# **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

# FORM C/OH **COVER SHEET PG 1**

The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS / MRS MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Thomas NICKNAME LAST WIL	A. Jerrix	Date Received TARR TARR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE	Date Hand-delivered or Postmerked
change of address	-	=	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) FIRST  The OWAS  NICKNAME LAST	MI /	Date Imaged ·
	Tom 1	Ni Ldet	)
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#:	CITY: STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 Ilmit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6/30/	14 Report for 1/1/14 - 1/22/14
11 ELECTION	Month Day Year ELECTION TYPE	Runoli D	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF known)	-
	District Clerk	SAM	2_
	GO TO PAG	E 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	® E
	GENERAL SPECIFIC	COMMITTEE ADDRESS	TARRANT OF THE STEVENS AND TO THE STEVENS AND TO THE STEVENS AND TO THE STEVENS AND TO THE STEVENS AND THE STE
additional pages	,	COMMITTEE CAMPAIGN TREASURER NAME	9: 2 3: 4 3: 4 3: 4
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1200
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		wized \$ 5500
	4. TOTAL	POLITICAL EXPENDITURES PLUS LINE 3	\$ 6315
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I DRTING PERIOD	s /38,029 <sup>73</sup>
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT	TRACY L. JOH NOTARY PUI STATE OF TE My Comm. Eq. 87-8	is true and correct and includes all me under Title 15, Election Code.  House A	f perjury, that the accompanying report information required to be reported by
Sworn to and subs	of July	ne, by the said Thomas A. Wilder  , 20 14, to certify which, witness n  Tracy L. Johnson  Printed name of officer administering oath	my hand and seal of office.  Notary Public  Title of officer administering ceth

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Thomas A. Wilder	SI C R
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of 8 In-kind contribution
Value Q PAC	contribution (\$) description (@appliceble)
131114 6 Contributor address; City: State; Zip Code 301 COMMERCEST #35	100 100
74. WORTH, 4X 7610	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employs 0 P 7 0NA See FN6 TRUCTON	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution
26. L. JENNIFER A. RYMC	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code /	芸9 200
27 WORTH TX 76107	(If travel outside of Taylor complete Schodule T)
Principal occupation / Job title (See Instructions)  Employe	(If travel outside of Texas, complete Schedule T) er (See Instructions)
Sel above	(
Date Full name of contributor out-of-state PAC (ID#	) Amount of In-kind contribution
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	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employe	er #See Instructions)
Principal occupation / 300 title (300 motifactions)	s pose medasisme,
Date Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution
Date Tuli Harne of contributor () out-of-state PAC (IDM:	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
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	(If travel outside of Texas, complete Schedule T)
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Date Full pame of contributor out-of-state PAC (ID#	) Amount of In-kind contribution
34.0.55.00.00	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
	[
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employ	er (See Instructions)

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

#### P.O. Box 12070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES DER 100 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Advertising Expense Transportation Equipment & Related Expense Solicitation/Fundraising Expense Accounting/Banking **Legal Services** Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Consulting Expense Travel Out Of District Polling Expense **Event Expense** OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 FILER NAME 10+ 5 Payee name 4 Date 7 Payee address; 6 Amount (\$) 0 PURPOSE OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Amount (\$) **PURPOSE EXPENDITURE** Candidate / Officeholder name Complete **ONLY** if direct expenditure to benefit C/OH Payee name State; Zip Code Amount (\$) **PURPOSE** OF **EXPENDITURE** Candidate / Officeholder name Complete **QNLY** if direct expenditure to benefit C/OH Amount (\$ **PURPOSE** OF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office held

