CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS (MR) FIRST	мі Д	OFFICE USE ONLY
NAME	Thomas Nickname Last TOM Wil	suffix	TAR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	FILED TARRANT COUNT 2016 JAN 13 PM 4: FRANK PHILLIPS LECTIONS ADMINISTRA BY:
Change of Address 5 CANDIDATE/		-	UHT 1 4: PS STRA
OFFICEHOLDER PHONE			Date Hand-delegred or Lage Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS(MR)EIRST /home	, Ä.	Receipt # Amount \$ Date Processed
IVAIVIE	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			
	•		
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele-	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 15	THROUGH 12/	31 / 15
11 ELECTION	ELECTION DATE	ELECTION TYPE	
NONE	Month Day Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	NON-Election YEAR
	DISTRICT Cler	KN	/ - · · ·
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	om43	A-Wilder	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL		7 20 EL EL				
	SPECIFIC	COMMITTEE ADDRESS	FARRANT II6 JAN 13 FRANK P				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	HTY 4: 03 Frator				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
	ł .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL F	\$ 1278 *					
	4. TOTAL	POLITICAL EXPENDITURES FIGGINE 3	\$ 8,1 2,563				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 137.678						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
18 AFFIDAVIT	21.182-44.248A-14-14-14-14-14-14-14-14-14-14-14-14-14-		,				
			perjury, that the accompanying report is crmation required to be reported by me				
		Thomas A.V	Vilder				
Signature of Candidate or Officeholder							
AFFIX NOTARY STAM	P/SEALABOVE						
3		by the said Thomas A. Wilder	, this the				
day of Dunery	, 20	to certify which, witness my hand and seal of office.					
Signature of officer	January John Market Mar	Printed name of officer administering oath	Notory Public Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Thomas A. Wilder 20 Filer ID (Ethi	ics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4 263 23
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 225465
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2584 ⁴²
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	с/он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s 100 mg

2016 JAN 13 PM 4: 03
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Con 1 Total pages Schedule F1: 2 FILER NAME hom as 4 Date 5 Payee name 6 Amount (\$) State: (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Categories listed at the top of th Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name State; Amount Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee **Legal Services** Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 FileralD (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 076 4 Date 5 Payee name 27 6 Amount (\$) Payee address; State: Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule 8 Check if travel outside of Texas. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) State; Zip Code Payee address: Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholds Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	BY LEE DIG
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expens	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/frum assing the posses Transportation Solicitation Related Expense Travel In District Travel Out of District Other (enter a chiegory not listed above)
1 Total pages Schedule F1:	2 FILER NAME DW W	Oder_	3 Filer ID (Ethos Commission Filers)
4 Date 10 - 2 6 - 15 12/14 - 1250 100	5 Payee name Torront Gu	uly Republican Pa	nter 3
6 Amount (\$) /350	7 Payee address; City; State 2405 GRAVE 77. World	te: 21p code L DR , TX 76118	3
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top. Contributions New Widg - 100 Lincoln Council	Check if Aust	outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name NRA		
Amount (\$)	Payee address; City; State POBOX 42 PALM COA	e; zip Code 20718 ST. 17/A 321	42
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name 50 CRUZ S	on Presidei	at
Amount (\$)	Payee address; City; State PD BOX 780 Wernifield	04 1 VA ZZ	416
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a categoryzot listed above)				
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40f4	18M N	Ilder	3 Filer ID Athics mmission Filers)				
4 Date 1 12 15	MONICA	7056R	PR COU				
6 Amount (\$)	7 Payee address; City; S	CAL hour R7H, TX	76/96 LIV				
8	(a) Category (See Categories listed at the	top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Food Bevera		el outside of Texas. Complete Schedule T. sstin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address; City; S	State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if trave	el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address; City; S	state; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if trave	ol outside of Texas. Complete Schedule T. stln, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

