CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS (MRS) MR FIRST 3 CANDIDATE/ **OFFICEHOLDER** acel NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY; STATE: ZIP CODE APR 0 4 2024 **OFFICEHOLDER** MAILING ADMINISTRATION DEPARTMENT **ADDRESS** CITY OF HARKER HEIGHTS, TEXAS Change of Address AREA CODE EXTENSION CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged naw STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN Moose Ridge Court Killeen, Texas 76542 **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (253) 861-6020 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 01/01/ THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Other Description OFFICE HELD (if any 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAL CONTRIBUTIONS MADE ELECT		\$
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN		\$ 4994.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDI	TURES	\$2238,39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD	ONS MAINTAINED AS OF THE L	\$2238,39 AST DAY \$6265,07
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		OF THE \$
(1) Affidavit	URSULA PADDIE NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/30/27 NOTARY IÐ 124727643	ete either option belo	w:
	before me by Stacey L. W'	this th	e 4th day of April
Jula Pade	11	Paddie	Assistant City Secretary
Signature of officer administe		er administering oath	Title of officer administering oath
(0) Harrison 5		OR	
(2) Unsworn Declaration	оп		
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 (mor	, 20 (year)
		Signature of Can	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$4994.70
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 CO	NTRIBUTIONS	\$362,51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ /875.88
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of cont/ibutor out-of-state PAC (ID#) 2// Fred Chinn	7 Amount of contribution (S)
6 Contributor address; City: State; Zip Code P. D. Box 2305 Harker Heights, Tx 76548	#100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#) 2// Lavelle Ford	Amount of contribution (\$)
Contributor address; City; State; Zip Code	#200.00
12024 2009 Caribou Trail Harker Heights, Tx 76548	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
2/21/2024 Robert Pendergrass Contributor address; City; State; Zip Code 328 Pennsylvania Are Weirton, WVA 26062	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
Jettrey V. Dus Sand Mary HO contributor address; City; State: Zip Code 5669 Graphite Dr. Killeen, Texas 76542	#50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)
netired soldier	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2 of 10
2 FILER NAME	Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2/21/2024	Barbara Sias-Chinn DDS 6 Contributor address: City: State; Zip Code 500 Cheetah Trail Harker Heights, TX 76548	\$200.00
8 Principal occup	Dation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributorout-of-state_PAC (ID#)	Amount of contribution (\$)
2	Reliable Global Solutions LLC contributor address; City: State; Zip Code 3529 Shoreline Drive Harker Heights #76548	\$500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/7/2024	Janice Beasley contributor address; / City; State; Zip Code 4413 Lori Drive Killeen, TX 76549	\$100.00
Principal occup	Retired Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/8/2024	Theresa Anderson Contributor address: City: State: Zip Code 5718 Birmingham Circle Killeen, Tx 76548	\$70.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions) Self-Emp	

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 of 10
Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
3/8/2024 D.A.W. Trucking, INC 6 Contributor address; City: State; Zip Code 3402 Christina Lane Killeen, TX 76542	\$500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Seff-Em	1 1
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/8/2024 Desse Myles Contributor address: City: State; Zip Code 221 Memory Lane Harker Heights, TX 76548	\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Emplo	tions)
Date Full name of contributor out-of-state PAC (ID#) 3// Donnetta Curtis	Amount of contribution (\$)
Contributor address; City: State; Zip Code 519 Joey Circle Harker Heights TX 76548 Principal occupation / Job title (See Instructions) Employer (See Instructions)	#140,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributorout-of-state PAC (ID#)	Amount of contribution (S)
3/// Contributor address: City: State: Zip Code /2024 610 Leo Lane Killeen, Texas 76542	#70.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
	L
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)		
3/1/2024 Tarasa Wilson-Evans 6 Contributor address: City: State: Zip Code 5508 Holly Oak Lane Killeen, Tx76542	\$70.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)		
Date Full name of contributor	Amount of contribution (\$)		
3/1/2024 Brian Burt Contributor address; City; State; Zip Code 3529 Shoreline Dr. Harker Heights 127658	\$70.00		
1 3529 Thereline Dr. Harker Heights 127658			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
3/1/2024 Sheril and Lonnie Gipson Contributor address; City: State; Zip Code 306 Eric Drive Killeen, Tx 76542	# 75.00		
Principal occupation (Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
1/2024 1320 Wales Dr. Apt 702 Killeen, & 76549	\$200.00		
Principal occupation Llob title (See Instructions) Employer (See Instructions)	ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED		

