	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	auide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI A.	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX Wilder (7911)	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	TARRAN 116 JUL 1 10 FRANK
Change of Address	······	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered by Date Bostmarked
6 CAMPAIGN TREASURER	MS / MRS MR FIRST MI	Receipt # 📯 Amount \$ 🧠
NAME	NICKNAME LAST C SUFFIX	Date Processed
	Tom Wilder	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	ARFA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month	Day Year 30/16
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	NOT UP Fill 2018 ANNUAL
12 OFFICE	OFFICE HELD (if any) Tarront Country District Clerk)
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Fi	ler ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO URES.	THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
			LE 201		
			TAR 2016, 37:		
		COMMITTEE CAMPAIGN TREASURER NAME	TARRA 516 JUL ECTRAN		
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	ED COUH PM I2 HILLIPS		
			UNT UNT 112:		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN			
TOTALS	PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	μΨ —		
	-	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	s 214°		
	4. TOTAL	\$ 7750 ²⁰			
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$131,477		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY 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 informati			
	RACY L. JOHN Iotary ID 12948	SON under Title 15, Election Code.			
	y Commission E July 9, 2017	Moure H.U	lelder		
		Signature of Candidate	e or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE		.0		
Sworn to and subscribed before me, by the said Thomas A. Wilder, this the 11-49					
day of JULY, 20_16, to certify which, witness my hand and seal of office.					
A Plater Take Take Alter					
Signature of officer a			Story PUSI.C.		
/			Deviced 0/9/2015		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	•	Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr	licitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District her (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explai	ns how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME THOMAS A.	Wilder 3	Filer ID (Ethics Commission Filers)		
4 Date 17 110	5 Payee name Reagan AL	umni Ase	5 N.		
6 Amount (\$)	7 Payee address; city; State; 2 904 VICA AlexANCRIA	ZA 223	02-3421		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	itiCAL ORG.		
PURPOSE		Check if travel outside			
OF EXPENDITURE	2016 Dues	Check if Austin, TX,	officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1/74/16	TONATHAN Payee address; City; State; Z	STICK IAN	d Campaian		
Amount (\$)	Payee address; City; State; Z 1220 G A 13ED TRORD	isport full	# 513		
	Category (See Categories listed at the top of this	schedule) Description			
PURPOSE			f Texas. Complete Schedule T.		
OF EXPENDITURE	Contribution		officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12116	KONNI B	NRTON CA.	mpAigN		
Amount (\$) 250	Payee address; City; State; POBOX 291 AUSTIN	Zio Code	78768		
PURPOSE	Category (See Categories listed at the top of this	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense		
EXPENDITURE	Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDE	D		
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SCHEDULE F1

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		EXPENDITURI	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice Credit Card Payment		Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Ex Legal Services The Instruction Guid	Office Ove Polling Ex pense Printing Ex Selaries/W	ipense /ages/Contract Labor	Transportation E Travel In District Travel Out Of Di	
1 Total pages Schedule F1:	2 FILED N	AME OMAG A.	Wilde	l	3 Filer ID (E	thics Commission Filers)
4 Date 1-21-16	5 Payeern	ame Mant (bunty	JR.L	vestoc	K ABSN.
6 Amount (\$)	7 Payee a	ddress; City; S	State; Zip Code/	DHNSON	0	A
100	(2) Cottooo	0713 TN	lephone	Pld. Le	hew oil	h, TX 76135
8 PURPOSE	(a) Category	 (See Categories listed at the 	top of this schedule)	(b) Description	AUC TO (outside of Texas, Comple	ON ste Schedule T.
OF EXPENDITURE	Cont	ti buti	Dr/	Check if Aust	in, TX, officeholder li	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name	, , , , , , , , , , , , , , , , , , ,	Office sought		Office held
Date 1/22/16	Payee na Th	ame Ours N	. Wil	def		
Amount (\$) 2584	Payee at	ddress; City; s	State; Zip Code	d, ST	- 7	6102
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)		utside of Texas. Comple n, TX, officeholder liv	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	1	Office sought	~ ~ ~ ~ ~	Office held
Date	Payee na	ame				
1/26/16	J	mge	RH	. WAI	lAce	Campaign
Amount (\$)	Payee ac		state; Zip Code	3		
250	N.	Richland	Hills	TX 7	6180	
	Category	See Categories listed at the	top of this schedule)	/ Description	utside of Texas. Comple	te Schedule T.