Office sought

# **POLITICAL EXPENDITURES**

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8(a	1)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
1 003	• • • • • • • • • • • • • • • • • • • •	e explains how to complete this for	OTHER (enter a callegory not listed above)
1 Total pages Schedule F:		axplains now to complete this to	
1 rotal pages schedule r:	2 FILER NAME	Will LOA	3 ACCOUNT # (Ethics Commission Fiters)
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4 Date 3 14/14	5 Payee name Mark LA	Chappelle	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	5 9 E
2 410	See Abour	2	
340			9 =
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consultant		nails
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht Office held
Date 🖳 📗	Payee name	$\sim 1$	10
3/22/14	TAPRANI GO	unty Kepu	elican tarly
Amount (\$)	Payee address; City; Sta	ate; Zip Code	f
<b>つ</b> 。 へ	12405 GRA	tuel br	~~
200	27 1110	OTY TY	76118
	Category (See categories listed at the top	of this extent to	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See Categories issed at the top	SET AS	F DIST CONVOLUE
EXPENDITURE	Contre bulion	1	1,10,12
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expenditure to benefit C/O	H	A second	
D-1	Paragrama		
Date 2	Payee name	$\mathcal{D}_{a}$	1/2-11
3/20/14	+ Wast	epublican	Women
Amount (\$)	Payee address; City; Sta	ate; (Zip Code	
17700	PUBOX 101	1613	
101	AT WOUTH	· +×	76185
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	0 - 4 1/2	Dist	
EXPENDITURE	Our batio	n 18/11)	cah Club
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ht Office held
Date )// [	Payee name		
4/2/14	UPS STO	PEE	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
.00	-200 111	> Not ST	
120	27	RTH. TO	76102
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EXPENDITURE	Uggece Overviere	ex mul	our congraign
Complete ONLY if direct expenditure to benefit C/C	//Candidate / Officeholder name OH	Office sough	ht Office held ()
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	NEEDED

# **POLITICAL EXPENDITURES**

# SCHEDULE F

	EXPENDITURE (	CATEGORIES FOR BOX 8(a)		
Advertising Expense		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking Consulting Expense	_	Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expense	
Event Expense		Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee	ł
Fees	• •	Office Overhead/Rental Expense	OTHER (enter a category not listed above)	
	The Instruction Guide	explains how to complete this fo	orm.	
1 Total pages Schedule F:	2 FILER MAME	1.15.	3 ACCOUNT # (Ethics Commission Filers	;)
3 0 + 3 4 Date - 1	5 Payree name	Wilder		
3/14/14	Roger +	aherty	Photog RATher	)_
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code	DI ) #	
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8 PURPOSE	(a) Category (See/categories listed at the top of	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)	)
OF	C.C.	Photo	- courthouse w	/
EXPENDITURE	6151 /mmorial	MATT	E - MONA BAILEY	/
<ol> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ol>	Candidate / Officeholder name	Office sough	ht Office held	
				_
Date 5/19/14	RONNI BUS	-tow Car	npaigN	
Amount (\$)	Payee address; City; Stat	te; Zip Code		
200	PABOX 12	46		
000	Colley Uill	e, th	76034	
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	( enti : by to	ma Palit	La	
	Cardidate / Officebolder pame	Office sound	ht Office held	7
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1000	4000 30	08_1	70717	
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PURPOSE	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contribution	Host s	BONSOR- TUNDRAISEK	1
	Candidate / Officeholder name	Office sough	ht Office held	_
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Date 6 BOLIL	Payee name	At Jours	1/2	
10/17	mage in	rul your	7 Cangray	_
Amount (\$)	Payee address; City: State	te; Zip Code		
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aou	TT. WO	OTH ,7	TV 76102	
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OF	( - A   1 - A	1) of	-, n ===================================	
EXPENDITURE	Consubillion	2 I tou	real condus	1
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

#### SCHEDULE G

(512) 463-5800

Accounting/Benking Consulting Expense	Legal Services Food/Beverage Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this f	orm.
1 Total pages Schedule G:	Thomas	A 112: ( of -	3 ACCOUNT # (Ethics Commission Fillers)
4 Date / /	5 Payee name	T. WILCIE	K 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2/11/14	H3 RANCI	h	( paner)
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code EX ChANG	e Brude
Reimbursement from political contributions intended	77. Wor	ort, 7	( 7610b
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Good Beverage	Polit	ical Meeting
Date ) / (	Payee name		
7/25/14	DZARKA		(Amex)
Amount (\$)		te; Zip Code	£ 4-
Reimbursement from	666 Dixi	F HWAY !	/
political contributions intended	Louisille	, KY	40258
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	n (If trevel outside of Texas, complete Schedule T)
EXPENDITURE	Food Benera	ge WALE	efor office
Date 2	Payee name		( )
013114	Torus lot	ce Sho	(Amex)
Amount (\$) 78.52	Payee address; City; Sta	te: Zip Code MAG WOLLY	9
Reimbursement from		MAG NOTT	
political contributions intended	H. WOOT	J, TX	16104
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Tood Beneral	je	
Date _ /	Payee name		
3/8/14	QT- B	ed tord	(Amer)
Amount (\$) 4180	Payee address; City; Sta	te; Zip Code	doon
Reimbursement from	Central DR	, + DON PO	
political contributions intended	Bedford	TX	76021
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	-may 0 0	A STA	1001 District
	IKAVEL AM I)	which I When or	VOLUCIA TO INTAL CLASON
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	NEEDED

