

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS MR FIRST MI
JOHN F.
NICKNAME LAST SUFFIX
WILSON

OFFICE USE ONLY

Date Received

DEL MAR COLLEGE

OCT 05 2020

RISK MANAGEMENT

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
[REDACTED] CORPUS CHRISTI, TX 78404

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(206) 850-5689

Receipt # Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
SUSAN F.
NICKNAME LAST SUFFIX
CLARK

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
[REDACTED] CORPUS CHRISTI, TX 78411

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(409) 655-8504

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder 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
/ / / / / /

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DEL MAR COLLEGE
BOARD OF REGENTS AT LARGE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME John Wilson for DEL MAR BOARD OF REGENTS 15 Filer ID (Ethics Commission Filers)

16 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.

| | |
|---|---|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input checked="" type="checkbox"/> GENERAL | <u>John Wilson for DEL MAR BOARD OF REGENTS</u> |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | [REDACTED] |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | <u>SUSAN CLARK</u> |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | [REDACTED] |
| | <u>CORPUS CHRISTI, TX 78411</u> |

Additional Pages

| | | |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 4,050.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,050.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 3,922.78 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,922.78 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 127.22 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 AFFIDAVIT

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]
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John F. Wilson, this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

Jessica A. Alaniz Signature of officer administering oath
Jessica A. Alaniz Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

JOHN WILSON FOR DE MAR BOARD OF REGENTS

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4,050. ⁰⁰ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 745. ⁰⁰ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,922. ⁷⁰ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

JOHN WILSON FOR DEL MAR BOARD OF REGENTS

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/2020

5 Full name of contributor

JAMES K. ROSE

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$2,000.00

6 Contributor address:

City:

State:

Zip Code

[REDACTED] CORPUS CHRISTI, TX 78404

8 Principal occupation / Job title (See Instructions)

SURGEON

9 Employer (See Instructions)

ROSE COSMETIC SURGERY

Date

8/19/2020

Full name of contributor

EUGENE CRAN

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$200.00

Contributor address:

City:

State:

Zip Code

[REDACTED] CORPUS CHRISTI, TX 78412

Principal occupation / Job title (See Instructions)

PILOT

Employer (See Instructions)

SOUTHWEST AIRLINES

Date

8/27/2020

Full name of contributor

BHAKTI SOODA

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1,000.00

Contributor address:

City:

State:

Zip Code

[REDACTED] CORPUS CHRISTI, TX 78413

Principal occupation / Job title (See Instructions)

PHYSICAL THERAPIST

Employer (See Instructions)

TRUE CARE PHYSICAL THERAPY

Date

8/22/2020

Full name of contributor

TOM CARLISLE

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$750.00

Contributor address:

City:

State:

Zip Code

[REDACTED] CORPUS CHRISTI, TX 78401

Principal occupation / Job title (See Instructions)

INSURANCE EXECUTIVE

Employer (See Instructions)

CARLISLE INSURANCE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

JOHN WILSON FOR DEL MAR BOARD OF REGENTS

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/20

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

REESE BUCHANAN

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

[REDACTED] CORRIS CHRISTI, TX 78911

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

BUCHANAN ABSTRACT & TITLE CO.

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 | |
| 2 FILER NAME JOHN WILSON FOR DEL MAR BOARD OF REGENTS | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 745.00 | |
| 5 Date 9/19/20 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHAWN FLANAGAN CAMPAIGN | 8 Amount of Contribution \$ \$ 700.00 | 9 In-kind contribution description RADIO ADS |
| 7 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] CORPUS CHRISTI, TX | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) NA | |
| 12 Contributor's principal occupation (FOR JUDICIAL) RETIRED | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|--|---|--|
| Date 9/19/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAURIE TURNER | Amount of Contribution \$ \$45.00 | In-kind contribution description ADVERTISING |
| Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] CORPUS CHRISTI, TX | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) SCHOOL TEACHER | | Employer (FOR NON-JUDICIAL)(See Instructions) GREGORY PORTLAND ISD | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm 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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | |
|---|---|---------------|---|---------------------|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME JOHN WILSON FOR DEL MAR BOARD OF REGENTS | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date: 9/8/2020 | 5 Payee name ARROW DISPLAY SIGNS | | | |
| 6 Amount (\$): \$1,163.69 | 7 Payee address: [REDACTED] | | City: CORPUS CHRISTI, TX | State: TX |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | | (b) Description SIGNAGE | |
| | <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Candidate / Officeholder name | | Office sought | | Office held |
| Date: 9/17/2020 | Payee name ARROW DISPLAY SIGNS | | | |
| Amount (\$): \$1,163.69 | Payee address: [REDACTED] | | City: CORPUS CHRISTI, TX | State: TX |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | | Description SIGNAGE | |
| | <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name | | | | |
| Office sought | | Office held | | |
| Date: 9/13/2020 | Payee name COASTAL MEDIA | | | |
| Amount (\$): \$595.40 | Payee address: [REDACTED] | | City: CORPUS CHRISTI TX | State: TX |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | | Description SIGNAGE | |
| | <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name | | | | |
| Office sought | | Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 2 | 2 FILER NAME JOHN WILSON FOR DEL MAR BOARD OF REGENTS | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name SHAWN FLANAGAN CAMPAIGN | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTION | (b) Description CAMPAIGN CONTRIBUTION TO SHAWN FLANAGAN CAMPAIGN |
| | (c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX. officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---------------------------|
| 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 <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 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX. officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED