## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 16
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr First Sharen	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Wilson	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
5 CAMPAIGN TREASURER	ms/mrs/mr First Mark	MI	Date Processed
NAME	NICKNAME LAST Walker	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
8 REPORT TYPE	January 15 30th day before elec	tion Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 Sth day before election	on Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year
j.	02/23/2014	ои <b>с</b> н 06/30/20	14
10 ELECTION	ELECTION DATE ELECTION TY  Month Day Year  11/04/2014		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) District Attorney	
	GO TO	PAGE 2	

## **CANDIDATE / OFFICEHOLDER REPORT:**

## FORM C/OH

OUTFORT &	IOIALS		COVER	SHEET PG 2
13 C/OH NAME Wilso	on, Sharen		14 ACCOUNT# (E	thics Commission filers)
15 NOTICE FROM	This box is for no have been made with information only if the	otice of political expenditures by political committees to support the car nout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	0000001  Indidate / officeholder. The less and officeholders are re	ese expenditures may
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	ey receive notice of such expenditures  COMMITTEE NAME		oquired to report this
	GENERAL	COMMITTEE ADDRESS	- CO F	22
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	101.0	
additional pages		OSMINITEE CAMP AIGN TREASURER NAME		To Egy
		COMMITTEE CAMPAIGN TREASURER ADDRESS		3 50
16 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	330.55
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,380.44
EXPENDITURE TOTALS	3. TOTAL P	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	905.81
	4. TOTAL P	OLITICAL EXPENDITURES	\$	135,456.14
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	17,861.07
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$	0.00
AFFIX NOTARY S Sworn to and subscribe		Signature of Can		to be reported by
Yoya Blass	usly-	Print name of officer administering oath	Motory Title of officer administ	ering oath

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 1/8	6 Report: 3/16
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Arlington Police Association PAC	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Printing signs
	03/08/2014	6 Contributor address; City; State; Zip Code PO Box 856 Arlington, TX 76004		\$594.00	
				1 .	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In Arlington Police	structions) Association PAC	4
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2014	Contributor address; City; State; Zip Code 3201 Meredith Lane Grapevine, TX 76051		\$100.00	 
					Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2014	Contributor address; City; State; Zip Code 747 Moore Rd		\$200.00	 
		Mansfield, TX 76063		(If travel outside of	Texas, complete Schedule T)
	Principal occup Managing Pa	ation / Job title (See Instructions) rtner	Employer (See In Cam-Tech Man		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2014	Contributor address; City; State; Zip Code 1000 Thomridge Ct Argyle, TX 76226		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Co-owner	ation / Job title (See Instructions)	Employer (See In Downey Publish		
	Date	Full name of contributor  ut-of-state PAC (ID# Fickes, Gary	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2014	Contributor address; City; State; Zip Code PO Box 93419 Southlake, TX 76092		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Commissione	ation / Job title (See Instructions)	Employer (See In Tarrant County		, , , , ,