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	Legal Services Solicita Food/Beverage Expense Travel Polling Expense Travel	:/Wages/Contract Labor tion/Fundraising Expense in District Dut Of District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explain	s how to complete this for	m. 34 & 2
1 Total pages Schedule G:	Thomas A. Wil	deR	3 ACCOUNT # (Ethics Commission Ellers)
4 Date 4/9/14	5 Payee name  OZARKA		Amex
Reimbursement from political contributions intended	7 Payee address; City; State; Zip SEE Above	Code	46A
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school Beveryeye	dule) (b) Description (b) WALE	(If travel outside of Texas, complete Schedule T)  Sor Africe + quests
Date 4/29/14	Payee name  EL RAUCho	Grande	(Amex)
Reimbursement from political contributions intended	Payee address; City; State; Zip 1400 W. M.  TT [] DR TH	Code A ( N	76106
PURPOSE OF EXPENDITURE	Category (See categories listed at the lop of this ach	dule) Description	(If travel outside of Texas, complete Schedule T)  Lunch
	1000 / Jewela	1011	
Date 5/3/14	Payee name OS+90 / GAS		Southlake
Amount (\$)  Reimbursement from political contributions intended	Costgo/GAS	Code 114	Southlake 76092
Amount (\$)  Reimbursement from political contributions	Costgo/GAS	114	South Lake 76092 If travel outside of Texas, complete Schedule T) Arien Meetings Operations
Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date 5 12 14	Costgo GAS  Payee address City: State; Zip  Kenhell FS t  South FA (Le  Category (See categories listed at the top of this sche  The Second FA Costegory (See Category Costegory)  Payee name  El RAWOLO	dule) Description CAmpf Luct Ougl	(If travel outside of Texas, complete Schedule T)
Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Costgo GAS  Payee address City: State; Zip  Kenhell FS t  South FA (Le  Category (See categories listed at the top of this sche  The Second FA Costegory (See Category Costegory)  Payee name  El RAWOLO	114	(If travel outside of Texas, complete Schedule T)
Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Date  Amount (\$) 84  Reimbursement from political contributions	Payee address; City; State; Zip  Category (See categories listed at the top of this sche  Payee name  Caty; State; Zip  Payee address; City; State; Zip	dule) Description (CAmple Carde)	If travel outside of Texas, complete Schedule T)  Amex  Amex  If travel outside of Texas, complete Schedule T)  MGR.

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

SCHEDULE G

Accounting/Benking Consulting Expense	Legal Services Solicitation/Fundrain Food/Beverage Expense Travel In District	sing Expense Trensportation Equipment & Related Expense Contributions/Donations Made By		
Event Expense Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Ro			
	The instruction Guide explains how to o	and the second		
1 Total pages Schedule G:	1 hows A. W	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 65 14	5 Payee name Payer Coffee	Shop Amor		
6 Arnount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code See Albour			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Food Beverage	Kolitical Meeting		
Date 6 10 14	Payee name EL RANCho (	Spande (Amer)		
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	See about			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Tool Beverlage	Lunch elected officiAs		
Date 6/10/14	Payee name  OZARKA	(Amoy)		
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	See About	· ·		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Food Beverage	Water for Office quests		
Date 2/15/14	Payee name  Office De	Pot		
Amount (\$)	Payee address; City; State; Zip Code	0		
Reimbursement from political contributions intended	Euless, TX	76040		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Compaign Flyer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