PURPOSE					n, TX, officeholder liv	
Expenditure	Cor	iti puti	PN	GOP PM	mary do	nation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	e	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

	EXPENDIT	URE CATEGORIES FO	DR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice Credit Card Payment	al Committee Legal Services	Office Overhi ense Polling Expe als Expense Printing Expe	ense jes/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME That	uss A. W	ilder	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/16	5 Payee name WAY & 1	OURN for	BR S	heild
6 Amount (\$)		ty; State; Zip Code	-	
500		15130> g ton j	72	76015
8	(a) Category (See Categories listed	Vet the top of this schedule) / ((b) Description	utside of Texas. Complete Schedule T.
PURPOSE OF			F	n, TX, officeholder living expense
EXPENDITURE	Contribut.	TON	Fund.	laiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought	Office held
Date 2/10/16	Payee name Tarrant Cou	inty Repu	blica	PAC
	Payee address; Cit 3005 E 77. W	ty; State; Zip Cikie 	VAP	76/11
PURPOSE OF EXPENDITURE	Category (See Categories listed	1 at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder 1	name	Office sought	Office held
Date	Payee name Mark	LAC	hApe	elle
Amount (\$) $(100 + 100)$ 1201 + 100 1201 + 1000 1201 + 1000 1201 + 1000 1201 + 1000	Payee address; Cit 3925 M 41. WOA	is teriA TH,TX		76137
PURPOSE OF	Category (See Categories listed	l at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	Consulti	ng Expense	GRAF	hic design
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder	name	Office sought	Office held
	ATTACH ADDITION	IAL COPIES OF THIS S	CHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) **Gredit Card Payment** The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MA 4 Date 5 Payee name REAN 6 City; address; State; Zip Code 6 Amount 7 Payee De usan Lilly t the top of this schedule) (b) Description 8 (a) Category (See Categories list) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expe OF EXPENDITURE 0 Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee addres Amount (\$) Ave # 00 ENN d at the top of this sch Description Category Check if travel outside of Texas, Complete Schedule T. PURPOSE if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State: Zip Code Pavee address Amount (\$) Ð Description Category listed at the top of this schedule Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE 9,10,12 N.S \boldsymbol{n} Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

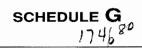
SCHEDULE F1

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	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment					
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILEBNAME House A. Wilder ³ Filer ID (Ethics Commission Filers)				
^{4 Date} 4/11/16	NE TOMONT TEA PARTY PAC				
6 Amount (\$) 1259	7 Payee address; City; State; Zip Code 2517 New HAVEN CT. Bedfold, TX 76022				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Contribution EVENT HOST				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held				
Date 5/27/16	Payee name UPS STORE				
	Payee address; City; State; ZIp Code 209 W. ZANA ST 7T. WORTH TX 76102				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Sorrice D mas				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
Date /2/16	Payee name Rodger Faher fy				
Amount (\$) 40	Payee address; City; State; Zip Code 200 E. Weatherford 77. Wetth, TX 76196				
PURPOSE OF	Category (See Categories listed at the top of this schedule) / Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE	Advertising EXP. Company pictures				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office sought Office held Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	Thomas A	- Wilder	3 Filer ID (Ethics Commission Filers)		
4 Date 4/2/16	5 Payes name Southwest	Pepubli	can Club		
6 Amount (\$)	7 Payee address; City; State; 4221 Se1k 77. WORTH	$z_{i} R K$ + X 76/6	09		
8	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.		
PURPOSE OF EXPENDITURE	Contribution		in, TX, officeholder living expense IY SPONSDR		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; 2	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



	EXPE	NDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polii Credit Card Payment	tical Committee Legal Servic	age Expense Memorials Expense es	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		nent & Related Expense
-	The Instr	uction Guide explair	is how to complete this form.	-	
1 Total pages Schedule G:	2 FILER NAME	A. Ulil	der	3 Filer ID (Ethics	Commission Filers)
4 Date 1/9/16	5 Payee name NEST	LE			(Amerit)
6 Amount (\$) 44 Reimbursement from political contributions intended	7 Payee address; 900 La STAM-	City; State; Zij Mg Ridi Ford	ge Rd. cT.		
