR E ELECTRONICALLY)	R THAN	\$
• • • • • • • • • • • • • • • • • • • •	2. TOTAL POLITICAL CO (OTHER THAN PLEDGE:	ONTRIBUTIONS S, LOANS, OR GUARANTEES OF LO	DANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EX	PENDITURES	_	\$ 300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOR	RIBUTIONS MAINTAINED AS OF TH	IE LAST DA	Y \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNTED THE REPORT	JNT OF ALL OUTSTANDING LOANS DRTING PERIOD	AS OF THE	: \$
req ·	wear, or affirm, under penalty of per uired to be reported by me under Title	15, Election Code.		confect and includes all information
(1) Affidavit	Please co	omplete either option be	elow:	
NOTARY STAMP/SEAL Sworn to and subscribed be to certify we have a continuous	efore me byhich, witness my hand and seal of offic	this	the	day of,
Signature of officer administeri	ng oath Printed name	of officer administering oath		Title of officer administering oath
2) I maure B. 1		OR		
2) Unsworn Declaration	1			
fy name is <u>Ernest "E</u>		, and my date of bir	_{th is} _Se	ptember 7, 1985
Ny address is <u>214 Iro</u>	n Gate	Pleasanton	, <u>TX</u> ,	78064 . USA .
xecuted in <u>Atascosa</u>	(street)County, State of <u>Texas</u>	(city) , on the <u>26th</u> day of	(state)	(zip code) (country)
		Signature of Ca	andidate/Off	iceholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME Sierra C. Wilson	ion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	<u> </u>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. SCHEDULE E: LOANS \$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	230.00
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	70.00
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	

SCHEDULE A1

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

Date S Full name of contributor out-of-state PAC (ID# 7 Amount of contribution 6 Contributor address; City; State; Zip Code	The	e Instruction Guide explains ho	ow to complete ti	his form.	1 Total pages Schedule A1:
Principal occupation / Job title (See Instructions) Semployer (See Instructions)	FILER NAME				3 Filer ID (Ethics Commission Filers
Contributor address; City; State; Zip Code	Date				7 Amount of contribution (\$)
Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:		I — —			
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instruc	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Amount of contribution Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution Date Full name of contributor out-of-state PAC (ID#	Date				Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:		Contributor address;			
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution	Principal occup	pation / Job title (See Instructions)	}	Employer (See Instruct	tions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution	Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution				_	
☐ out-of-state PAC (ID#:) Amount of contribution	Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	ions)
	Date	Full name of contributor	out-of-state PA	vc (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code				1	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	eation / Job title (See Instructions)		Employer (See Instructi	ions)

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

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

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

			- III the report.
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
<u> </u>	s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
	employer/law firm (FOR JUDICIAL)	15 Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Ďate	Full name of contributor	Zip Code	Amount of In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law fim	n 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 T	HIS SCHEDL	LE AS NEEDED