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
3/11/2024 Andrew Jones 6 Contributor address: City: State; Zip Code 2600 Red Fern Drive Harker Heights, 76548	\$100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/11/2024 Horace K. Grace Contributor address; City: State; Zip Code P.O. Box 10065 Killeen, Texas 76547	\$ 150.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Sharron Palmer Contributor address; City; State; Zip Code	#70,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
3/11/ Sharon Butler Contributor address: City: State: Zip Code 12024 113 W. Running Wolf Trail Harker Heights 76548	\$75.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

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:
Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of contribution (\$)
Robby Butler 6 Contributor address: City: State; Zip Code 13 W. Running Wolf Trail Harker Heights 76548	\$75.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
Anita M. Shaw Contributor address; City: State: Zip Code 4703 Moose Ridge Killeen, TX 76542 Principal occupation / Job title (See Instructions) Employer (See Instructions)	#70.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
2/2/2024 Donnie Anderson Contributor address; City: State; Zip Code 1005 Parkridge Drive Nolanville, Tx 76559	# 94.70
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/ Contributor address; City; State: Zip Code 3905 Hickory VW Harker Heights, TX 76548	\$70.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	KEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#	7 Amount of contribution (\$)
Ayayi Eneli 6 contributor address: City. State: Zip Code 4203 Elf Trail Betton, Texas 76513	\$70.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Lawyer	
Date Full name of contributor out-of-state PAC (ID#) 3/ Steven Jordan	Amount of contribution (\$)
Contributor address; City; State; Zip Code 13 2024 5400 E. Riverwood C+ Killeen, 1x 76542 Principal occupation / Job title (See Instructions) Employer (See Instructions)	#200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#) Stacy Williams	Amount of contribution (\$)
13/2024 869 Ridgeview Drive Temple, TX 76502	#70.00
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/13/ Contributor address: City: State: Zip Code 2024 P.O. BOX 2218 Harker Heights 76548	#100.00
Principal occupation / Job title (See Instructions) Realestate Broker Ray May born Re	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
Stacey L. Wilson	3 Filer ID (Éthics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)		
3/13/2024 6 Contributor address; City; State; Zip Code 1500 N. 5th Street Temple, Tx 7650 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	47 ~ 1		
8 Principal occupation / Job title (See Instructions) 9 Employer (See In	nstructions) , , ,		
Nurse Scott and	LWhite Hospital		
Date Full name of contributor □ out-of-state PAC (ID#	Amount of contribution (\$)		
3/3/ Ronnie Busell Contributor address: City: State; Zip Code /2024 118 West Iowa Drive Harker Heights 765	#80.00		
12024 118 West Lowa Drive Harker Heights 765	48		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)		
Date Full name of contributor □ out-of-state PAC (ID#) Amount of contribution (\$)		
3/13/Anettra Dozier Contributor address: City: State; Zip Code 2117 Addax Trl Harker Heights 76549	\$ \$150.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)		
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)		
3/ Joyce lenner Contributor address: City: State: Zip Code 2014 118 W. Fowa Drive Harker Heights 76548	\$100.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Computer Tech Govern			
Comparer 18011 Covar	17710111		
	ACNEEDED		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 form.	1 Total pages Schedule A1:	
2 FILER NAME Stacey L. Wilson	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	
3/3/ Darwin Tanksley 6 Contributor address: City: State: Zip Code 13/2024 1610 Cottonwood Ct. Roundrock, Tx 78664	#100.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Business Wher	tions)	
Date Full name of contributor out-of-state PAC (ID#) 3/ , Dr. Harold Van Arsdale	Amount of contribution (\$)	
Contributor address; City: State: Zip Code 12024 516 Pioneer Trl Harker Heights 76548	\$75.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
3/15/2024 Louie Minor Contributor address; City; State; Zip Code 1808 E. Rancier Killeen, TX 76541	#100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner	tions)	
Date Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	
Anita M. Shaw Contributor address: City: State: Zip Code 12024 4703 Moose Ridge Killeen, Tx 76542	# 130.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	s form.	1 Total pages Schedule A1
2 FILER NAME	Stacey L. Wilso) N	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#)	7 Amount of contribution (S)
1/	Carl Webb		
130/		State: Zin Code	#
120/2014	6 Contributor address: City: 6409 Manganite Drive	1/:11 -	# 100.00
12001	6409 Manganite Drive	Milleen, &76542	1
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address: City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
r incipal occup	Salish 7 300 tille (600 Mail delichle)		
,			
Date	Full name of contributor out-of-state_PA	G (ID#)	Amount of contribution (\$)
		State: Zin Codo	
	Contributor address; City.	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Cout-of-state PA	-C (ID#)	Amount of contribution (\$)
Date	Full name of contributor out-or-state PA	IG (ID#)	Ambant of contribution (c)
	Contributor address: City:	State: Zip Code	
	*		
		Employer (See Instruct	lionel
Principal occu	pation / Job title (See Instructions)	Employer (See Institution	nons)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Inst	truction guide for additional	reporting requirements.