8 PURPOSE	(a) Category (See Categories	s listed at the top of this sci		Jater for	office
OF	Beverage	repense		utside of Texas. Complete Schedu n, TX, officeholder living expe	
9 Complete <u>ONLY</u> if direct expenditure to benefit C.		holder name	Office sought		Office held
Date 1/20 16	Payee mame	Coffee	e Shop	(Amex)
Amount (\$) 24 Reimbursement from political contributions intended	Payee address; 104 MAC 77 IA	city: spit ; zij z volic Lorth	o Code V	1604	
PURPOSE OF EXPENDITURE	Category (See Categories	s listed at the top of this sci	Check if travel o	utside of Texas. Complete Schedu n, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C		holder name	Office sought		Office held
Date	Payenname EL R	Anch	o Gr	nde	(AMEX)
Amount (\$) 45-9 Reimbursement from	Payee address; 1400	City; State; Zi	Man S	T	
political contributions intended	71.1	and	1~	10104	
PURPOSE OF EXPENDITURE	Category (See Categorie	s listed at the top of this sc	Check if travel of	utside of Texas. Complete Schedu n, TX, officeholder living expe	et a se a
		halder some	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C		noider name			

Forms provided by Texas Ethics Commission

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					BOX 8/-		
			TURE CATEG				
Advertising Expense Accounting/Banking		Event Expense Fees		Office Overhead	i/Reimbursement i/Rental Expense	Transportation	undraising Expense n Equipment & Related Expense
Consulting Expense Contributions/Donations Made	By	Food/Beverage Ex Gift/Awards/Memo		Polling Expense Printing Expense	e	Travel in Dist Travel Out Of	
Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services		Salaries/Wages	Contract Labor	Other (enter a	category not listed above)
Cieble Call F aynicit		The Instructio	n Guide explains	how to comp	lete this form.		
1 Total pages Schedule G:	2 PILER N	ME OMAS	4. U	Jilde	R	3 Filer ID	(Ethics Commission Filers)
4 Date 2/1/16	5 Payee na	-12	Clu	2	_		(cash)
6 Amount (\$)	7 Payee ad	dress; Ci \$2/KS	ty; State; Zip 323	5 W	hite Sa	tteme	t J
Political contributions intended	77.	WOR	TH	, TX		7610	7
8 PURPOSE OF	(a) Category	(See Categories listed	at the top of this sche	ecule) (b) D	Check if travelouts	9/i+ical	_ ORG - te Schedule T.
EXPENDITURE	201	6 due	٥		Check if Austin,	TX, officeholder livi	ing expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candic	late / Officeholde	r name	Offic	æ sought		Office held
				<u> </u>			<u> </u>
Date 2/2/16	Payee na	~	ty; State; Zip) q			(Amex)
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Reimbursement from	40	O Th	мск	MO	RTON	#)	02
intended	Ŧ	· Wo	RTH,	τ_{χ}		.76l	02
PURPOSE	Category	(See Categories listed	at the top of this sine	edule) (b) D	Check if travelout	LI FICA	L Lunch-
OF EXPENDITURE	food	Benero	ge Eg	ouse t		TX, officeholder livi	LACTOR
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Date 20		re T	e				Amex
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/ 7 44	90	OL	ona	Rio	lge	Ra.	