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

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor Out-of-state PAC (ID#:___ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; State; Zip Code City; __ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:_ Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of pledgor ut-of-state PAC (ID#:__ Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:____ Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code __ Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender out-of-state PAC (ID#:_ Loan Amount (\$) ls lender 10 Interest rate 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Out-of-state PAC (ID#:__ Loan Amount (\$) Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State: Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Exp Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Salarles/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sierra C. Wilson 4 Date 5 Payee name 01/30/2024 Pleasanton Express 6 Amount (\$) 7 Payee address: City: State: Zip Code \$230.00 P.O.Box 880 Pleasanton, TX 78064 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Advertising "Hats in the Ring" Ad Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE OF EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	T	1	Total pa	ges Sci				
2	FILER NAME		3	Filer ID	(Ethics	Commission	on Filers)	
4	Date	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; City	 ⁄i			State;	Zip Code	
		7 Description of investment				 -		
		8 Amount of investment (\$)						
	Date	Name of person from whom investment is purchased						·
		Address of person from whom investment is purchased; City;	;		;	State;	Zip Code	
		Description of investment						
		Amount of investment (\$)	-					
		· · · · · · · · · · · · · · · · · · ·						
	_	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXP	ENDITURE CAT	EGORIES	FOR BOX	10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expe Fees Food/Beve By Gift/Award:	ense rage Expense s/Memorials Expense ices	Loan Rep Office Or Polling E Printing I	payment/Reimi verhead/Rentz expense Expense Wages/Contra	oursement I Expense	Travel in Dis Travel Out 0 Other (enter	on Equipm strict Of District a category	ent & Related Expense not listed above)
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					1		Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD	-	 .		\$		
5 CREDIT CARD ISSUER	Name of financial institut	ion						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) (redit Card Issu	er Paid		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	Ci	ty,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	lule)	(b) Descript	ion			
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		Check if Austi	n, TX, officeho	lder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		0	ffice Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) (redit Card Issu	er Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	Ci	ty,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this scheo	lule)	(b) Descript	ion			
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		Check if Aust	in, TX, officeho	oider living	ехрепѕе
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		0	ffice Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s) (redit Card Issu	er Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	Ci	ty,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	lule}	(b) Descript	ion			
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		Check if Au	stin, TX, office	holder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought	·	0	ffice Held	
	ATTACH ADDIT	TONAL COPIES	S OF THIS	SCHEDUI	E AS NEE	DED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sierra C. Wilson 4 Date 5 Рауее пате 01/30/2024 Pleasanton Express Amount (\$) 70.00 7 Payee address; City; State: Zip Code political contributions P.O.Box 880 Pleasanton, TX 78064 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising EXPENDITURE "Hats in the Ring" Ad Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDITURE CATE	GORIES	S FOR BOX 8(a)	 -			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	epayment/Reimbursement werhead/Rental Expense Expense Expense Wages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense		
1 Total pages Schedule H:	2 FILER NA		110 110 11	complete this form.	3 Filer ID (Ethlo	es Commission Filers)		
4 Date	5 Business	пате			<u> </u>			
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin.	, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
Date	Business	name						
Amount (\$)	Business	address;	<u> </u>	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category ((See Categories listed at the top of this sch	:hedule)	Description				
	c	heck if travel outside of Texas. Complete Scho	iedule T.	Check if Austin,	TX, officeholder living e	xpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Business i	name						
Amount (\$)	Business :	address;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category ((See Categories listed at the top of this sot	hedule)	Description				
	c	heck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living e	хрепѕе		
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held		
	ATTA	ACH ADDITIONAL COPIES O	F THIS S	SCHEDULE AS NEED	DED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule I:	2 FILER NAME	3 F	iler ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instruction required.)	ions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructi	ions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See Instruction required.)	ions regarding type of information
Date	Рауее пате		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See instruction required.)	ons regarding type of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	ate; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Si	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule COH-UC Schedule B-SS Schedule F4 Schedule G Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule COH-UC Schedule B-SS Schedule F4 Schedule G Schedule H Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.									
	Complete only if "Report Type" on page 1 is marked "Final Report"									
1	C/OH N	NAME 2	Filer ID (Ethics Commission Filers)							
		Ernest "EJ" Lozano								
3	SIGNA	ATURE								
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of candidate / Officeholder									
4		R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••								
	A.	CAMPAIGN FUNDS								
	Checi	ck only one:								
	abla	I do not have unexpended contributions or unexpended interest or income earned from p	political contributions.							
		I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributing this final report. Further, I understand that I must dispose of unexpended political contributions or income earned on political contributions in accordance with the requirements of	earned on political contributions to ributions and that I may not retain tions longer than six years after contributions and unexpended							
	В.	ASSETS								
	Chec	eck only one:								
	\triangleleft	I do not retain assets purchased with political contributions or interest or other income from	om political contributions.							
		I do retain assets purchased with political contributions or interest or other income from pathat I may not convert assets purchased with political contributions or interest or other interest or other interest or other interest or assets purchased with political correquirements of Election Code, § 254.204.	come from political contributions to							
		Sign	ature of Candidate							
5		CEHOLDER mplete this section <i>only</i> if you are an officeholder ••								
		I am aware that I remain subject to filing requirements applicable to an officeholder who does file. I am also aware that I will be required to file reports of unexpended contributions if, after an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	er filing the last required report as							
ł		Signa	ature of Officeholder							



