

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: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST: THOMAS MI: A- NICKNAME: (TOM) LAST: Wilder SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE			
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST: TOM MI: NICKNAME: LAST: Wilder SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 14 9 / 25 / 14		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) DISTRICT clerk	13 OFFICE SOUGHT (if known) SAME	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Thomas A. Wilder

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED
TARRANT COUNTY
2014 OCT -6 AM 9:15
ELECTIONS ADMINISTRATION

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 125⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 15,075⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 560⁰⁰

4. TOTAL POLITICAL EXPENDITURES TOTAL Sh. F₃G + Line

\$ 5162⁹⁶

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 148,911⁴⁵

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.

Thomas A. Wilder

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas A. Wilder, this the 2 day of October, 20 14, to certify which, witness my hand and seal of office.

Tracy L. Johnson
Signature of officer administering oath

Tracy L. Johnson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

DATE Accepted is DATE Deposited

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9**

2 FILER NAME
THOMAS A. Wilder

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/9/14

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

GARY TERRY

7 Amount of contribution (\$)
100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**117 Shady Lake Ct.
HURST, TX 76054**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
NOT Required SEE Rules in C/OH instructions

10 Employer (See Instructions)

Date
9/9/14

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

Matthew K. Rose

Amount of contribution (\$)
250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1110 POST OAK PLACE
West Lake, TX 76262**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/9/14

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

Lee Christie

Amount of contribution (\$)
100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**306 W. 7th STE 901
FT. WORTH, TX 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/9/14

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

Robert & JOAN Burchle

Amount of contribution (\$)
250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1402 Laurel LN.
South Lake, TX 76092**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/9/14

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

DEE J. Kelly Jr.

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**417 Rivercrest DR.
FT. WORTH, TX 76107**

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Thomas A. Wilder

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/9/14

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

ORAN STEM

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1246 BOURLAND Rd.
Keller, TX 76248

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/9/14

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

William H. RAY

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

512 MAIN ST. #308
FT. WORTH, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/14

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

MONA Bailey

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6200 LAKEWAY
NR H, TX 76180

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/14

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

JOE B CRAINE

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4809 OVERTON Hollow
FT. WORTH, TX 76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/14

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

TOM & DIANNE CRAVENS

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

501 S. Fielder
ARLINGTON, TX 76013

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Thomas A. Wilder</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/9/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>FT. WORTH Republican Women</i>	7 Amount of contribution (\$) <i>200</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO BOX 101613 FT. WORTH, TX 76185</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ken Davis</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO BOX 999 FT. WORTH, TX 76101</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TOM Moncref</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>950 Commerce St. FT. WORTH, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>GARY MARTIN</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO BOX 91588 ARLINGTON, TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/9/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Republican Party of Texas</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1108 LAVACA # 500 AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randall D. Moore	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1301 Ballinger FT. WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gib Lewis	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2300 RACE ST. FT. WORTH, TX 76111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLAIRE & REZA SHAHZAD	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 721 SAM HILL ST. IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONRAD Heede	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2405 Summit View Bedford, TX 76021		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTHA V. LEONARD	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1411 SHADY OAKS FT. WORTH, TX 76107		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Thomas A. Wilder

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/11/14

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

STEVE LAIRD

7 Amount of contribution (\$)

300

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

7979 Chartwell Ln.
Ft. Worth, TX 76120

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/11/14

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

William E. Greenwood

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

40 Wyck Hill Ln.
West Lake TX 76262

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/14

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

JOHNY JANE AVILA

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2600 W. 7th unit 1833
FT. WORTH, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/14

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

Good Government Fund

Amount of contribution (\$)