Reimbursement from political contributions intended	ST	Am -	Roke	l			
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PURPOSE OF EXPENDITURE	Bene	nare	EXP			side of Texas. Complet TX, officeholder liv	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
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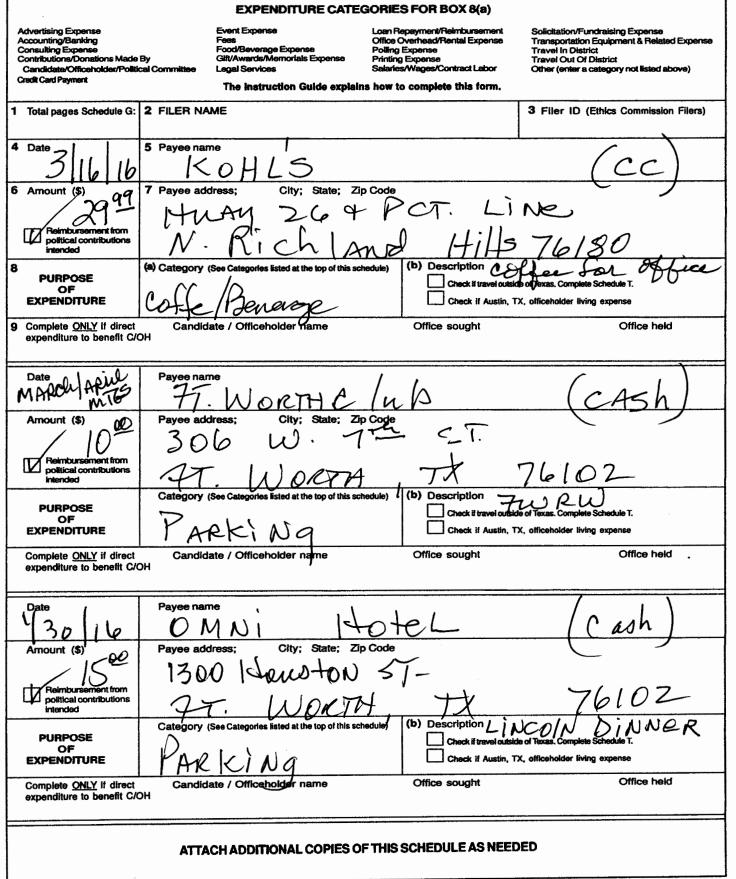
SCHEDULE G

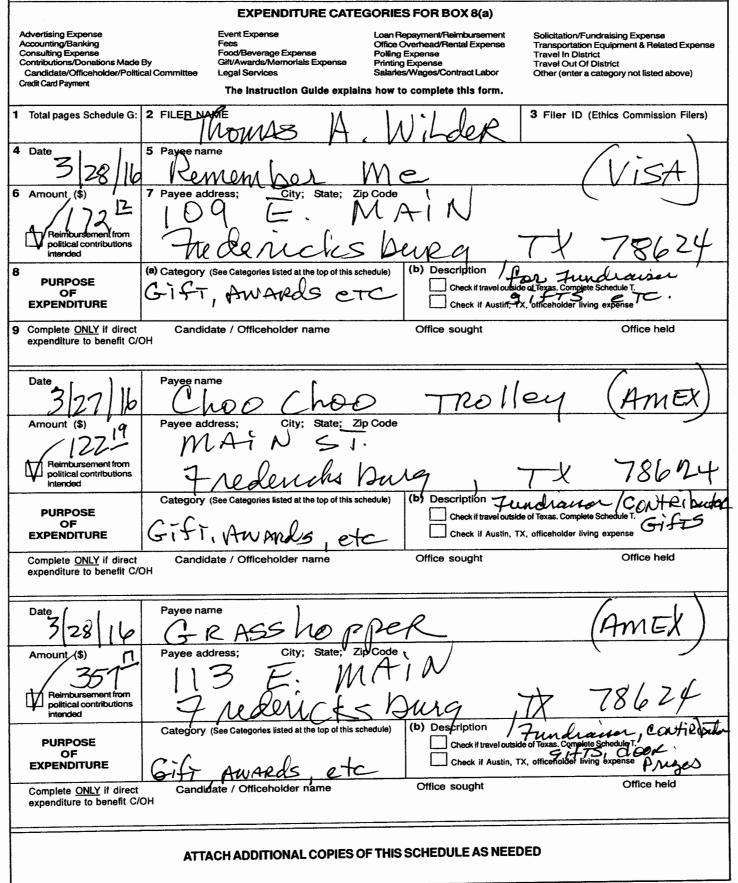
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	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Transportation E Travel In Distric Travel Out Of D	
Credit Card Payment		The Instruction Guide exp	plains how to co	mplete this form.		
1 Total pages Schedule G:	Th	ours A	.Wic	der	3 Filer ID (E	thics Commission Filers)
4 Date 2/5/16	5 Payee nam	usetters'	Rot	ery	Clul	- (cash)
6 Amount (\$) 00	7 Payee add	ress; City; State; $\beta \neq 0$		11-1-1		
Reimbursement from political contributions intended	B	ed ford		TZ I	740	095
8 PURPOSE OF	(a) Category (see Categories listed at the top of th i bution			ide of Texas. Complete S	LRACT Schedule T.
EXPENDITURE	Com	1 Juilon		L Check If Austin,	TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		te / Officeholder name	C	Affice sought		Office held
Date 3/1/16	Payee nam	. WORTH	H C	lub		(cash)
Amount (\$)	Payee add	ress; City; State;	Zip Code	th .		