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

Beginning on January 1, 2024, a candida	fidavit must be submitted with each pap ate or officeholder who has accepted n	ore than	Date Hand-deliv	ered or Date Postmarked
\$32,810 in political contributions or mad in <u>any</u> calendar year must file all subseq	le more than \$32.810 in political expe	enditures	Receipt #	Amount\$
			Date Processed	
Filer name	Filer ID #		Date Imaged	
3. I further swear or affirm that no p contract, uses computer equipm expenditures, or persons making4. I further swear or affirm that I und	spenditures in a calendar year. not use computer equipment to kares, or persons making political coperson acting as my agent or constent to keep current records of political contributions to me. derstand that I am required to file	eep curre ontribution sultant, ar tical cont	ent records ons to me. Ind no persor Indications, possion finance	of political n with whom I plitical
electronically if I, my agent or co contributions or political expendi- records of political contributions, 5. I am filing this affidavit with the	Insultant, or a person with whom I tures in a calendar year, or uses on political expenditures, or persons report due of required to be filed with each cam	contract computer making	exceeds \$3 equipment political con	2,810 in political to keep current tributions to me.
, , , , , , , , , , , , , , , , , , , ,	····			

Please complete either option below:

(1) Anidavit						
NOTARY STAMP/SEAL				Signatu	re of Filer	
Swom to and subscribed bef	fore me by			_ this the	day of	
20, to certify whi	ich, witness my hand ar	nd seal of office.				
Signature of officer administering	g oath	Printed name of officer adm	lnistering oath		Title of office	r administering oa
		OR				_
(2) Unsworn Declaration						
My name is			_, and my date	of birth is		
My address is						
	(street)		(city)		(zip code)	(country)
Executed in	County, State o	f, on th	e day (, 20	
				(month)	(year)	
				Signature of F	Filer (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Fi	lers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	EMEST		OFFICE USE ONLY
, , , , , , , , , , , , , , , , , , ,	NICKNAME	LAST LA 2 LAMO	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	FILES (2)
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand Diversed or Date American
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Sièma FIRST	C MI	Receipt # Amount \$
	NICKNAME	WILSON	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
(Residence or Business)	512 DOS	eu Uni	t 103 Pla	Casanton. Tx 72004
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before o		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modifie Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year VOI	THROUGH 0	nth Day Year 1 / 25 / 2024
11 ELECTION	ELECTION DA		ELECTION -	TYPE
	Month Day	Year Primary General	Runoff Other Descript Special	ion
	09 / 03/			
12 OFFICE	OFFICE HELD (if any)		HOSUSU COU	unty Constable Rt 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. <i>THESE EXPENDITURE</i>	S MAY HAVE BEEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	-	
Additional Pages	GENERAL	COMMITTEE ADDRESS	· · · · · · · · · · · · · · · · · · ·	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEA	L	
		, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is EMES	FJ 101000 , and my date of birth is	Sept 7.1985
My address is 24 M	on Prate Pleasanton Tr	1904 USA
Executed in HUSLO	ر سیر در منتصر در منتصر در در منتصر در	tate) (zip code) (country) <u>U (CVY</u> , 20 <u>14</u> .) (year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	SILVIN C WILSON	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A R	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED \$

SCHEDULE A1

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

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule A1:
2 FILER NAME	Gierra C Wilson		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Gwiden	-state PAC (ID#:)	7 Amount of contribution (\$)
MIDIE	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	; State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	-	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor addreśs; City;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS N	MEEDED

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

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

•				
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAMI	E	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outs	 ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	or (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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Fuil name of contributor	Zip Code	Amount of Contribution \$	I In-kind contribution description I I I I I I I I I I I I I I I I I I I
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 JI	JDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law fire	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 SCHED	ULE AS NEEDED	