Revised 11/15/2022

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/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:	Stacey L. Wilson)	3 Filer ID (Ethics Commission Filers)	
4 Date 3-7-2024	Janice Beasley			
6 Amount (\$)	7 Payee address:	City;	State; Zip Code	
\$5.58	4413 Lori Drive Killeen,	Texas 76	549	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		7 1	- 10 1/	
OF EXPENDITURE	Fees	Donate	eway	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson Co	Office sought	office held her Place 2	
Date	Payee name	T		
3-8-2024	Theresa Anderson			
Amount (\$)	Payee address:	City;	State; Zip Code	
#4.00	5718 Birmingham Circle	- Killeen,	Texas 76548	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		~ 1		
OF EXPENDITURE	rees	Donate	eway	
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	Stacey L. Wilson Coun	cilmemb	er Place 2	
Date	Payee name			
3-18-2024	Donnetta Curtis			
Amount (\$)	Payee address;	City;	State: Zip Code	
#7.68	519 July Circle Harker F	teights, 7	exas 76548	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Donat	Famory	
OF EXPENDITURE	Lees	Jona 1	ency	
×	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in. TX. officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	Stacey L. Wilson Con	neilment	per Place 2	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Lacey L. Wilson 3 Filer ID (Ethics Commission Filers)		
4 Date 3-11-2024	5 Payee name Jacque ine Jone 5 7 Payee address: City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#4.00	610 Leo Lane Killeen, Texas 76542		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Fees Donateway		
	(c) Check if traveloutside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Stacey L. Wilson Councilmenter Place 2		
Date	Payee name		
3-11-2024	Tarasa Wilson-Evans Payee address; City: State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
#4.00	5508 Holly Oak In Killeen, Texas 76542		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE			
OF EXPENDITURE	tees Donateway		
	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/OF	Stacey L. Wilson Councilmember Place 3		
Date	Payee name P		
3-11-2024	Brian Burt		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.00	3529 Shoreline Drive Hawker Heights, Texas 76548		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF			
EXPENDITURE	tees Donateway		
	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	Stacey L. Wilson Councilmember Place 2		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fee Foo Gift	nt Expense s d/Beverage Expense Awards/Memorials Expense al Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Cledit Card Payment	TI	ne Instruction Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F1: 3 of 7	2 FILER NAME	Stacey L. V	Vilso	n	3 Filer ID (Ethics	Commission Filers)
4 Date 3-12-2024	5 Payee name	rie Ander	-50n			
6 Amount (\$)	7 Payee addres	,		City;	State;	Zip Code
\$5.30	1005 Par	Kridge Driv	re Not	anville, T	Texas 765	559
8	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE	_				1	
OF EXPENDITURE	100	<		Dona	teway	
EXI ENSITORE	(c) Chec	k if travel outside of Texas. Complete	Schedule T.		tin, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate /	Officeholder name		Office sought	. 0.	Office held
expenditure to benefit C/OH	Stace	y L. Wilson	2 Co	uncilmen	ber Pla	ice 2
Date	Рауее пате	7				
3-13-2024	Mars	:hall Cou	vell			
Amount (\$)	Payee addres	SS;		City;	State;	Zip Code
#4.00	3905 H	Lickory V	W Ho	arker Hei	ghts, TX	76548
	Category (See	Categories listed at the top of this	s schedule)	Description		
PURPOSE	_				1	
OF EXPENDITURE	tee	<		Dona	tewa	Y
2.1.2.1.5.1.5.1.2		k if travel outside of Texas. Complete	Schedule T.		tin, TX officeholder living	
Complete ONLY if direct	Candidate /	Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Stace	y L. Wilson	n C	ouncil me	ember P	lace 2
Date	Payee name					
3-13-2024	Ayay	ri Eneli		E		
Amount (\$)	Payee addre	SS;		City;	State:	Zip Code
#4.00	4203	EIF Trail B	Better	n, Texas	76513	
	Category (See	Categories listed at the top of this	s schedule)	Description		
PURPOSE	_				1	
OF EXPENDITURE	teps	<u> </u>		Dona	te wax	
	Chec	k if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin. TX, officeholder living	ı expense
Complete ONLY if direct		Officeholder name	^	Office sought	0	Office held
expenditure to benefit C/OF	Stace	L. Wilson	Cour	icil member	er Place	2
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME STACEY L.	Wilson	3 Filer ID (Ethics Commission Filers)	
4 Date 3-13-2024	5 Payeename Jordan	7		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code	
\$10.84	5400 E. Riverwood	Ct Killeen,	Texas 76342	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF		Dans	teway	
EXPENDITURE	tees	Doria	TEUSTY	
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	tin. TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Stacey L. Wilson	Councilmen	rber Place 2	
Date	Payee name			
3-13-2024	Stacy Willia	am 5		
Amount (\$)	Payee address; /	City;	State; Zip Code	
#4.00	809 Ridgeview D	rive Temple	Texas 76502	
	Category (See Categories listed at the top of this s	schedule) Description		
PURPOSE OF				
EXPENDITURE	Fees	Donate	way	
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Stacey L. Wilson	Councilmen	ber Place 2	
Date	Payee name			
3-13-2024	Raye Mayborn	0		
Amount (\$)	Payee address:	City;	State; Zip Code	
#5.58	P.O. Box 2218 H.	arker Heights	Tx 76548	
	Category (See Categories listed at the top of this s	schedule) Description		
PURPOSE OF	1		L	
EXPENDITURE	-ees	Vona	Teway	
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	tin. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Stacky L. Wilson	Council men	nber Place 2	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
	· · · · · · · · · · · · · · · · · · ·	ne stata ty us	Revised 11/15/202	