Reimbursement from political contributions intended	7	T. WORT	F 4	TX	76	102
2//22.007	Category (s	see Categories listed at the top of th	is schedule) (b)	Description 7	200 Eit	-icAL
PURPOSE OF EXPENDITURE	PA	rking		Check if travel outsi	ide of Texas. Complete S	Frend
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	C	ffice sought		
Date 3 8 16		. KANCh	Ð	GRAN	sde	(Amex)
Amount (\$) 3 98	Payee add	ress; City; State;	Zip Code MA	in,		
Reimbursement from political contributions intended	77	. WORT	H,	12		76164
PURPOSE OF EXPENDITURE	7000	iee Categories listed at the top of th Beverlage	tapp	Check if Austin,	Wide of Texas. Complete S TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	• o	ffice sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

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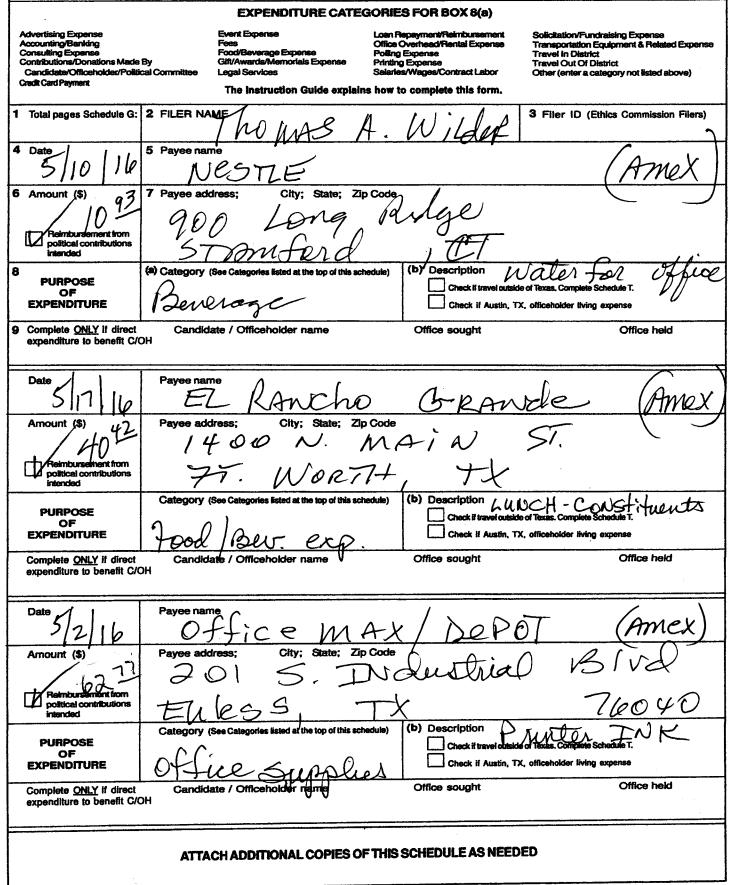
SCHEDULE G

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		EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Nemorials Expe Legal Services The Instruction Guide	Office O Polling E Inse Printing Salarles	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	7	hours &	+-W	ider	3 Filer ID (Ethics Commission Filers)
4 Date 4916	5 Payee na	ESTLE	-	-	(Amex)
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad 90 ST	dress; city; Stat O LON AM PE	te; Zip Code	Ridge	Rel 7
8 PURPOSE OF EXPENDITURE	Δ	(See Categories listed at the top o	of this schedule)	—	ALL GL OFFICE le of Texas. Complete Schedule T. X. officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C		date / Officeholder name		Office sought	Office held
Date 4 2716 Amount (\$) 3748 Reimbursement from political contributions	Payee na My Payee ad 2 (ARRIOH	A te; Zip Code A Z	ustia nonter TX	1 N. (Amex) 7 BIV& 78681
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/C		(See Categories listed at the top of Beverage sate / Officeholder name	ERP.		L - M GRS/Elector 6 of Texas. Complete Schedule T. X. officeholder living expense LAW SCHOOL CONT. Office held
expenditure to benefit C/C					
Date 4/27 16	Payee na	THE O	ASIS		(Amex)
Amount (\$) 49 Reimbursement from political contributions intended	Payee ad	dress; City; Stat KE TRAN MSTIN	+X		