# SCHEDULE G

			P E 2
	EXPENDITURE	CATEGORIES FOR BOX 8(	a) 2 1 2
Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this	form. 기 중중 를 밀면
1 Total pages Schedule G:	2 FILER NAME Thomas	A.Wilder	3 ACCOUNT # (Ethics:Commission Filers)
3   1   1 4	5 Payee name	NA	
6 Amount (\$) 59 95	7 Payee address; City; Sta	te; Zip Code C£ mar to	N
Reimbursement ifom political contributions intended	(a) Category (See categories listed at the top	of this schedule) All Description	76/02
8 PURPOSE OF EXPENDITURE	700d / Ber	erage Pal	itical meeting
Date 3 28/14	Payee name Cette	1 Rotae	1 Club
Amount (\$)  Reimbursement from political contributions intended		te; Zip Code 210421	76095
PURPOSE	Category (See categories listed at the top	of this schedule) Description	On (tif trevel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Go1	f Tournant - signs
Date 417/14	Payee name	cc Cafeterio	
Amount (\$) 76	400 A Belk	te; Zip Code	
political contributions intended	7. WORTH	, TX	76102
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		on (if travel outside of Texas, complete Schedule T)
Date 4 21/14	Payee name	0	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Reimbursement from political contributions intended	Sa Above		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	$\Lambda\Lambda$	on (if travel outside of Texas, complete Schedule T)  W

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

SCHEDULE G

Accounting/Benking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salanes/wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	a series a maria a maria de la companya de la compa
		explains how to complete this	Territoria de la constanta de
1 Total pages Schedule G:	1 homes A	- Wild	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		ā* 9. =
6/6/14	COSTCO		\$ S
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	1 IL
Reimbursement from	2001 F. S	1. Housy 1	17
political contributions intended	South Lat	e T	76092
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule) (b) Descript	tion (If traval outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Sup	plies yell	LOW PAGS
Date /	Payee name		•
e/14/14	COSTGO -	Southle	she
Amount (\$)		; Zip Code	
Reimbursement from political contributions intended	SEE Abou		
PURRORE	Category (See categories listed at the top of	this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
PURPOSE			- 1 - 1
OF EXPENDITURE	I ravel in Dis	trust CAMP	GAGN OPELATIONS
OF EXPENDITURE	1 rauel in Dis		S. PORTDAY AND Hogn Operations
Date 6 8 4	Payee name  EL RAN	trict CANG	S. PORTDAY AND Hogn operations Example
OF EXPENDITURE	Payee name  EL RAN		S. PORTDAY AND Hogn operations Example
Date 6 8 4	Payee name  EL RAN	trict CANG	S. PORTDAY AND Hogn operations Exernele
Date 6   8   4 Amount (\$) Reimbursement from political contributions intended	Payee name  EL RAN	truct CANG	S. PORTDAY AND HOGH OPELATIONS  TRANSLE  tion (If travel outside of Texas, complete Schedule T)
Date 6 18 4 Amount (\$) Reimbursement from political contributions intended	Payee name  EL RAM  Payee address; City; State  Sul Albour	truct Cang	skande
Date 6 8 4  Amount (\$) Reimbursement from political contributions intended  PURPOSE OF	Payee name  Payee address; City; State  Category (See categories listed at the top of	truct Cang	DAGN Operations  Sientele  John (Misself outside of Texas, complete Schedule T)
Date 6 8 4  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Payee name  Language Address; City; State  See Address; City; State  Address; City; Ci	truct Cang	DAGN Operations  Sientele  John (Misself outside of Texas, complete Schedule T)
Date 6 8 4 Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE  Date 30 44	Payee name  Language Address; City; State  See Address; City; State  Address; City; Ci	truct Cang  Jehn  Si Zip Code  Ithis schoole) Descript  Af On ity	DAGN Operations  Sientele  John (Misself outside of Texas, complete Schedule T)
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# INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

P.O. Box 12070

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	mas A. Wilder	3 ACCOUNT # (Eth	nics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
2/21/14	TRACY TOANS ON  6 Address of person from whom amount is received; City; State; Zip Code		2)00
·	77. WORTH, TX 761	96	
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Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	