

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

William H. Lantry Wilson

NICKNAME LAST SUFFIX

Lantry Wilson

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

[REDACTED]

Change of Address

RECEIVED APR 02 2025

AC

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 824-9375

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Carol A. Wilson

NICKNAME LAST SUFFIX

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

[REDACTED]

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 770-1934

9 REPORT TYPE

- January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officerholder Only)
 July 15
 8th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 2 / 11 / 2025 3 / 2 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description
 5 / 3 / 2025 General Special

12 OFFICE

OFFICE HELD (if any) POSITION 4
 SAN JACINTO COLLEGE TRUSTEE

13 OFFICE SOUGHT (if known) POSITION 4
 SAN JACINTO COLLEGE TRUSTEE

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

GENERAL COMMITTEE NAME
 COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 85.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 265.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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

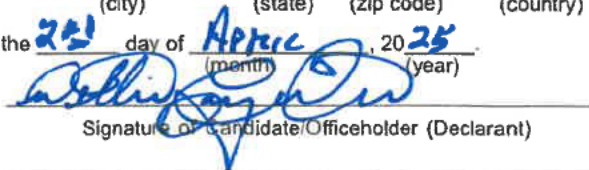
OR

(2) Unsworn Declaration

My name is WILLIAM LARRY WILSON, and my date of birth is 9/15/1948

My address is _____, _____, TX 74504, USA
(street) (city) (state) (zip code) (country)

Executed in NATKOS County, State of TEXAS, on the 20th day of APRIL, 2025
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 350.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 85.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1.
2 FILER NAME LARRY WINSON		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PECIL GORMLEY	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 3/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY & SYLVIA CORNOSEK	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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: 1
2 FILER NAME LARRY WILSON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/18/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY WILSON	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate NA
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/20/25	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY WILSON	Loan Amount (\$) \$1,000.00
Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	Interest rate NA
		Maturity date NA
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME LARRY WILSON	3 Filer ID (Ethics Commission Filers)
4 Date 2/20/25	5 Payee name APOLLO SIGNS	
6 Amount (\$) 65.00	7 Payee address; 5220 CYPRESS PINEBEND, TX 77504	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description STAKES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/25/25	Payee name CITY OF DEER PARK	
Amount (\$) 20.00	Payee address; CITY HALL, DEER PARK, TX 77536	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGN PERMIT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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