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9	5 Report: 4/16
2 FILER NAME	Wilson, Sharen		3 ACCOUNT# <sub>C</sub> 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor  out-of-state PAC (ID: Fort Worth Police Officer's Association PAC	<u> </u>	7 Amount of contribution (\$)	8 In-kindcontribution description (if applicable) Campaign workers and shifts
03/04/2014	6 Contributor address; City; State; Zip Code 904 Collier St Fort Worth, TX 76102		\$4,216.89	
	*		(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) blice Officer's Association	10 Employer (See In Fort Worth Police	structions) ce Officer's Assoc	iation
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event expense
02/27/2014	Contributor address; City; State; Zip Code 1601 Kings Court Southlake, TX 76092		\$940.00	 
			<u> </u>	Texas, complete Schedule T)
Principal occup Vice Presider	pation / Job title (See Instructions)	Employer (See In Downey Publish		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/10/2014	Contributor address; City; State; Zip Code 3624 W. Vickery Blvd Fort Worth, TX 76107		\$1,000.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Self	<u> </u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2014	Contributor address; City; State; Zip Code 6905 Westmont Dr Colleyville, TX 76034		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions) uction company	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2014	Contributor address; City; State; Zip Code 2101 Ward Parkway Fort Worth, TX 76110		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In ADI	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5	5 Report: 5/16
2	FILER NAME	Wilson, Sharen			(Ethres Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Matson, Nan	#)	7 Amount of contribution (\$)	8 cir-kind esntribution description (if applicable)
	03/03/2014	6 Contributor address; City; State; Zip Code 8416 Ashbriar Ln Fort Worth, TX 76126		\$100.00	Texas, complete Schedule T)
9	Principal occup Community vo	L pation / Job title (See Instructions) colunteer	10 Employer (See In	1	79. C
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2014	Contributor address; City; State; Zip Code 777 Main St, Ste 1300 Fort Worth, TX 76102		\$1,000.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyers	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2014	Contributor address; City; State; Zip Code 1023 Mission Dr Southlake, TX 76092		\$100.00	  -  -
	Principal occur	pation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
	Retired	auon / Job uue (See Insuucions)	Employer (See in:	structions)	
	Date	Full name of contributor	<u>#</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/03/2014	Contributor address; City; State; Zip Code 5000 Meadow Lakes Dr #114 North Richland Hills, TX 76180		\$300.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/03/2014	Contributor address; City; State; Zip Code 1749 Merrick St Fort Worth, TX 76107		\$500.00	 
				<u> </u>	Texas, complete Schedule T)
	Principal occup Psychologist	pation / Job title (See Instructions)	Employer (See In: Self	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	
2 FILER NAME	Wilson, Sharen		_	/5 Report: 6/16
	rinosii, ondien		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Eull come of autility		00000001	
Date	5 Full name of contributor	)#)	7 Amount of contribution (\$)	In-kind contribution description (If applicable)
03/04/2014	6 Contributor address; City; State; Zip Code 301 Commerce St, Ste 3600 Fort Worth, TX 76102		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Investments I	pation / Job title (See Instructions) PAC	10 Employer (See In Q Investments	structions)	
Date	Full name of contributor	# )	Amount of	In-kind contribution
	Robbins, Jon Ed		contribution (\$)	description (if applicable)
03/10/2014	Contributor address; City; State; Zip Code 212 Cooperwood Dr Lakeside, TX 76108		\$200.00	 
			(If travel outside of	Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Ins		, <del>-</del>
Retired				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/28/2014	Contributor address; City; State; Zip Code 302 Timber Lake Dr Southlake, TX 76092		\$99.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
	Snoke, Robert		contribution (\$)	description (if applicable)
03/03/2014	Contributor address; City; State; Zip Code 3826 6th Ave Fort Worth, TX 76110		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
	Terrell, Clifton Matthew		contribution (\$)	description (if applicable)
02/28/2014	Contributor address; City; State; Zip Code 2704 Brittany Lane Grapevile, TX 76051		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See Ins Phelps Dunbar		

	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	
				Schedule: 5/5	Report: 7/16
2	FILER NAME	Wilson, Sharen		3 ACCOUNT#	(Ethics Commission filers)
				00000001	·
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Westfall, Monte	<u>t</u> )	7 Amount of contribution (\$)	8
	03/03/2014	6 Contributor address; City; State; Zip Code 911 Independence Parkway Southlake, TX 76092		\$250.00	 
		Goddinate, 17(10002			
	D			<u> </u>	Texas, complete Schedule T)
9	Retired	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/28/2014	Contributor address; City; State; Zip Code 2006 Navasota Cove Westlake, TX 76262		\$500.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID#	·)	Amount of	In-kind contribution
		Williams, Roger		contribution (\$)	description (if applicable)
	03/10/2014	Contributor address; City; State; Zip Code PO Box 1382 Fort Worth, TX 76101		\$500.00	 
				(lf traval autaida af	Tavas assembleta Cabadula T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	,	Texas, complete Schedule T)
	Congressmar		United States	ou douons)	
-					TARRANT COUNTY  2614 JUL 15 FM 4: 50  ELECTIONS ADMINISTRATER  BY:

Complete ONLY if

direct expenditure to benefit C/OH Candidate / Officeholder name

#### **POLITICAL EXPENDITURES**

SCHEDULE F

**EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Advertising Expense Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Travel In District Polling Expense Printing Expense Travel Out Of District Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME 2 Wilson, Sharen 00000001 Schedule: 1/8 Report: 8/16 5 Payee name 4 Date Fort Worth Police Officers 04/21/2014 City; State; Zip Code 6 Amount (\$) Payee address PO Box 17659 \$250.00 Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE Event Expense Tickets** OF EXPENDITURE 9 Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Pavee name Fort Worth Republican Women 03/27/2014 Amount (\$) Pavee address City; State; Zip Code 4603 Oak Valley Dr \$100.00 Arlington, TX 76016 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Contributions/Donations Made By Contribution OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Fort Worth Republican Women 04/23/2014 Amount (\$) Payee address City; State; Zip Code C17 4603 Oak Valley Dr \$27.00 Arlington, TX 76016 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Tickets OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/17/2014 Heinzman, Sherri Amount (\$) Payee address City; State; Zip Code 1 Red Bluff Court \$734.85 Mansfield, TX 76063 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Contract Labor OF **EXPENDITURE** 