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES	\$
5	Date	6 Full name of pledgor	8 Amount 9 In-kind contribution of Pledge \$ description
		7 Pledgor address; City; State; Zip C	ode
			Check if travel outside of Texas. Complete Schedule 1
10	Principal occu	pation / Job title (See Instructions) 11 Employ	er (See Instructions)
	Date	Full name of pledgor	Amount In-kind contribution of Pledge \$ description
		Pledgor address; City; State; Zip C	ode
			Check if travel outside of Texas. Complete Schedule 1
	Principal occup	ation / Job title (See Instructions) Employ	er (See Instructions)
	Date	Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description
		Pledgor address; City; State; Zip C	ode
			Check if travel outside of Texas. Complete Schedule 1
	Principal occup	pation / Job title (See Instructions) Employ	er (See Instructions)
	Date	Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution Pledge \$ description
-		Pledgor address; City; State; Zip Cod	e
			Check if travel outside of Texas. Complete Schedule 1
	Principal occup	ation / Job title (See Instructions) Employ	er (See Instructions)
_		, - Level	

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains	how to comple	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$		
5 Date of loan 7 Name of lender	_	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender address; a financial Institution?	City;	State; Zip Code	10 Interest rate 11 Maturity date		
Y N			71 maturity date		
12 Principal occupation / Job title (See Instructions))	13 Employer (See Instructions)			
14 Description of Collateral none		15 Check if personal fund account (See Instruction	ds were deposited into political ions)		
16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (\$)		
18 Guarantor address;	City;	State; Zip Code			
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)			
. — Стары Оссиранов (ове пошислово)					
Date of loan Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)		
ls lender Lender address; a financial	City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral			ds were deposited into political		
none	_	account (See Instruct	tions)		
GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)		
Guarantor address;	City;	State; Zip Code			
not applicable		Employer (See Instructions)			
Principal Occupation (See Instructions)		Employer (see instructions)			
		PIES OF THIS SCHEDULE AS NE struction guide for additional re			

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
Credit Card Payment

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
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		xpense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
O edit Cald Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1	
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 Austi	п, 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	n, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Poliing Expense	Transportation Equipment & Related Expense
Contributions/Donations Made B	y Gift/Awards/Memorials Expense	Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica	•	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name	74	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	7777.20
PURPOSE		, , , ,	
OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
		<u>u </u>	
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF			
EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE			
OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Gulde explains how to complete this form.	1	Total pa	iges Sche	dule F3:	
2 FILER NAME		3	Filer ID	(Ethics C	Commissio	on Filers)
4 Date	5 Name of person from whom investment is purchased	<u> </u>			·	¥ 1/A
	6 Address of person from whom investment is purchased; Cit	ty;		St	ate;	Zip Code
	7 Description of investment					
	8 Amount of investment (\$)					
Date	Name of person from whom investment is purchased		-			
	Address of person from whom investment is purchased; City	у;		St	ate;	Zip Code
	Description of investment					
				• •••		
	Amount of investment (\$)					
···			····	V 3. FIE	·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS	NEED	ED		.,

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/Fundralsing 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) USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 1 TOTAL PAGES **2 FILER NAME** 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution **5 CREDIT CARD ISSUER** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **6 PAYMENT** 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE Political** Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE Political** Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office Sought Office Held expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYMENT PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE Political** Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Held Office Sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense 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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u> .	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EN ENDITORS	Check if travel outside of Texas. Complete Schedule T.	Check if Austin. T	X, 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 NEEDE	D

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Office O Polling E se Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule H:	2 FILER NA	· · · · · · · · · · · · · · · · · · ·		The state of the s	3 Filer ID (F	thics Commission Filers)
!	,				0 (2	and commission races,
4 Date	5 Business	name	<u> </u>	-1. 11		
6 Amount (\$)	7 Business	address;		City;	State	e; Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of		(b) Description		
	(c) (theck if travel outside of Texas. Compl	ete Schedule T,	Check if Austin	, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	Description		
		heck if travel outside of Texas. Comple	ete Schedule T.	Check if Austin,	TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder name		Office sought		Office held
Date	Business	name			******	
Amount (\$)	Business	address;		City;	State	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	Description	· -	
		heck if travel outside of Texas. Compl	ete Schedule T.	Check if Austin.	, TX, officeholder livi	ng expense
Complete QNLY if direct expenditure to benefit C/O		te / Officeholder name	<u> </u>	Office sought		Office held
	ATT	ACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