2000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

201 MAIN ST STE 2500
FT. WORTH, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/14

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

Kelly HART PAC

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

201 MAIN ST. STE 2500
FT. WORTH, TX 76102

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/11/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEE J. Kelly	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 MAIN ST. STE 2500 74. WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brentley Peebles LLP	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 RIVER RUN STE 1118 FT. WORTH, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALICIA DAVIS	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6004 AIRPORT FWY		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: K. E. PALMER	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 162599 FT. WORTH, TX 76161		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walid JOULANI	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 RUSH CT. ARLINGTON, TX 76017		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward G. Markey	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 821803 NRH, TX 76182		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BNSF RAIL PAC	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 961039 FT. WORTH, TX 76161-0039		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Q PAC	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 COMMERCE STE 3200 FT. WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William W. Collins	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2733 COLONIAL PKWAY FT. WORTH, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert + Joani Benda	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 608 PAINT PONY TRL N. FT. WORTH, TX 76108		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KONNIE LONG	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6004 AIRPORT FWY. FT. WORTH, TX 76117		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACKSON WALKER LLP	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 MAIN ST. STE 6000 DALLAS, TX 75202		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE KING	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 AIRPORT FWY. FT. WORTH, TX 76111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HASSAN HALABY	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7901 CHARTWELL FT. WORTH, TX 76120		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINEBARGER GOGGAN BLAIR & SAMSON LLP	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 17428 AUSTIN, TX 78760		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME THOMAS A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eberstein + Witherite LLP	7 Amount of contribution (\$) 1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3100 Monticello #500 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

1 Total pages Schedule F: 2	2 FILER NAME THOMAS A. Wilder	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 7/16/14	5 Payee name TEXANS For Greg Abbott
--------------------------	---

6 Amount (\$) 250	7 Payee address; City; State; Zip Code PO BOX 308 Austin, TX 78767
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION	(b) Description (If travel outside of Texas, complete Schedule T) Political event
--------------------------	---	---

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

Date 7/18/14	Payee name THOMAS A. Wilder
------------------------	---------------------------------------

Amount (\$) 1436⁰⁰	Payee address; City; State; Zip Code 209 W. 2nd ST FT. WORTH, TX 76102
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T) See Sh. G 7/15/14 report
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7/23/14	Payee name Senator Jane Nelson Campaign
------------------------	---

Amount (\$) 250	Payee address; City; State; Zip Code PO BOX 608 GRAPEVINE, TX 76099
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T) Host - Political event
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 8/11/14	Payee name Arlington Republican Club
------------------------	--

Amount (\$) 150	Payee address; City; State; Zip Code PO BOX 14095 ARLINGTON, TX 76094
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Golf tournament Host
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	Polling Expense	Travel Out Of District	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 form.

1 Total pages Schedule F:		2 FILER NAME THOMAS A. WILDER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/29/14		5 Payee name TEXANS FOR Kelly HANCOCK			
6 Amount (\$) 250		7 Payee address; City; State; Zip Code PO BOX 821349 NRM TX 76182			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution		(b) Description (If travel outside of Texas, complete Schedule T) Host - Political event	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/11/14		Payee name TEXAS ASIAN REPUBLICAN ASSEMBLY			
Amount (\$) 250		Payee address; City; State; Zip Code PO BOX 632295 IRVING, TX 75063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) Host - POLITICAL EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/15/14		Payee name Mark LaChapelle			
Amount (\$) 170		Payee address; City; State; Zip Code PO BOX 347 Coppell TX 75019			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) Electronic campaigning	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/24/14		Payee name KONNI BURTON Campaign			
Amount (\$) 250		Payee address; City; State; Zip Code PO BOX 1246 Colleyville, TX 76034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRIBUTION		Description (If travel outside of Texas, complete Schedule T) donation to her campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

1 Total pages Schedule G: 8	2 FILER NAME Thomas A. Wilder	3 ACCOUNT # (Ethics Commission Filers) BY: ELECTIONS 2011 OCT -15 AM 9:15 THOMAS WILDER
--------------------------------	----------------------------------	---

4 Date 7/8/14	5 Payee name P.F. Chang's
------------------	------------------------------

6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 48.90	7 Payee address; City; State; Zip Code SUNDANCE SQUARE FT. WORTH, TX 76102
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Mtg.
--------------------------	---	---

Date 7/9/14	Payee name Lili's
----------------	----------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 42.81	Payee address; City; State; Zip Code 1310 W. MAGNOLIA FT. WORTH, TX 76104
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) MGRS. Lunch
------------------------	--	--

Date 7/9/14	Payee name OZARKA
----------------	----------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 31.09	Payee address; City; State; Zip Code 66661 DIXIE HWAY #4 Louisville, Ky 40258
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Beverage Expense	Description (If travel outside of Texas, complete Schedule T) water for office
------------------------	--	---