SCHEDULE F1

	EXPENDIT	URE CATE	ORIES FO	OR BOX 8(a)	
/ I Committee	Gift/Awards/Memoria Legal Services	ils Expense	Office Overhi Polling Expe Printing Expe Salaries/Wag	ead/Rental Expense nse ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
2 FILER NA	ME Sta	cey L	.Wil	SON	3 Filer ID (Ethics Commission Filers)
	,	(200	dwi	0	
				City;	State: Zip Code
1500	N. 5th	Stree	+ Te	imple, T	exas 76501
(a) Category	(See Categories lister	d at the top of this	schedule)	(b) Description	
FOR				1	to 1/21/
				Dona	i se way
	AND CONTRACTOR OF THE PROPERTY		chedule T.		tin, TX, officeholder living expense
			Con	ncilmemb	per Place 2
Payee na	me				
Ro	nnie t	Juss	211		
		owa.	Drive	200000000000000000000000000000000000000	Heights, Tx 76548
Category	(See Categories listed	at the top of this s	chedule)	Description	
i-				Dani	teway
Te	25			Dona	1 C Way
	Check if travel outside of	Texas. Complete So	chedule T		tin, TX. officeholder living expense
1 01	1		0		Office held
Sto	icey L.	WIISO	n lo	uncilmer	nber Place 2
Payee na	me				
Ano	ttra "	Doz	ier		
Payee ad	dress;	200	,	City;	State; Zip Code
2117	Addax	Trai	1 Ha	rker H	eights, Tx 76548
Category	(See Categories listed	at the top of this s	chedule)	Description	
For	3 /			DAMA	towar
TE					1 1 2 10 10 1
			chedule T.		tin. TX, officeholder living expense
Candida	ate / Officeholder	name	0	5.1	Office held
OTAC	ey C. WI	1 2011			
	2 FILER NA 5 Payee nar 7 Payee add 1500 (a) Category Fee (c) Sandida Payee nar Royage nar Royage nar Ange Payee add 2117 Category Fee Candida Sha	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoris Legal Services The Instruction 2 FILER NAME 5 Payee name Terris 7 Payee address: 1500 N. 5th (a) Category (See Categories lister Candidate / Officeholder Payee address: 18 West T Category (See Categories listed Fees Category (See Categories listed Candidate / Officeholder Stacey L. West Category (See Categories listed Fees Category (See Categories listed Fees Category (See Categories listed Fees Candidate / Officeholder Stacey L. Payee address: 217 Add ax Category (See Categories listed Fees	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain 2 FILER NAME 5 Payee name Terris Good 7 Payee address: 1500 N. 5th Stree (a) Category (See Categories listed at the top of this strace y L. Wilson Payee name Romnie Russi Category (See Categories listed at the top of this strace y L. Wilson Payee address: 118 West Towa. Category (See Categories listed at the top of this strace y L. Wilson Payee address: 118 West Towa. Category (See Categories listed at the top of this strace y L. Wilson Payee name Anetro Doz Payee name Anetro Doz Candidate / Officeholder name Stacey L. Wilson Payee address: 2117 Addax Trai Category (See Categories listed at the top of this strace y L. Wilson Payee name Anetro Doz Candidate / Officeholder name Stacey L. Wilson Category (See Categories listed at the top of this strace y L. Wilson Category (See Categories listed at the top of this strace y L. Wilson Category (See Categories listed at the top of this strace y L. Wilson Category (See Categories listed at the top of this strace y L. Wilson Category (See Categories listed at the top of this strace y L. Wilson Category (See Categories listed at the top of this strace y L. Wilson	Event Expense Fees Fees Grod/Beverage Expense Grit/Awards/Memorials Expense Grit/Awards/Memorials Expense Committee The Instruction Guide explains how to core Fees The Instruction Guide explains how to core Fees Fees The Instruction Guide explains how to core Fees Fees Fees Grit/Awards/Memorials Expense Fees Fees Fees The Instruction Guide explains how to core Fees Fees Fees Fees Fees Fees Fees Fe	Fees Grith/Awards/Memorials Expense States/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Stacey L. Wilson 5 Payee name Terris Cood win 7 Payee address: City: 1 500 N. 5th Street Temple, 1 (a) Category (See Categories listed at the top of this schedule) (b) Description Fees Categories listed at the top of this schedule) Payee name Romnie Russell Payee address: City: 1 8 West Towa Drive Harkly Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payee name Ronnie Russell Payee address: City: 1 8 West Towa Drive Harkly Category (See Categories listed at the top of this schedule) Payee name Ronnie Russell Payee address: City: 1 8 West Towa Drive Harkly Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule Toward Council men Payee name Anettra Dozier Payee name Anettra Dozier Payee address: City: 2 117 Add ax Trail Harker Holling Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule Toward Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule Toward Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule Toward Category (See Categories listed at the top of this schedule)