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/0	Food	(See Categories listed at the top'or BW (CX) tate / Officeholder name	of this schedule)	<u> </u>	WAL - MGRS. le of Texes. Complete Schedule T. X. officeholder living expense Au School Conternal Office held
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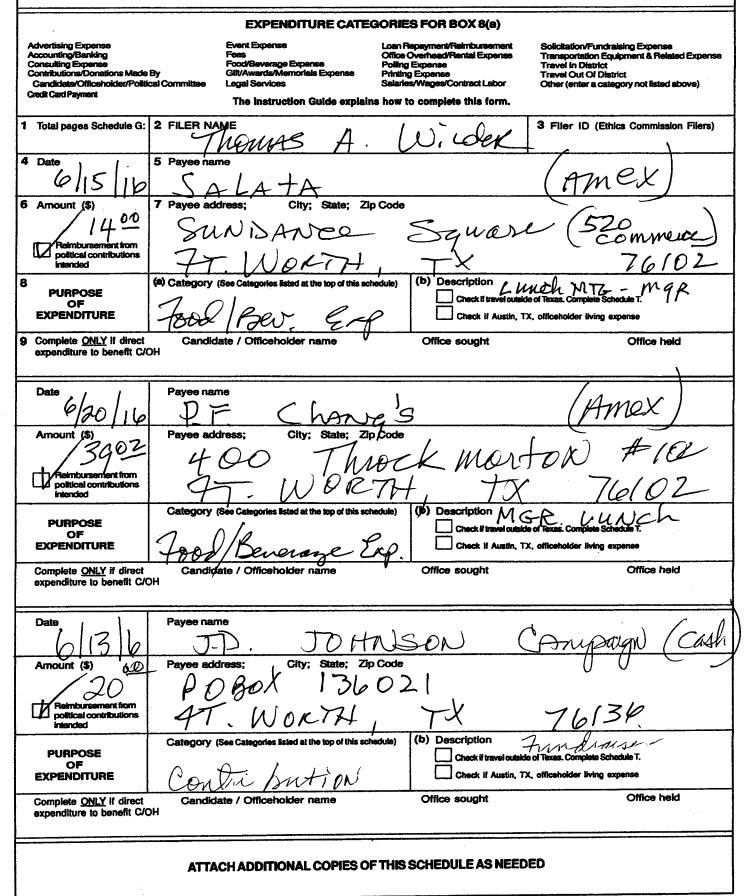
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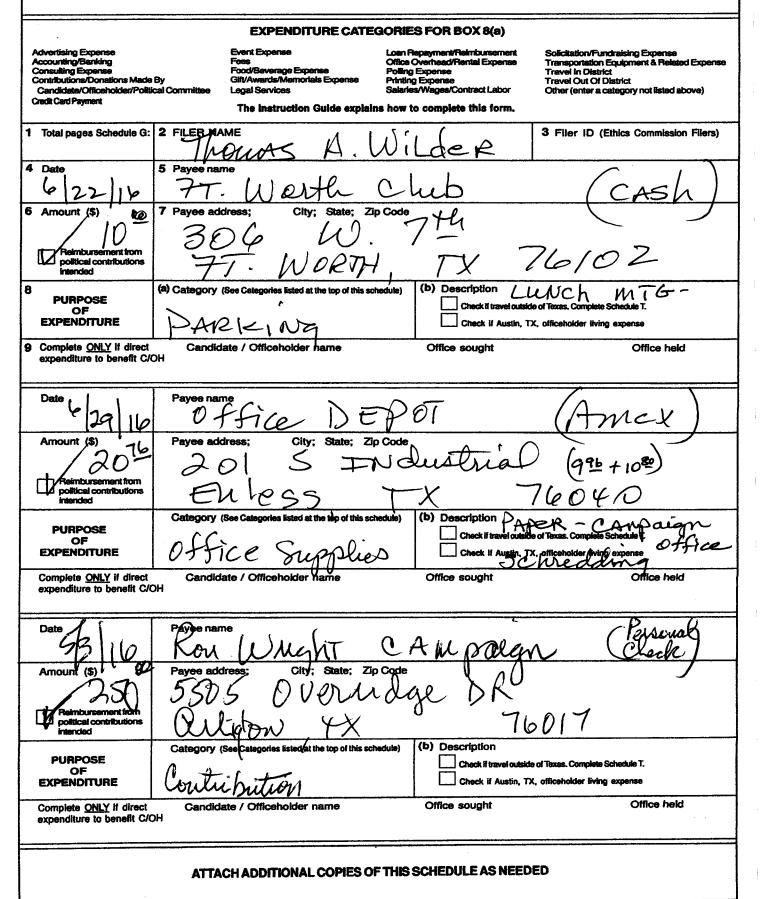
	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Donations Made I Candidata/Officeholder/Politic Cradit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAMED	A. Wilder	3 Filer ID (Ethics Commission Filers)
4 Date 5/18 16	5 Payee name		Amer
6 Amount (\$) 88 10 Reinfootsement trom political contributions intended	7 Payee address; City; State; 2 2601 E. South LAR	ST. HWA	×y-114 ,76092
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Good / Bus, Erro		DOES MTG in le of Texas. Complete Schedule T. X. officeholder living expense 9 Office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name () DH	Office sought	Office held
Date 5/18/16	Payee name KOHLS	1- 0d-	(KohL'S) CC)
Amount (\$) Reimbursement from political contributions intended	Hurry 26 + N. Richland	PCT. Lin Hills, T	e Pd † 76180
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Hood Beverage		Ffees of fice to of fexes. Complete Schedule T. X. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	V Office sought	Office held
Data 5/19/16	Payee name TARGET		(CASh)
Amount (\$) Preimbursement from political contributions intended	Payee address; City; State; Z MONT 60000 77, WONT	in code WARD	PLAZA
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct	Category (See Categories listed at the top of this se 4000 Beulrage Eff Candidate / Officeholder name	Chedule) (b) Description	MYOTICE
expenditure to benefit C/O	-		

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Cradit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME HOULS A. WILDER 3 Filer ID (Ethics Commission Filers)				
4 Date 5/19/16	5 Payee name WALMART (CASH)				
6 Amount (\$) 1472 10 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3851 ATR POPT MTG 77 MIDNER + X 76111				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description ($1/106 - 1) = 0$				
PURPOSE OF EXPENDITURE	food Burnege top Check I used of Texas. Complete Schedule J. MTB				