Date 7/8/14	Payee name Walmart
----------------	-----------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 21.51	Payee address; City; State; Zip Code 2108 Bedford Rd Bedford, TX 76021
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Exp	Description (If travel outside of Texas, complete Schedule T) SOFT DRINKS FOR GUESTS - office
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

1 Total pages Schedule G: _____		2 FILE NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/9/14		5 Payee name Office Depot			
6 Amount (\$) 6 ⁷⁹ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 780 Rd to Six Flags Arlington TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office expense		(b) Description (If travel outside of Texas, complete Schedule T) Copy Paper	
Date 7/10/14		Payee name Angelo's			
Amount (\$) 22 ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code White Settlement FT. WORTH, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev expense		Description (If travel outside of Texas, complete Schedule T) MGR. LUNCH MTG	
Date 7/22/14		Payee name El Rancho GRANDE			
Amount (\$) 30 ⁷¹ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1400 N. MAIN FT. WORTH, TX 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev		Description (If travel outside of Texas, complete Schedule T) Political MTG	
Date 7/28/14		Payee name Fuzzy's			
Amount (\$) 29 ¹⁸ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2719 RACE ST. FT. Worth, TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev Expense		Description (If travel outside of Texas, complete Schedule T) MGR'S LUNCH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | Candidate/Officer/holder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME THOMAS A. WILDER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/31/14		5 Payee name Black Women's Bar Assn			
6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2601 Scott Av. Ft. Worth, TX 76103			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation		(b) Description (If travel outside of Texas, complete Schedule T) Scholarship Fund	
Date 7/31/14		Payee name Pappa's Burger unit -			
Amount (\$) 46.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code West Freeway (2700) Ft. Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev. Expense		Description (If travel outside of Texas, complete Schedule T) Lunch mtg - mgers	
Date 8/25/14		Payee name Paris Coffee Shop (AMEX)			
Amount (\$) 43.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code MAGNOLIA (704) Ft. Worth, TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev. Exp		Description (If travel outside of Texas, complete Schedule T) Lunch - Elected officials	
Date 9/5/14		Payee name MARY'S CAFE			
Amount (\$) 119.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 900 FM 1341 W. STRAWN, TX 76475			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev. Expense		Description (If travel outside of Texas, complete Schedule T) Lunch w/contributor/supporters	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

1 Total pages Schedule G:	2 FILER NAME THOMAS A. WILDER	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/5/14	5 Payee name H-3 AMEX	
6 Amount (\$) 58⁷² <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code MAIN @ Exchange FT. WORTH, TX 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Bev. Expense	(b) Description (If travel outside of Texas, complete Schedule T) Lunch w/supporters
Date 8/9/14	Payee name Donut Shop	
Amount (\$) 10³⁵ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code CENTRAL DR AND HARWOOD BEDFORD, TX 76021	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev Expense	Description (If travel outside of Texas, complete Schedule T) Donuts - VOLUNTEERS - SIGN CLEANING
Date 8/11/14	Payee name NAPOLIS ITALIAN CAFE	
Amount (\$) 36³⁶ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 309 S. MAIN ST. #100 GRAPEVINE, TX 76035	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage	Description (If travel outside of Texas, complete Schedule T) AFTER POLITICAL MTG Dinner with contributors
Date 9/12/14	Payee name DOCS Fish Camp	
Amount (\$) 38⁴⁵ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 900 FM 1431 MARBLE FALLS, TX 78654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Bev. exp.	Description (If travel outside of Texas, complete Schedule T) TX. DIST COURT ALLIANCE Board MTG

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

FILED
 OCT-5 AM 9:10
 CLERK OF COURTS
 STATE OF TEXAS
 COUNTY OF DALLAS

1 Total pages Schedule G:	2 FILER NAME Thomas A. Wilder	3 ACCOUNT# (Ethics Commission Filers)
4 Date 8/11/14	5 Payee name Mission Central	
6 Amount (\$) 250 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 732 A. E. Pipeline Rd. HURST, TX 76053	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) opening of Food Bank
Date 8/25/14	Payee name Office Depot	
Amount (\$) 232 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 S. INDUSTRIAL Euless, TX 76040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office expense	Description (If travel outside of Texas, complete Schedule T) Campaign mailing labels
Date 8/26/14	Payee name Colleyville Postmaster	
Amount (\$) 245.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HALL-JOHNSON Rd. Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T) MAILING expense
Date 8/27/14	Payee name Office DEPOT	
Amount (\$) 81.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 S. INDUSTRIAL Euless, TX 76040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) for campaign mailing

