

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **7**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>MR</b>	FIRST <b>CHRISTOPHER</b>	MI <b>W</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME <b>CHRIS</b>	LAST <b>WILSON</b>	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5101 STATE HIGHWAY 34. HONEY GROVE TX 75446</b>				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>864-6550</b>	EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>MR</b>	FIRST <b>CHRIS</b>	MI <b></b>	Date Received <b>01-16-2024</b> <i>by Angela Inezin</i> <b>2:45 p.m.</b>	
	NICKNAME	LAST <b>JOHNSON</b>	SUFFIX		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>411 NORTH MAIN STREET, BONHAM, TX 75418</b>				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 903 )</b>	PHONE NUMBER <b>815-1661</b>	EXTENSION		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>	Month    Day    Year <b>11 / 21 / 23</b>		THROUGH    Month    Day    Year <b>12 / 31 / 23</b>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>3 / 5 / 24</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary    Runoff    Other Description <input type="checkbox"/> General    Special		
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>FANNIN COUNTY COMMISSIONER-3</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> CHRISTOPHER W WILSON		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,955.76
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,955.76
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,118.48
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,118.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,658.07
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,820.79

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is CHRISTOPHER W WILSON, and my date of birth is 09/27/1964.

My address is 5101 STATE HIGHWAY 34, HONEY GROVE TX, 75446 USA.  
(street) (city) (state) (zip code) (country)

Executed in FANNIN County, State of TEXAS, on the 16 day of JANUARY, 20 24.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****CHRISTOPHER W WILSON****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,955.76
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 3,820.79
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.02

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>CHRISTOPHER W WILSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/21/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CHRISTOPHER W WILSON</b> 6 Contributor address; City; State; Zip Code <b>5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446</b>	7 Amount of contribution (\$) <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions) <b>RANCHER</b>		9 Employer (See Instructions) <b>MOSS CREEK RANCH OWNER OPERATOR</b>
Date <b>11/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JENNIFER CWAGENBERG</b> Contributor address; City; State; Zip Code <b>5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446</b>	Amount of contribution (\$) <b>2.56</b>
Principal occupation / Job title (See Instructions) <b>SOFTWARE ENGINEER</b>		Employer (See Instructions) <b>DNSFILTER</b>
Date <b>11/30/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MICHAEL WILSON</b> Contributor address; City; State; Zip Code <b>3101 TOWERCREEK PARKWAY, SUITE 560, ATLANTA, GA 30339</b>	Amount of contribution (\$) <b>953.20</b>
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>PINNACLE RESTAURANT SERVICES</b>
Date <b>12/08/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRETT SMITH</b> Contributor address; City; State; Zip Code <b>605 TERRY CT, LUCAS, TX 75002</b>	Amount of contribution (\$) <b>2,000.00</b>
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions) <b>CROWDSTRIKE, INC</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME  
**CHRISTOPHER W WILSON**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/26/2023**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**BF HICKS**

7 Amount of contribution (\$)

**500.00**

6 Contributor address; City; State; Zip Code  
**PO BOX 985, MT VERNON, TX 75457**

8 Principal occupation / Job title (See Instructions)  
**LAWYER**

9 Employer (See Instructions)  
**ATTORNEY AT LAW, BF HICKS**

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

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 (\$)

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 (\$)

Contributor address; City; State; Zip Code

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>CHRISTOPHER W WILSON</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,820.79
5 Date of loan <b>11/21/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>CHRISTOPHER W WILSON</b>	9 Loan Amount (\$) <b>3,820.79</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>5101 STATE HIGHWAY 34, HONEY GROVE, TX 75446</b>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>05/28/2024</b>
12 Principal occupation / Job title (See Instructions) <b>RANCHER-OWNER</b>		13 Employer (See Instructions) <b>MOSS CREEK RANCH</b>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

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

**SCHEDULE K**

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 K: **1**

2 FILER NAME  
**CHRISTOPHER W WILSON**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/21/2023**

5 Name of person from whom amount is received  
**USAA BANK**  
.....  
6 Address of person from whom amount is received; City; State; Zip Code  
**9800 Fredericksburg Rd.  
San Antonio, TX 78288**

8 Amount (\$)  
**0.02**

7 Purpose for which amount is received Check if political contribution returned to filer  
**INTEREST PAID INTO CAMPAIGN CHECKING ACCOUNT**

Date

Name of person from whom amount is received  
.....  
Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received  
.....  
Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received  
.....  
Address of person from whom amount is received; City; State; Zip Code

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**