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought / Office held expenditure to benefit C/OH					
Date 6 7 16	LA PLAVA MAYA AMEX				
Amount (\$) 39 29 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1540 N. MAIN 77. WORTH, TX 76102				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description UWCh - Constituents Greek if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office held					
Date 6/9/16	Payee name Nestle (Ameil)				
Amount (\$)	Payee address; City; State; Zip Code 9 00 Long Ridge Rd				
political contributions intended	STAM FORD CT.				
PURPOSE OF EXPENDITURE	Image: Control of the second secon				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					





EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel In y Gift/Awards/Memorials Expense Printing Expense Travel O	on/Fundraising Expense tation Equipment & Related Expense District ut Of District tter a category not listed above)		
1 Total pages Schedule F4:	2 FILERNAME MAS A. WILDER 3 Filer II	D (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1229				
5 Date 1-1-16 to 6-30-16	6 Payee name, AMENCON EXPRESS (An	nex)		
7 Amount (\$) 9 9 19 0F EXPENDITURE	8 Payee address; City; State; Zip Code PO·BOX 650448 DAILAS, TX 752 Political Non-Political	2 65 - 0 448		
10 PURPOSE OF EXPENDITURE	Ottice, And hear =	f Texas. Complete Schedule T. officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date [-[-16 +0 6 - 30-16	Payee name VISA			
Amount (\$) 172 ¹²	Payee address; City; State; Zip Code POBOX 82519 LINCOLN, NE 68501	-2519		
TYPE OF EXPENDITURE	Political Non-Political	,		
PURPOSE OF EXPENDITURE		I Texas. Complete Schedule T. officeholder living expense / Hundrausius		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought / Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4		
EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Logal Services Committee Legal Services Logal Services	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)		
	SCH G JON CELAIL	\$		
5 Date - - 6 to 6-30-16	6 Payee name Kohhs			
7 Amount (\$)	8 Payee address; City; State; Zip Code POBOX 3043 MILWAKEE, WI 5321	01 - 3043		
9 TYPE OF EXPENDITURE	Political Non-Political			
10 (PURPOSE OF EXPENDITURE	tota range	avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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