Office held:

Office sought:

SCHEDULE F

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Ret The Instruction Guide explains how to	ntal Expense OTHER (enter	er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/8 Re			00000001
4 Date	5 Payee name		
04/02/2014	Heinzman, Sherri		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$250.00	1 Red Bluff Court Mansfield, TX 76063		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor	
EXPENDITURE			
		<u> </u>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/12/2014	Heinzman, Sherri		
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	1 Red Bluff Court Mansfield, TX 76063		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor	
EXPENDITURE		C)	Name of concession of the conc
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office Held:
Date	Payee name	, page 1	
06/09/2014	Heinzman, Sherri		* <u>3</u> 2 7
Amount (\$)	Payee address City; State; Zip Code	######################################	Services on Services of Servic
\$250.00	1 Red Bluff Court	<u> </u>	5 Z
,	Mansfield, TX 76063	C:	ಎ
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor	., .
OF EXPENDITURE	Galantos, mages, contract and c		
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
	Devise some		
Date 02/28/2014	Payee name Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Zip Code		
1			
\$270.63	Fort Worth, TX 76133		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Printing Expense	Printing	· <u></u>
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	. Office held:

## P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

8

**PURPOSE** 

OF

to benefit C/OH

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** 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)

(If travel outside of Texas, complete Schedule T)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE # FILER NAME 2 Wilson, Sharen 00000001 Schedule: 3/8 Report: 10/16 5 Payee name 4 Date Lilipad Investments, Inc 03/16/2014 6 Amount (\$) Payee address City; State; Zip Code

1310 W. Magnolia Ave Fort Worth, TX 76104 \$2,056.25

(b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) **Event Expense** Event EXPENDITURE

9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name

Longhorn Council Boy Scouts 03/02/2014 City; State; Zip Code Amount (\$) Payee address 850 Cannon Dr \$150.00 Hurst, TX 76054

Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Contribution OF Candidate/Officeholder/Political Committee

EXPENDITURE Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure

Date Payee name Murphy Nasica 02/23/2014 Amount (\$) Payee address City; State; Zip Code 5 815-A Brazos Street, #304 \$107,938.67 Austin, TX 78701

Category (See Categories listed at the top of this schedule)

PURPOSE Advertising Expense Advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office field: direct expenditure to benefit C/OH C Date Payee name

Description

Murphy Nasica 03/02/2014 Payee address City; State; Zip Code Amount (\$) 815-A Brazos Street, #304 \$1.500.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description

(If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting OF EXPENDITURE Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (expers a category not listed above)

