CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

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	A.	Date Received
TO THE	NICKNAME LAST	SUFFIX	
(TOM) WILD	ler	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING			Date Hand-delivered or Postmarked
ADDRESS	₩		
change of address		i company of the company of the control of the cont	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE		•	Date Processed
6 CAMPAIGN	MS/MRS (MR) FIRST	MI	/ Date Imaged
TREASURER	Thomas	\boldsymbol{A} .	55 Co
NAME	NICKNAME LAST	SUFFIX	
	FRM1 111-1	SOA	
	(10M) VO 11	ract	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS			
(residence or business)			
a campaign			
8 CAMPAIGN TREASURER			•
PHONE			
9 REPORT TYPE			15th day after campaign
S REPORT THE	January 15 30th day before election	Runoff	treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
	July 13	limit	
10 DEC: 00		Month Day	Year
10 PERIOD COVERED	Month Day Year THROUGH		
	9/26/14 THROUGH	10/25	/ /7
	,		
11 ELECTION	ELECTION DATE ELECTION TYPE	1	/
	Month Day Year Primary	Runoff	General Special
	11/4/14	•	1
	OFFICE LIFE D. (Fam.)	13 OFFICE SOUGHT (if know	n)
12 OFFICE	OFFICE HELD (if any)		
	DISTRICT Clock	- 3/11/1	
	GOTOPA	GE2	
	30.1017		Payised 07/28/20

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		19	5 ACCOUNT	# (Ethics C	Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFIC	EHOLDER'S	KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS	:: :: :	ra m C	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			100
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		3850
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	ZED \$		33798
	4. TOTAL	POLITICAL EXPENDITURES TOTAL Sch. F, G & LINE 3	\$	6	33996
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OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	^{1E} \$		
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	of OC+03		y hand ar	Aus	

Texas Ethics Con	nmission	P.O. Box 1	12070	Austin, Tex	cas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ONTRIB					SCHEDULE A
OTHER	R THAN	PLEDG	SES C	R LOAI	NS .		JOHE DOLL 7
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4 Date	1	ne of contributo	or Dad	of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	7 Amount of	8 In-kind contribution
		4		25		contribution (\$)	description (if applicable)
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9 Principal occu	pation / Job ti	tle (See Instru	ctions)		10 Employer (See	L	
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lf c	contributor is	s out-of-state	PAC, ple	ase see insti	ruction guide foradd	litional reporting	requirements.
b ·							

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide expl	ains how to complete this	s form.	1 Total pages Sch	edule A: 20 f 4
I NOM AS A.	Wilder		3 ACCOUNT # (E	thics Commission Filers)
4 bate 5 Full name of contribution of Contribution address:	utor out-of-state PAC (ID#:_ Republican Claricity; City; State; Zip Code	us TWE-PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Ins		10 Employer (See I	nstructions)	701 201
Date Full name of contribution address: POBOX ARLi Ng	itor out-of-state PAC (ID#_ I CAN WOMAN City; State; Zip Code 14317 4011	ARLINGTON PAC 76094-1317	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Date Full name of contribution address; Strate Full name of co	y + Maetha	76107		In-kind contribution description (if applicable) f Texas, complete Schedule T)
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Date Full name of contribution address: 3408 H Principal occupation / Job title (See Inst	YE M. Z YCity: State: Zip Code ARWEN TE NORTH, TX	Adeh R. 76109 Employer (See I		In-kind contribution description (if applicable) if Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 3 of 4
I house A. Wilder	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Quit-of-state PAC(IDIF) 10 20 14 DA Wey DASSEL 6 Contributor address; City; State; Zip Code 5804 Forest Bend	7 Amount of contribution (\$) description (if applicable)
7T. WORTH IN 76/102	. (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
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Shorman TX 15090	(If travel outside of Texas, complete Schedule T)
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
Thomas A. Wilder	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (IDIS:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a	1)	
Advertising Expense	•	ges/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking		undraising Expense	Transportation Equipment & Related	Expense
Consulting Expense	Food/Beverage Expense Travel In Di		Contributions/Donations Made By	Committee
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

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	EXPENDITURE	CATEGORIES I	FOR BOX 8(a)		
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4 Date 10 20 14	5 Payee name MARK LAC	Chappl	le.		
6 Amount (\$)	7 Payee address; City; Sta POBOX 347 COPPE//	te; Zip Code	7	5019	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	·	1	s, complete Schedule T)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

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 Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District 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) 6 Amount (\$) **PURPOSE** OF EXPENDITURE Date NORMAN Amount (\$) PURPOSE OF **EXPENDITURE** City; State; Zip Code Amount (\$) PURPOSE GAS-SIGN LOCATI EXPENDITURE DEPO Zip Code Amount (\$) PURPOSE nes EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salari Legal Services Solicit Food/Beverage Expense Travel Polling Expense Travel	es/Wages/Contract Labor ation/Fundraising Expense in District Out Of District 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)
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4 Date 10/6/14	5 Payee name QT# 0088	9	影力斯
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8 PURPOSE OF EXPENDITURE	(a) Calegory (See categories listed at the top of this so TRAVEL IN dis	SHRICT ATT	NERECTION ENDPOLITICAL EVENTS
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10/9/14	Payee name OZARKA W	ATER	
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(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

55816

Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to c	tract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officaholder/Political Committee OTHER (enter a category not listed above)
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