				_	
	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	nstructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	nstructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regar	ding type of	information
Date	Payee name				-
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See In required.)	nstructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	,	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_							
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:				
2	FILER NAME		3 Filer ID (Ethics Commission Filers)				
4	Date	5 Name of person from whom amount is received	8 Amount (\$)				
		6 Address of person from whom amount is received; City; Stat	te; Zip Code				
		7 Purpose for which amount is received Check if p	political contribution returned to filer				
	Date	Name of person from whom amount is received	Amount (\$)				
		Address of person from whom amount is received; City; Sta	ite; Zip Code				
		Purpose for which amount is received Check if p	political contribution returned to filer				
	Date	Name of person from whom amount is received	Amount (\$)				
		Address of person from whom amount is received; City; State	te; Zip Code				
		Purpose for which amount is received Check if p	political contribution returned to filer				
	Date	Name of person from whom amount is received	Amount (\$)				
		Address of person from whom amount is received; City; Stat	te; Zip Code				
		Purpose for which amount is received Check if p	political contribution returned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains i	now to complete thi	s form.	1 Total pages Schedule T:		
2 FILER NAME	_		3 Filer ID (Ethics Commis	sion Filers)	
Name of Contributor / Corporation or Labor Organia	ganization / Pledgor /	Payee	1		
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule F2 Schedule F4	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule COH-UC	Schedule F1	
6 Dates of travel 7 Name of person(s) 1	traveling				
8 Departure city or na	8 Departure city or name of departure location				
9 Destination city or n	ame of destination loo	cation			
10 Means of transportation 11 Purpos	10 Means of transportation				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2 Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel Name of person(s)	traveling				
Departure city or na	ame of departure locat	ion			
Destination city or r	name of destination lo	cation			
Means of transportation Purpos	se of travel (including	name of conference,	seminar, or other event)		
Name of Contributor / Corporation or Labor O	rganization / Pledgor /	/ Payee			
Contribution / Expenditure reported on:	<u> </u>				
Schedule A2 Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2 Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel Name of person(s)	traveling				
Departure city or na	Departure city or name of departure location				
Destination city or I	name of destination lo	ocation	, , , , , , , , , , , , , , , , , , ,		
Means of transportation Purpo	se of travel (including	name of conference,	seminar, or other event)		
ATTACH AD	DITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			·
		The Instruction Guide explains how to complete th	is form.
		•• Complete only if "Report Type" on page 1 is marked	"Final Report" ••
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)
	Ern	est "EJ" Wiano	
3	SIGNA		
	designa	expect any further political contributions or political expenditures in connection viting a report as a final report terminates my campaign treasurer appointment. I an contributions or make any campaign expenditures without a campaign treasure	also understand that I may not accept any
		Sig	nature of Candidate / Officeholder
4	Com	WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••	
	Α.	CAMPAIGN FUNDS	
	Chec	conly one:	
	V	I do not have unexpended contributions or unexpended interest or income earn	ned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest or personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requirements.	r income earned on political contributions to ided contributions and that I may not retain I contributions longer than six years after political contributions and unexpended
	B.	ASSETS	
	Cheç	k only one:	
	\Box	I do not retain assets purchased with political contributions or interest or other	income from political contributions.
		I do retain assets purchased with political contributions or interest or other incomplete that I may not convert assets purchased with political contributions or interest of personal use. I also understand that I must dispose of assets purchased with prequirements of Election Code, § 254.204.	or other income from political contributions to
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribut an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ions if, after filing the last required report as
			Signature of Officeholder