Also See Schedul 74

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME Thomas A. Wilder 3 Filer ID (Ethics Commission Filers)
4 Date 1/1/15	5 Payee name ALONTI CASh
6 Amount (\$)	7 Payee address; City; State; Zip Code 203 Commento
Reimbursement from political contributions intended	74. WORTH, TY 7402
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Chack if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date 7/2/15	Payee name Thologas DixiE House-Visa
Amount (\$). 54 93 Reimbursement from political contributions	Payee address; City; State; Zip Code 3701 E. Belknap
intended	Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Tood Bouerage Lunch Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date 14/15	Payee name Chipotle Amex
Amount (\$) 28 71	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	7T. WORTH TY 76107 00 00
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mg 26. Check if travel outside of Texas. Complete Schedule 7. Check if Austin, TX, office holder living expenses.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other/expenses optenny and listed above)

Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form.	omer (emer a category not used above)
1 Total pages Schedule G: 2 FILER NAME a of 10 ON Wilder	Filer ID (Ethics Commission Filers)
4 Date 15 Payee name Smoke Pit	VisA
6 Amount (\$) 25 7 Payee address; City; State; Zip Code SelkNAP	
Reimbursement from political contributions intended 71. WORTH, TV 76111	
8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Check if travel outside of	Texas. Complete Schedule T.
	fficeholder living expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH	Office held
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1478 5605 Colleyville Blud	l.
Reimbursement from political contributions intended Colleguelle, 74	034
	Texas, Complete Schedule T. fficeholder living expense
Complete ONLY if direct Candidate / Officebolder name Office sought expenditure to benefit C/OH	Office held
7-17-15 Payee name Payee name Plaza	Amex
Amount (\$) Payee address; City; State; Zip Code 252 2113 Harwood # 36	3
Relmbursement from political contributions intended Bodford TX 760	
EXPENDITURE 1800 Bevelop on weekend Check if Austin, TX, o	Texas, Complete Schedule 16
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH	SA Office helds 1
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	PM 4: 04
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/2015

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to complete this form.	
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4 Date 7 2415	5 Payde name DIXIE HOUSE	VISA
6 Amount (\$) Reimbürsement from political contributions intended	7 Payee address; City; State; Zip Code 3701 E. BELKNAP 77. WORTH TX 7611	1
8 PURPOSE OF EXPENDITURE	(L I) Pa FOLHER I	of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Office fooder name Office sought DH	Office held
99 15	Payee name Cast Co	Amen
Amount (\$) 70 30	Payee address; City; State; Zip Code 2601 E. ST. HWAY	
Reimbursement from political contributions intended	Southlake Tt 7601	4
PURPOSE OF EXPENDITURE		of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Office bolder name Office sought OH	Office held
Date 8 9 15	Payee name WALMART	visA
Amount (\$) 444 Reimbursement from political contributions intended	Payee address; City; State; Zip Code Rd Bedford TX 76021	m 12
PURPOSE OF EXPENDITURE	Took Bevere O PEN HOUSE Check if Austin, TX	of Texas Complete Scriedule T. RR
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought OH	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED!	4: 04 STRATOR

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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6 Amount (\$) 42.18	7 Payee address; City; State 1400 W . I	te; Zip Code MAIN ST.	
Reimbursement from political contributions intended	7. WORT		64
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Cook of Boursey	MTG Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address; City; Stat	te; Zip Code LAK WOOD	·
Reimbursement from political contributions intended	Hurst, T	76021	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Office Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
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PURPOSE OF EXPENDITURE	Food/	See Categories listed	m To Elected	os.	Check if Austin,		s. Complete Schedule T. nolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Canglid OH	late / Office tol de	er name	Off	ice sought		Office held
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POLITICAL EXPENDITURES SCHEDUL MADE FROM PERSONAL FUNDS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundfallsin Transportation Equipm Travel In District 20 (A) Travel Out Of District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Candidate/Officeholder/Political Committee **Legal Services** Credit Card Payment The instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 60t 4 Date 6 Amount State; Zip Çode Reimbursement from political contributions intended (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct didate / Officeholder name Office held expenditure to benefit C/OH Date G Payee name City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Amount Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholde hame Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL							
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		EXPENDITI	IRE CATE	SORIES FO	OR BOX 8(a)		ST 2 3
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EXPENDITURE	Gifts	Food for	constit	uento	Check if Austin,	TX, officeholde	or living expense
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder r			fice sought		Office held
Date 10 9 15	Payee nar	ARKA				· · · · · · · · · · · · · · · · · · ·	Amex
Amount (\$) 93	Payee add	dress; City;	_ /) /	ge R	9		
political contributions intended	JIPW	Hord	<u>U1</u>	(b)	Description		
PURPOSE OF EXPENDITURE	WATC	See Categories listed at t	LT 1/	edule) (U)			mplete Schedule T. or living expense
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder n	iante)	Off	fice sought		Office held
	ATTA	CH ADDITIONAL	COPIES OF	THIS SCH	EDULE AS NEE	DED	

