	E / OFFICEHOLDER		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: 35
3 CANDIDATE / OFFICEHOLDER	MS/MRS MR FIRST	М	OFFICE USE ONLY
NAME	NICKNAME THOMAS	SUFFIX	Date Received BY: TA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address		,	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	NICKNAME LAST		Date Imaged
	Tom Wilde	212	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500 iimit	15th day after campaign treasurer appointment (officeholder only)     Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1/1/13 THROUGH	Month Day 12/31/	Year 13
11 ELECTION	Month ELECTION DATE ELECTION TYPE	Runoff	General Special
12 OFFICE	District Cleark	13 OFFICE SOUGHT (if known) SAM C	
	GO TO PAG	E2	

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## (512) 463-5800 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH COVER SHEET PG 2 **SUPPORT & TOTALS** 14 C/OH NAME 15 ACCOUNT # (Ethics Commission Filers) **16 NOTICE FROM** 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 OB OFFICEHOLDER'STANOWLEDGE OR POLITICAL COMMITTEE(S) CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE COMMITTEE NAME 70 $\overline{c}$ 1 COMMITTEE TYPE $\overline{\mathcal{O}}_{2}$ C GENERAL COMMITTEE ADDRESS 2 SPECIFIC 0 rs P $\odot$ 17.7 COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 00 **17 CONTRIBUTION** 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTAL POLITICAL CONTRIBUTIONS Sh.A + Line 1 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. \$ EXPENDITURE \$ 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS TOTAL of Sh. F4G \$ TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. \$ LOAN TOTALS 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. **FRACY L. JOHNSON** NOTARY PU TE OF TEX Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Thomas A. Wilder, this the any, 20 14, to certify which, witness my hand and seal of office. The of officer administering oath Title of officer administering oath