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/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Extransportation Equipment Travel In District Travel Out Of District Other (enter a category no	& Related Expense
Credit Card Payment	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAMES tacey L. L	3 Filer ID (Ethics Cor	mmission Filers)
3-13-2024	5 Payee name Joyce Te	enner	
6 Amount (\$)	7 Payee address:/		Zip Code
\$5.58	118 W. Iowa D	rive Harker Heights, TX 7	16548
8	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
PURPOSE OF		To towns	
EXPENDITURE	tees	Donateway	
	(c) Check if travel outside of Texas. Com	plete Schedule T. Check if Austin, TX, officeholder living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Stacey L. Wilso	on Council member Pla	ce A
Date	Payee name		
3-13-2024	Darwin Tar	nksley	
Amount (\$)	Payee address;		Zip Code
#5.58	1610 Cottonwood	od C+ Roundrock, Tx	78664
	Category (See Categories listed at the top of	of this schedule) Description	
PURPOSE OF	T00/	Donateway	
EXPENDITURE	-ees	Donateway	
V	Check if travel outside of Texas. Com	hand	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Stacey L. Wild	0 11 /	ace 2
Date	Payee name		*
3-14-2024	Dr. Harold	VanArsdale	
Amount (\$)	Payee address;		Zip Code
#4.26	516 Pioneer	Trail Harker Heights, TX7	6548
	Category (See Categories listed at the top of	of this schedule) Description	
PURPOSE OF			
EXPENDITURE	1-ees	Donateway	
	Check if travel outside of Texas. Com	plete Schedule T. Check if Austin, TX, officeholder living expe	ense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Of	fice held
expenditure to benefit C/OF	Stacey L. Wils	on Council member Place	ze a
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEEDED	
			D- 1 144/45/2000