	EXPENDITURES	
MADE FRO	M PERSONAL FUNDS	SCHEDULE G
		2010 B 7-
	EXPENDITURE CATEGORIES FOR BOX 8(a)	FR J
Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursement St Fees Office Overhead/Rental Expense Tr	olicitation/Fundralsing Expense ansportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made	Food/Beverage Expense Polling Expense Tr	ave in District
Candidate/Officeholder/Politi	cal Committee Legal Services Salaries/Wages/Contract Labor O	ther (enter a category not listed above)
Credit Card Payment	The instruction Guide explains how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME	Filer ID Sthics Commission Filers)
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4 Date	5 Payee named	1 1 -12
10112/15	Billy Genes	HMEX
6 Amount (\$)	7 Payee address; / City; State; Zip Code 1409 JUNCTON HWAY	
Peimbursement from	1	
political contributions intended	Receville, TX 78028	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	0
OF EXPENDITURE		exas. Complete Schedule T.
9 Complete ONLY if direct	Candidate / Office polder name Office sought	Office held
expenditure to benefit C/		
Date 10/14/15	Payee name Cowboys STEAK	touse
Amount (\$)	Payee address; City; State; Zip Code	AMEX
/ 33-	Gerden HWAY	
Reimbursement from political contributions intended	Kerville, TX 780	28
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	0
OF EXPENDITURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	exas. Complete Schedule T.
	TOOK ROOME AT CONTENUE	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Carididate / Officeholder name Office sought OH	Office held
Date /	Payee name	Α Ι
11/23/15	Register. Com	Amex
Amount (\$)	Payee address; City; State; Zip Code	
/ 188 5	12808 GRAN BAY PKWAY	
Reimbursement from political contributions intended	JACKSON VILLE, Florida 3	2258
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	Ormalista Orbo della T
OF EXPENDITURE		exas, Complete Schedule T. iceholder living expense
	CONSULTING EXPENSE	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		Cilico Hou
	ATTA OU ADDITIONAL CODIFO OF THE COUPDING FACILIFIED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food By Gift/ cal Committee Lega	1/Beverage Expense Awards/Memorials Expense al Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Transp Travel Travel	tion/Fundraising Expanse oftation Equipment & Felated Expense of District out of District enter a category not tested above)
1 Total pages Schedule G: 90 + 10	2 FILER NAME	OM Wi	Lder	3 File	ID (EME Commission BIGS)
4 Date 11 29/15	5 Payee name	STCO			ATOR ATMEX
6 Amount (\$) 15	7 Payee address	; City; State; Z	ip Code T. HWAY	112	+
Reimbursement from political contributions intended	Sou	the Lake		1609	2
8 PURPOSE	(a) Category (See C	ategories listed at the top of this so	chedule) (b) Description		
OF EXPENDITURE	Christma GIFTS	for maps	Chack if Austin		complete Schedule T. der living expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 12/8/15	Payee name	AR Ket	Street		Amex
Arnount (\$) 79 80	Payee address	City; State; Z	p Code 7605 Colleguil	le B	lud
political contributions intended	College	ategories listed at the top of this so	thedule) (b) Description	760	34
PURPOSE	Calegory (see Ca	riedones asteo ar nie iob oi ture er		side of Texas. (complete Schedule T.
OF EXPENDITURE	Crifts -	&LAGE	Check if Austin,	TX, officehol	der living expense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	Office sought		Office held
Date 17/9/15	Payee name	LKA			Anex
Amount (\$) 791	Payee address:	City; State; Zi	p Code		
Reimbursement from political contributions intended	STAN	1 ford,	<u> </u>		
PURPOSE OF EXPENDITURE	Category (See Ca	ntegories listed at the top of this sc for Office	Check if travel out		complete Schedule T. der living expense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