		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Ernest LAST	MI J SUFFIX	OFFICE USE ONLY Date Received COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE		STATE; ZIP CODE DURDANTON TX 78026 EXTENSION	Date Hand Valive of Dr. Portmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS. NICKNAME	FIRST Sierra LAST	MI C. SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 512 Doss	Wilson (NO PO BOX PLEASE): APT / SU Sey St Unit	-	STATE; ZIP CODE TX 78064
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before elect	ion Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 2023	Reporting Limit Month THROUGH 12	Day Year 2023
11. ELECTION	Month Day 3 / 5	Year X Primary 2024 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	AND OFFICEHOLDERS ARE REQUIRE	CEPTED OR POLITICAL EXPENDITURES MAD IAY HAVE BEEN MADE WITHOUT THE CANDID D TO REPORT THIS INFORMATION ONLY IF THE	DE BY POLITICAL COMMITTEES TO SUPPORT ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR BY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREAS		
		GO TO P		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELEC	AL CONTRIBUTIONS (OTHER THAI ANTEES OF LOANS, OR CTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 3191.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS O G PERIOD	F THE \$
18 SIGNATURE I sw	ear, or affirm, under penalty of periury t	hat the accompanying report is tru	e and correct and includes all information
requ	ired to be reported by me under Title 15, E	Election Code.	e and correct and includes all information
•	,		•
		-/n	- W
		Signature of Ca	indidate or Officeholder
	•		
	Diseases	1-414141	
	Please comp	lete either option belov	v:
/4\			
(1) Affidavit			
NOTARY STAMP/SEAL			
Out 4- and aut 4- 4-	of any and a		
Sworn to and subscribed b	efore me by	this the	, day of,
20, to certify w	hich, witness my hand and seal of office.		
Signature of officer administering	ng oath Printed name of offi	cer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	1		
My name is _		, and my date of birth is	
my address is			
	(street)		state) (zip code) (country)
Executed in	County, State of	, on the day of	, 20
		(month	(year)
			
		Signature of Candid	date/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 File	or ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS	ED POLITICAL CONTRIBUTIONS (C , OR GUARANTEES OF LOANS, OF MADE ELECTRONICALLY)		\$
		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES	OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICA	L EXPENDITURES		\$ 3191.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING P	CONTRIBUTIONS MAINTAINED AS	OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING L REPORTING PERIOD	OANS AS OF THE	\$
	swear, or affirm, under penalty	of perjury, that the accompanying er Title 15, Election Code,	report is true and co	orrect and includes all information
-	,,	/		
		5 (×22-22	
	•	Cia	nature of Candidate	an Officeholder
		Şığı	lature or Candidate	or Officerioider
	Diogram	se complete either opti	on bolow:	
	rieas	se complete either opti	on below.	
(1) Affidavit				
NOTARY STAMP/SEA	1		•	
NUIART STANF/SEA	ıL			
Swom to and subscribed	before me by		this the	day of
20, to certify	which, witness my hand and sea	al of office.		
Signature of officer administe	ering oath Printe	d name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declarat	ion			
My name is Ernest "	EJ" Lozano	, and my da	te of birth is $09/0$)7/1985
My address is 110 Oc	cotillo, Unit A	Jourdar	ntonTX	78026 J. US
	(street)	(city)		
Executed in Atascos	Sa County, State of	Texas , on the 16 da		, 20 <u>24</u> .
		<u> </u>	(month)	(year)
		<u> </u>		inchalder (Danlarant)
		Signat	ure of Candidate/Off	îceholder (Declarant)

SUBTOTALS - C/OH

19	FILER N	mmission Filers)			
	Sierra	Wilson			
21		EE SUBTOTALS FSCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3125.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.	X	\$ 3191.00			
6.		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.			\$		
9.	X	IDS	\$ 100.00		
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sierra Wi	ilson		
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
8/11/23	Nick Ali		\$800.00
	6 Contributor address; City;	State; Zip Code	•
	24 School Dr. Poteet TX 7	8065	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Owner of	Heads and Heels	Self	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/23/23	Joe L. Sanchez		\$625.00
	Contributor address; City;	State; Zip Code	
	724 Floodore Ave San Ante	nio TV 79214	
	734 Flanders Ave San Antopation / Job title (See Instructions)	Employer (See Instruct	ions)
	f J Sanchez Contracting	Self	ŕ
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/6/23	Darren Salmeron		\$500.00
	Contributor address; City;	State; Zip Code	
	PO BOX 852 Pleasanton	TX 78064	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Owner of	Cheyenne Custom Homes	Self	
Date	Full name of contributor out-of-state_PAC	; (ID#:)	Amount of contribution (\$)
11/6/23	Brooklyn Dicaro, LLC		\$300.00
	Contributor address; City;	State; Zip Code	Ψ000.00
		T) (7000 4	
Principal occur	PO BOX 367 Pleasanton pation / Job title (See Instructions)	X /8064 Employer (See Instruc	tions)
DBA 3D2	,	Greg Dicario	,
DDA 3DZ	. <u>UZU </u>	CIEG DICATIO	