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Stacey L. W	ilson	3 Filer ID (Ethics Commission Filers)	
4 Date 3-15-2024	5 Payee name Louie Min	00		
6 Amount (\$)	7 Payee address;	City;	State: Zip Code	
\$5.58	1808 E. Rancier	Ave Killeen,	Texas 76541	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE	<u></u>		1	
OF EXPENDITURE	tees	Dona	teway	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n. TX. officeholder living expense	
O O ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Council mem	her Place 2	
		Court process	ba Traces	
Date	Payee name	0		
3-19-2024	Ninas Sewir	ig Corner		
Amount (\$)	Payee address;	City;	State; Zip Code	
#270,00	2703 Chameleon D	rive Killeen, T	exas 76549	
	Category (See Categories listed at the top of this sol	nedule) Description		
PURPOSE	A	1	111P TCI+	
OF EXPENDITURE	Advertising Expense	e Graphic a	nd Art for T-Shirts	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austri	n, TX. officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Stage 1 Wilson	Councilmen	her Place 2	
	Stacey L. VVII-SON	Courtery	011 1100000	
Date	Payee name /			
Amount (\$)	Payee address:	City;	State; Zip Code	
	Category (See Categories listed at the top of this sol	nedule) Description		
PURPOSE		1 mm 2000 2000 2000 2000 2000 2000 2000		
OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Sch		n. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s now to complete this form.	
1 Total pages Schedule F4:	Stacey L. Wilson	า	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 1875.88
5 Date	6 Payee name	A	
2-1-2024	United States	Postal Ser	vice
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$182.00	415 EFM 2410 Roc	id Harker Hei	ghts, Texas 76548
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	\sim		ONBOY
OF	Fee	Campaio	n P.O.Box
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete S	Schedule I. Check if Au	stin, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Stacey L. Wilson Co	ouncil member	Place 2
Date	Payee name		
2-20-2024	Texas Democr	-atic Party	
Amount (\$)	Payee address;	City;	State; Zip Code
\$425.00	314 E Highland	Blud Austin,	Texas 78752
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Fee	VAN	1 Access
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Stacey L. Wilson	Councilmen	ber Place 2
	(
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

SCHEDULE F4

14				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
			[
1 Total pages Schedule F4:	Stacey L. Wilso	n	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$	
5 Date	6 Payee name			
3-4-2024	Hobby Lobby			
7 Amount (\$)	8 Payee address: /	City;	State; Zip Code	
*73.12	2002 E. Central	Texas Expree	Way Killeen, Tx 76541	
9 TYPE OF EXPENDITURE	Political	on-Political		
10	(a) Category (See Categories listed at the top of this schedul	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expen.	se Campaign	advertisment Shirts	
	(c) Check if travel outside of Texas. Complete Schedule		istin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Stacey L. Wilson	Office sought A-OUNCILMEN	office held wher Place 2	
Date	Payee name			
3-4-2024	Worldwide Print	- Shop		
Amount (\$)	Payee address;	City;	State; Zip Code	
#562.90	Worldwide Print Shop. co	om worldwi	deprintshopegmail	
TYPE OF EXPENDITURE		lon-Political		
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Advertising Expense Campaign door Knob hanger			
EXTENDITORE	Check if travel outside of Texas. Complete Schedul	leT. Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH				
	Stacey C. Wilson C	- WILLI THERE	7 (400)	
	8			
	ATTACH ADDITIONAL CORIES OF TH	IIS SCHEDULE AS NE	EDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains	s 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 UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 3-11-2024	6 Payee name Wal-Mart			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
#10.48	1400 Lowes Blud 1	Killeen, Tex	195 76542	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Exper	nse Magnet	Graphics	
	(c) Check if travel outside of Texas. Complete Se	chedule T. Check if Au	istin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Stace / L. Wils	Office sought	office held nember Place 2	
Date 3-12-2024	Pavee name	Restauran	1	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$606.20	2330 Verna Lee	. Blvd Hark	er Heights, 1x 18598	
TYPE OF EXPENDITURE	Political	Non-Political	>	
PURPOSE OF EXPENDITURE	Even + Expense	e Campai	gn Fundraiser	
	Check if travel outside of Texas. Complete S	Schedule T. Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Stacey L. Wils	Office sought Son Counciln	office held nember Place 2	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date 3-21-2024	6 Payee name Hobby Lobby		
7 Amount (\$)	8 Payee address; / City;	State; Zip Code	
#16.18	2002 E. Central Texas Expy 1	Killeen, Texas 76541	
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense Campaign advertisment Shirts		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if A	ustin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Stacey L. Wilson Councilment	Office held ber Place 2	
Date	Payee name		
Amount (\$)	Payee address; City;	State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE	Category (See Categories listed at the top of this schedule) Description		
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T. Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held	