e in the second	EXPENDITUI	RE CATEGORIES	S FOR BOX 8(a)	74 2016 8YE
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	office C e Polling Expense Printing Salaries	Verhead/Rental Expense Expense Expense	Selicitation/Fondraising Expense Transportation Equipment & Finaled Expense Travel In District Other (enter a Gategory not light above)
1 Total pages Schedule G:	2 FILER NAME			
4 Date 12/10/15	5 Payee name	Contr	et. Com	AMEX
6 Amount (\$) 918 Pleimbursement from political contributions	l i	state; Zip Code pelo Ka). -#	
intended	WALTHAM,	Massack	usetts 024	<u> </u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	olitica: 	Check if travel outside of	Texas, Complete Schedule T. Afficeholder Ilving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na OH	ame	Office sought	Office held
Date 14/7/15	Payee name MARKet	- Si	-	AMEX
Armount (\$) Reimbursement from political contributions intended	Payee address; City; 5605 Colleguelle	State; Zip Code	1 760	34
PURPOSE OF EXPENDITURE	Category (See Galegories listed at the Chustmas Gifts - STAS	top of this schedule)		Texas, Complete Schedule T. fficeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na OH	ume	Office sought	Office held
Date // 9 5	Payee name H ULST	Pace	selfers	3 ROTARY
Amount (\$) 60		State; Zip Code		CASA
Reimbursement from political contributions intended	Bredford,	TX	7009	75
PURPOSE OF EXPENDITURE	Category (See Categories Ested at the	report his schedule)		Texas. Complete Schedule T. Ifficeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na	me	Office sought	Office held
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EXPENDITUR	RES MADE BY CREDIT CARD	SCHEDULE F4		
	EXPENDITURE CATEGORIES FOR BOX 10(a)	ARRA 5 JAN 6 FRAN		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political G	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Travel Gift/Awards/Memorials Expense Travel	ation/Fundatising Expense Appense In District Out Of District Oenter a Geography (In In I		
1 Total pages Schedule F4:	2 FILER NOTE WILDER 3 File	ID (Emics Commission Filers)		
4 TOTAL OF UNITEMIZES	TED EXPENDITURES CHARGED TO A CREDIT CARD & O	1254 65		
5 Date 7 1 15 - 1/3/15	American Express			
7 Amount (\$)	8 Payee address; City; State; Zip Code PD Box 650 448	(- 011/19		
9 TYPE OF EXPENDITURE	V Political office holder Non-Political SEE	5 Chadula G		
	(a) Category (See Categories listed at the top of this schedule) (b) Description	ETTIZED ATTA		
PURPOSE OF EXPENDITURE		e of Texas. Complete Schedule T. X, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
7/1/15- 17/31 LS	Payee name VISA			
24256	Payee address; City: State; Zip Code POBOX 82519 LINCOIN, NE 6850	01-2519		
TYPE OF EXPENDITURE	Political Office headle Non-Political			
PURPOSE OF EXPENDITURE		ie of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
2 FILER NAME	m Wilder	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received	8 Amount (\$)		
8/12/15	TARRANT COUNTY	/00		
	6 Address of person from whom amount is received; City; State; 100 E. WEATHON-FORCE	L ST.		
	7 Purpose for which amount is received Check if	political contribution returned to filer		
	Advanced from CAMPAIGN ACC	f for exhibitor tee		
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 Check if	political contribution returned to filer		
Date	Name of person from whom amount is received	BB FF Amount (\$)		
	Address of person from whom amount is received; City; State;	ARRANT CO FRANK PHILLI CTIONS ADMINI		
	Purpose for which amount is received Check if	political contribution retworks to the VIII		
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 Check if	political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				