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

Thomas A. Wilder

4 Date 8/28/14 5 Payee name

Office Depot

6 Amount (\$) 14.06 7 Payee address; City; State; Zip Code

201 S. Industrial
Euless, TX 76040

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Printing Expense mailing

Date 9/9/14 Payee name

OZARKA

Amount (\$) 23.07 Payee address; City; State; Zip Code

Same

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Beverage Expense Water for office

Date 9/11/14 Payee name

Qwick Trip

Amount (\$) 48.00 Payee address; City; State; Zip Code

2201 Central DR
Bedford, TX 76021

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

TRAVEL IN DISTRICT GAS - Campaign events, SIGN WORK

Date 9/16/14 Payee name

P.F. Chang's

Amount (\$) 68.08 Payee address; City; State; Zip Code

400 Throckmorton
Ft. Worth, TX 76102

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Food/Bev expense Political Mtg

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

RECEIVED
 2014 OCT -6 AM 9:16
 ELECTIONS ADMINISTRATION

1 Total pages Schedule G:	2 FILER NAME <i>Thomas A Wilder</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>9/10/14</i>	5 Payee name <i>QT</i>
--------------------------	---------------------------

6 Amount (\$) <i>39.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>109 NORTHSIDE DR FT. WORTH, TX 76102</i>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Travel in District</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN EVENTS AND SIGN WORK</i>
--------------------------	---	---

Date <i>9/25/14</i>	Payee name <i>QT</i>
------------------------	-------------------------

Amount (\$) <i>50.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>109 NORTH Side DR FT. WORTH, TX 76102</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel in District</i>	Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN EVENTS + SIGN WORK</i>
------------------------	---	---

Date <i>9/18/14</i>	Payee name <i>Fuzzys</i>
------------------------	-----------------------------

Amount (\$) <i>18.11</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>510 E. Abram Arlington, TX 76010</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bew. Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>LUNCH MTG - MGR</i>
------------------------	--	---

Date <i>9/19/14</i>	Payee name <i>HOME DEPOT</i>
------------------------	---------------------------------

Amount (\$) <i>11.82</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>6501 N.E. LOOP 820 NRH, TX 76180</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>SIGN MATERIALS</i>
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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 | Polling Expense | Travel Out Of District | 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 form.

FILED
 OCT-6 AM 9:16
 COUNTY CLERK
 TARRANT COUNTY, TEXAS

1 Total pages Schedule G:	2 FILER NAME THOMAS A. WILDEF	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---	--

4 Date 9/25/14	5 Payee name HOME DEPOT
--------------------------	-----------------------------------

6 Amount (\$) 32.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7950 I-35 FT. WORTH, TX 76134
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) SIGN MATERIALS
--------------------------	--	--

Date 9/23/14	Payee name EL RANCHO GRANDE
------------------------	---------------------------------------

Amount (\$) 53.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1400 N. MAIN FT. WORTH, TX 76106
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Exp.	Description (If travel outside of Texas, complete Schedule T) Lunch MTG - Political
------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: <u>1</u>
---	------------------------------------

2 FILER NAME <u>THOMAS A. WILDER</u>	3 ACCOUNT # (Ethics Commission Filers)
---	--

4 Date <u>2/18/14</u>	5 Name of person from whom amount is received <u>TRACY JOHNSON</u>	8 Amount (\$) <u>176⁰⁰</u>
6 Address of person from whom amount is received; City; State; Zip Code <u>401 W. BELKNAP FT. WORTH, TX 76196</u>		

7 Purpose for which amount is received
Reimbursement of office water (see previous reports)

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		

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		

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

FILED
 TARRANT COUNTY
 2014 FEB -6 AM 9:16
 STEVE MARSH
 ELECTIONS ADMINISTRATOR