Fees Expense	Printing Expense Fravel Out of District Office Overhead/Re The Instruction Guide explains how	ental Expense OTHER (enter	a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/8 Re	T Miles Character		00000001
4 Date	5 Payee name		
03/05/2014	Murphy Nasica		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$5,000.00	815-A Brazos Street, #304 Austin, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule)	1, ,	of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Consulting	
EXPENDITURE			
C. Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriolider frame	Office sought.	Office rield.
Date 03/24/2014	Payee name Murphy Nasica		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	815-A Brazos Street, #304 Austin, TX 78701		
	Austili, 17,70701		
	Category (See Categories listed at the top of this schedule)	' '	of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Consulting	
EXPENDITURE		7	2011 2011
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		का जिल्ला
03/25/2014	Murphy Nasica		
Amount (\$)	Payee address City; State; Zip Code		53 R 114
\$773.99	815-A Brazos Street, #304		Table State
<b>V</b>	Austin, TX 78701		- (n
PURPOSE	Category (See Categories listed at the top of this schedule)	1 ' '	of Texas, complete Schedule T)
OF	Printing Expense	Printing	
EXPENDITURE			
Camplete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure	California France	Office Sought.	Office field.
to benefit C/OH			
Date	Payee name		
04/24/2014	Murphy Nasica		
Amount (\$)	Payee address City; State; Zip Code		
\$3,350.00	815-A Brazos Street, #304 Austin, TX 78701		
	Austin, 1270701		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Consulting Expense	Consulting	
OF EXPENDITURE			
LAFENDITORE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundralsi se Food/Beverage Expense Travel In District Polling Expense Travel Out of District Printing Expense Office Overhead/Rer The Instruction Guide explains how to	tract Labor Loan Repaymering Expense Transportation Contributions/Ext Candidate/Cntal Expense OTHER (enter	ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
1 PAGE# Schedule: 5/8 Re	eport: 12/16		3 ACCOUNT # (TEC filers) 00000001
4 Date 03/05/2014	5 Payee name Ownby, Craig		
6 Amount (\$) \$5,000.00	7 Payee address City; State; Zip Code 7106 Lighthouse Rd Arlington, TX 76002		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside Consulting	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/06/2014	Payee name Patsel, Ruth Ann		
Amount (\$)	Payee address City; State; Zip Code		
\$1,251.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside Contract Labor	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name	and a	
03/06/2014	Pierce, Chip		
Amount (\$)	Payee address City; State; Zip Code		54 4 3
\$250.00	1608 Steinburg Lane Fort Worth, TX 76134	1	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside Photography	of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 06/30/2014	Payee name Piryx		
Amount (\$)	Payee address City; State; Zip Code		
\$93.78	144 2nd Street 1st Floor San Francisco, CA 94105		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside Online donation fees	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME Wilson, Sharen Schedule: 6/8 Report: 13/16 00000001 4 Date 5 Payee name 05/05/2014 Recovery Resource Council Payee address 6 Amount (\$) State: Zip Code City; 2700 Airport Freeway Fort Worth, TX 76111 \$150.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE Event Expense Tickets** OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Rotary Club of Fort Worth 06/03/2014 Payee address State: Zip Code City; Amount (\$) 306 W. 7th St, Ste 715 \$300.00 Fort Worth, TX 76102 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE Fees** Dues OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office Held: direct expenditure to benefit C/OH Payee name Date Square Event Technology 03/05/2014 City; State; Amount (\$) Payee address Zip Code 901 Terminal Rd, Ste 600 \$284.16 Fort Worth, TX 76106 9 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Sound system Event Expense **EXPENDITURE** Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name Stafford, Judson 05/02/2014 City; State; Payee address Zip Code Amount (\$) 505 W. State St \$1,200.00 Garland, TX 76040 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Signs Advertising Expense OF **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Wilson, Sharen Schedule: 7/8 Report: 14/16 00000001 5 Payee name 4 Date Tarrant County GOP 03/08/2014 Payee address 6 Amount (\$) City; State; Zip Code 2405 Gravel Dr \$200.00 Fort Worth, TX 76118 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 PURPOSE Contributions/Donations Made By SD12 convention Candidate/Officeholder/Political Committee EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Tarrant County GOP 03/08/2014 Payee address Amount (\$) City; State; Zip Code 2405 Gravel Dr \$200.00 Fort Worth, TX 76118 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense SD9 convention advertising OF **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH \*1 Date Payee name Tarrant County GOP 03/08/2014 Amount (\$) Payee address City; State; Zip Code 2405 Gravel Dr \$400.00 Fort Worth, TX 76118 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** SD10 convention advertising Advertising Expense **EXPENDITURE** Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Texas District & County Attorneys Association 04/25/2014 Payee address City; State; Zip Code Amount (\$) 505 W. 12th St, Ste 100 \$350.00 Austin, TX 76701 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) PURPOSE Seminar Fee **Event Expense** OF **EXPENDITURE** 

Office held:

Office sought:

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 78711-207	70 (512)4	63-5800 TDD 1-800-735-2989
POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Exper Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundraisi	ract Labor ng Expense  Expense  Contributions Candidate tal Expense  Loan Repayr Transportatic Contributions Candidate OTHER (ente	nent/Reimbursement in Equipment & Related Expense //Donations Made By /Officeholder/Political Committee er a category not listed above)
1 PAGE# Schedule: 8/8 Re	port: 15/16  2 FILER NAME Wilson, Sharen		3 ACCOUNT# (TEC filers) 00000001
4 Date 05/14/2014	5 Payee name Texas Eagle Forum		
6 Amount (\$) \$300.00	<b>7</b> Payee address City; State; Zip Code PO Box 795354 Dallas, TX 75379		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outsic Tickets	le of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/06/2014 Amount (\$)	Payee name Wilson, Rae Payee address City; State; Zip Code		•
\$670.00	PO Box 282 Fort Worth, TX 76101		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsic Contract Labor	le of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
			TARR/ 2014 JUL STECTIONS
		The special section of the section o	TARRANT COTTATY  2014 JULY 15 PH 4: 50  ELECTIONS ADMINISTRATOR  BY:

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

#### SCHEDULE K

The Instruction	N GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/	Report: 16/16
2 FILER NAME	Wilson, Sharen	3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Name of person from whom amount is received Tarrant County GOP		8 Amount (\$)
04/01/2014	6 Address of person from whom amount is received: City: State: Zip Code		\$175.00
	6 Address of person from whom amount is received; City; State; Zip Code 2405 Gravel Dr Fort Worth, TX 76118		
	7 Purpose for which amount is received Reimbursement for 1/2 candidate table.		