SCHEDULE A1

The	Instruction Guide explains how to co	form.	1 Total pages Schedule A1:			
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sierra W	lson					
4 Date			(ID#:)	7 Amount of contribution (\$)		
11/10/23	David Douglas 6 Contributor address: City: State: Zin Code		\$250.00			
l	6 Contributor address;	City;	State; Zip Code	4200.00		
8 Principal occu	322 E State Highway 97 pation / Job title (See Instructions)		100 1X /8064 9 Employer (See Instruct	ions)		
_	Ranchscapes, LLC		Self			
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
11/10/23	David & Marissa Dougla	26				
11,10,20		City;	State; Zip Code	\$250.00		
			·			
Principal coore	103 Crestline Dr. Ple atlon / Job title (See Instructions)	<u>easant</u>				
_			Employer (See Instructi	ons)		
Owner or	Ranchscapes, LLC		Self			
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
11/10/23	Rebekah Ray			\$100.00		
		City;	State; Zip Code	•		
	1753 HWY 97 Journ	danton	TX 78026			
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)		
The Gym	Jourdanton LLC		Self			
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
11/21/23	Candalria Casa ID			\$ 200.00		
1 1/2 1/20	~	 Dity;	State; Zip Code	Ψ 200.00		
	PO BOX 316 Lemin	g TX 7				
	ation / Job title (See Instructions)		Employer (See Instructi	ons)		
Owner of	C S Remodeling		<u>Self</u>			
			F THIS SCHEDULE AS NE	_		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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	1 Total pages Schedule A1:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Sierra W	ilson		,				
4 Date		C (ID#:)	7 Amount of contribution (\$)				
11/22/23	Angel Cruz Valdez		\$ 100.00				
11/22/20	6 Contributor address; City;	State; Zip Code	Ψ 100.00 				
	Suy,	otate, Zip Gode					
	1844 Lost Trail Pleasanto	n TX 78064					
_	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Owner of	AC Valdez Trucking	Self .					
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor	: (ID#:)					
		, (10#	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor						
Daio	out-of-state PAC	; (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
		•					
	ATTACH ADDITIONAL COPIES						
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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Revised 11/15/2022

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

in the requisited information is not applicable, DO NOT theridae this page in the report.						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri al Committee Legal Services Sa	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense Ilaries/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 Gulde explains ho	w to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Sierra Wilson		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
8/21/2023	JVC Media, LLC					
6 Amount (\$)	7 Payee address; City; State; Zip					
\$400.00	3106 Fall Crest Dr. San Antonio, TX 78247					
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description				
PURPOSE			i			
OF EXPENDITURE	Advertising Expense	Political Sic	ano.			
		—	Political Signs			
			n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		,			
8/22/2023	, 1 3,00		i			
	JVC Media, LLC					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$400.00	3106 Fall Crest Dr.	San A	ntonio, TX 78247			
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description				
OF EXPENDITURE	Advertsing Expense	Political Sig	ino			
	Check if travel outside of Texas. Complete Schedul		n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
8/24/2023	JVC Media, LLC					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$627.00	3106 Fall Crest Dr.	San A	ntonio TX 78247			
PURPOSE	Category (See Categories listed at the top of this schedu	lie) Description				
OF EXPENDITURE	Advortising Evponso	Political Sig	ına			
	Advertising Expense					
	Check if travel outside of Texas. Complete Scheduk	eT Check if Austin	n, 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 NEE	DED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

a die requested information is not applicable, De 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 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 Salarles/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	9
	 -	The instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:		^{AME} Wilson			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee na					_
<u> 11/7/2023 </u>	JVC I	<u> Media, LLC</u>				
6 Amount (\$)	7 Payee a	ddress;		City;	State; Zip Code	
\$631.75 	3106	Fall Crest Dr.		San A	intonio, TX 78247	
8 PURPOSE	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
Advertising Exp				Political Sig	ns	
	(c)	Check if travel outside of Texas. Complete S	Schedule T,	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held	
Date	Payee na	ame				_
11/10/2023	Atasc	osa County Re	public	an Party		
Amount (\$)	Payee ac		<u>pabilo</u>	City;	State; Zip Code	_
\$377.00						
PURPOSE	Category	/ (See Categories listed at the top of this so	chedule)	Description		
OF EXPENDITURE	Fee			Filling fee fo	or Republican Party	
		Check if travel outside of Texas, Complete S	chedule T.	_	in, TX, officeholder living expense	_
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought	Office held	_
expenditure to benefit C/OH				—	Office fletd	
Date	Payee na	ame				
11/21/2023	Miabe	ella Party, LLC				
Amount (\$)	Payee ad	ldress;		City;	State; Zip Code	
\$212.00	8223	W Loop 1604 N	I	San A	ntonio TX 78250	
PURPOSE	Category	(See Categories listed at the top of this s	chedule)	Description		
OF EXPENDITURE	Ever	nt Expense		Parade		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salarles/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NA	AME			3 Filer ID (Ethic	S Commission Filers)
_	<u>Sierra</u>	Wilson				
4 Date	5 Payee na					
11/22/2023	3D Sig	ns				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
\$543.25 	7986	1st St		Some	rset TX 7	8069
8	(a) Category	y (See Categories listed at the top of this :	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE	Advor	ticina Evnanca		Dolitical Cia		
_		tising Expense		Political Sig		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	 :	Office sought		Office held
Date	Payee na	me			-	
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
		•		-		·
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF	, L					
EXPENDITURE			1			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought	· · · ·	Office held
expenditure to benefit C/OH	J			-		
Date	Payee na	ime				
A (C)						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
	Catagony	/Con Cotoin-linted at the top of this on	ah an ah al an a	Description		
21/22005	Category	(See Categories listed at the top of this so	weans)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete Sc	hedule T.	Check If Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	•	Office sought		Office held
		TACH ADDITIONAL CODIES	OE TUIS 4	SCHEDIN E AS NET		
	AH	「ACH ADDITIONAL COPIES !	UT 111133	OCHEDULE AS NEE	ころにひ	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Servicas The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t	
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
	Sierra	Wilson			(_		
4 Date	5 Payee nan	ne					
7/14/2023	Kelsie	Lozano					
6 Amount (\$)	7 Pavee address:			Zip Code			
\$100.00 Relmbursement from political contributions intended	110 Ocotillo Unit A Jourdanton TX 780			•			
8 PURPOSE OF		(See Categories listed at the top of this scho	tegories listed at the top of this schedule) (b) Description				
EXPENDITURE	_Accou	nting/Banking		Open Checking Account			
	(c) c	The state of the s			Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	·	Office sought		Office held	
Date	Payee nam	ne .					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
Reimbursement from political contributions intended		_				•	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	edule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 1				, TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	 -	Office sought		Office held	
Date	Payee nam	е					
Amount (\$)	Payee add	ress;	_	City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule)	Description			
	Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense					xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	-	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

CANDIDATE/OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form.						
_		•• Complete only if "Report Type" ол page 1 is marked "Fina	ll Report" ••				
1	C/OH	1	2 Filer ID (Ethics Commission Filers)				
2		nest "EJ" Lozano					
3	SIGNA	ATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
4	•• Con	RWHO IS NOTAN OFFICEHOLDER Inplete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	ck only one:					
	X	I do not have unexpended contributions or unexpended interest or income earned from	π political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
-	В.	ASSETS					
	Check	k only one:					
	X	I do not retain assets purchased with political contributions or interest or other income	from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to				
		EHOLDER					
•		I am aware that I remain subject to filing requirements applicable to an officeholder who doe file. I am also aware that I will be required to file reports of unexpended contributions if, at an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	fler filing the last required concet on				
		Sign	ature of Officenoider				