Printed name of officer administering oath

Revised 04/19/2013

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Signature of officer seministering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
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SAGINAN TO 76/79 9 Principal occupation / Job title (See Instructions) / REVISENTO Employer (See Instructions) / REVISENTO PITION. 0 PTIONAL - See C/0H 4/19/19 0 PTION.	(If travel outside of Texas, complete Schedule T) Instructions) <u>AL - See Onstructions</u>
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Texas Ethics Comm	nission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	
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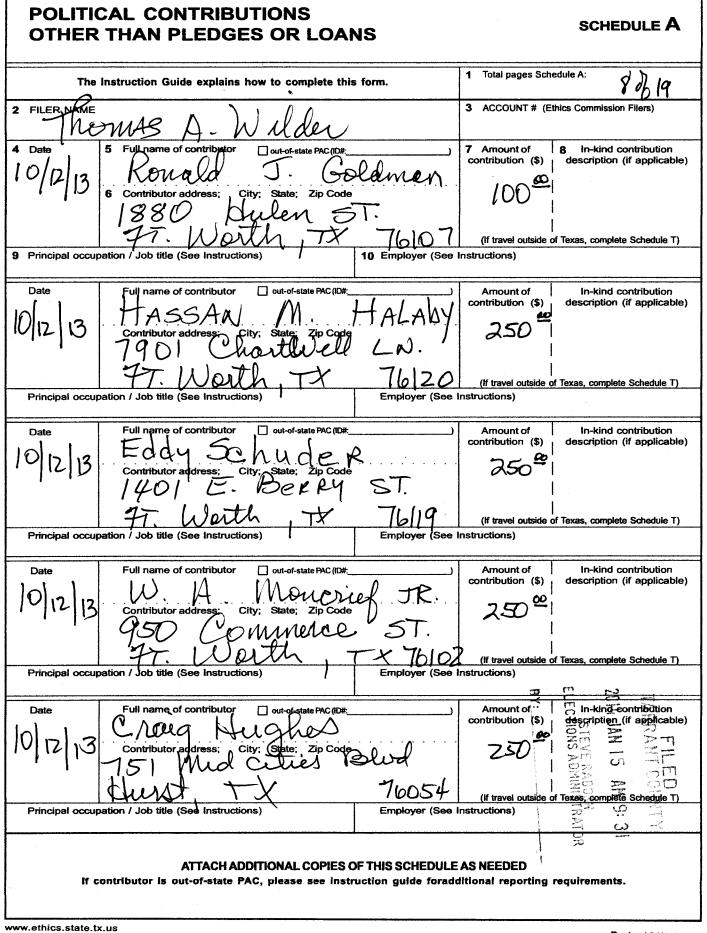
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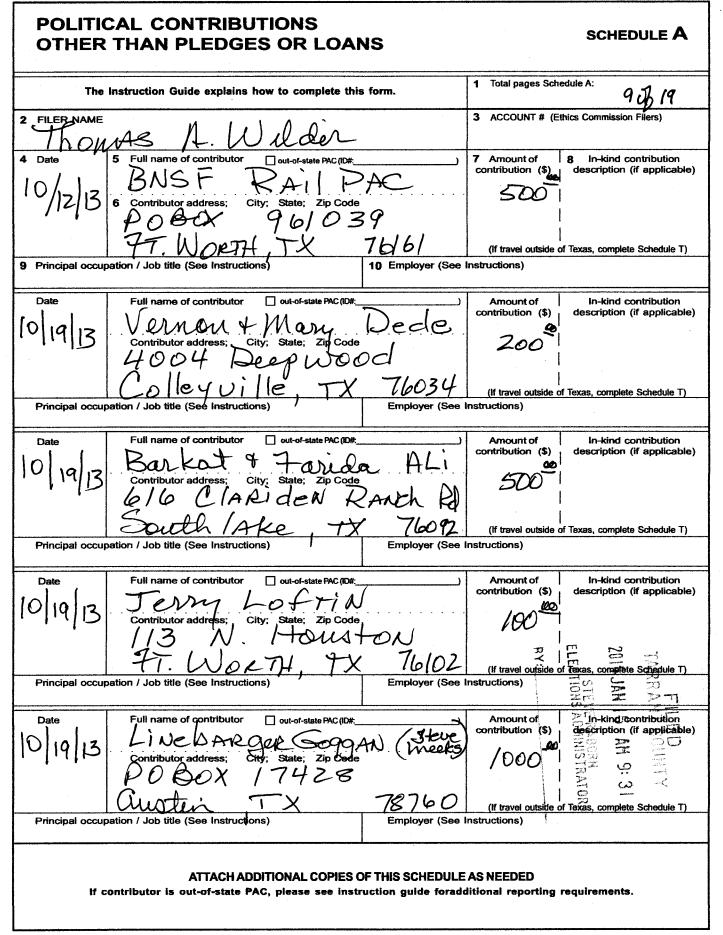
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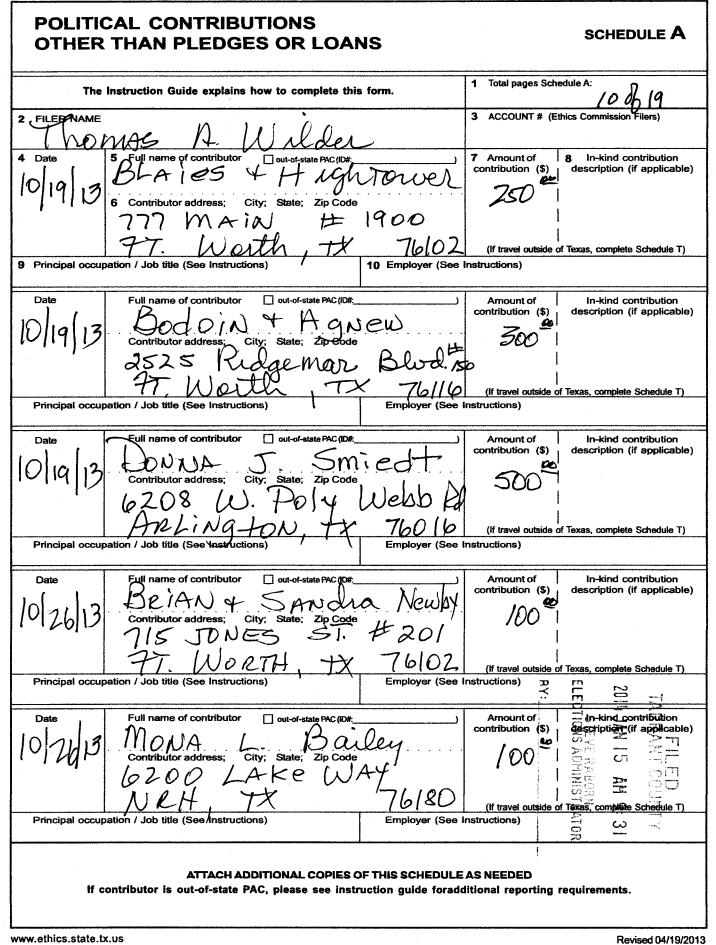
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Date Full name of contributor out-of-state PAC (10#) ALAN / LiSA White Contributor address; City; State; Zip Code 905 Suff OLK CT. South IAKE, TX 76092 Principal occupation / Job title (See Instructions) Employer (See In ATTACH ADDITIONAL COPIES OF THIS SCHEDULE /	AS NEEDED
If contributor is out-of-state PAC, please see instruction guide foraddi	itional reporting requirements.

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#### POLITICAL CONTRIBUTIONS SCHEDULE A **OTHER THAN PLEDGES OR LOANS** Total pages Schedule A: 1 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission 2 FILER NAME 4 Date 5 Full name of contributo out-of-state PAC (ID#: 7 Amount of 8 In-kind contribution 7 Amount S. contribution (\$) description (if applicable) O 25 6102 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Employer (See Instructions) Job title (See Instructions Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Sh RC Contributor address: City; State; Zip Code 75062 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID# In-kind contribution Amount of Date contribution (\$) description (if applicable) E PWANI ZAM MD Contributor address; City; State; , Zip Code em 76120 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date qame of contributor out-of-state PAC (ID#; Amount of In-kind contribution contribution (\$) description (if applicable) AVIS Contributor address: City; State; Zip Cod (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-king contribution Date out-of-state PAC (ID# contribution (\$) description (if applicable) Ø 20 State; Zip Code 70 2 ~ RP FRONS 77 ...... ഗ (If travel outside of Texas, complete Schedul Principal occupation / Job title (See Instructions) 0 (See Instructions) Employer ÷., S ROD 8 Ľ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A	
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4 Date 11913 5 Full name of contributor Siebman, Bug + Philleps 6 Contributor address; City; State; Zip Code 300 N, TRAVIS ST	7 Amount of contribution (\$) 3 In-kind contribution description (if applicable)	
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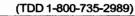
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POLITICAL	EXPENDITURES		SCHEDULE F	
	EXPENDITURE	CATEGORIES FOR BOX 8(	<u>(</u>	
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8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descriptio	(If travel outside of Texas, complete Schedule T)	
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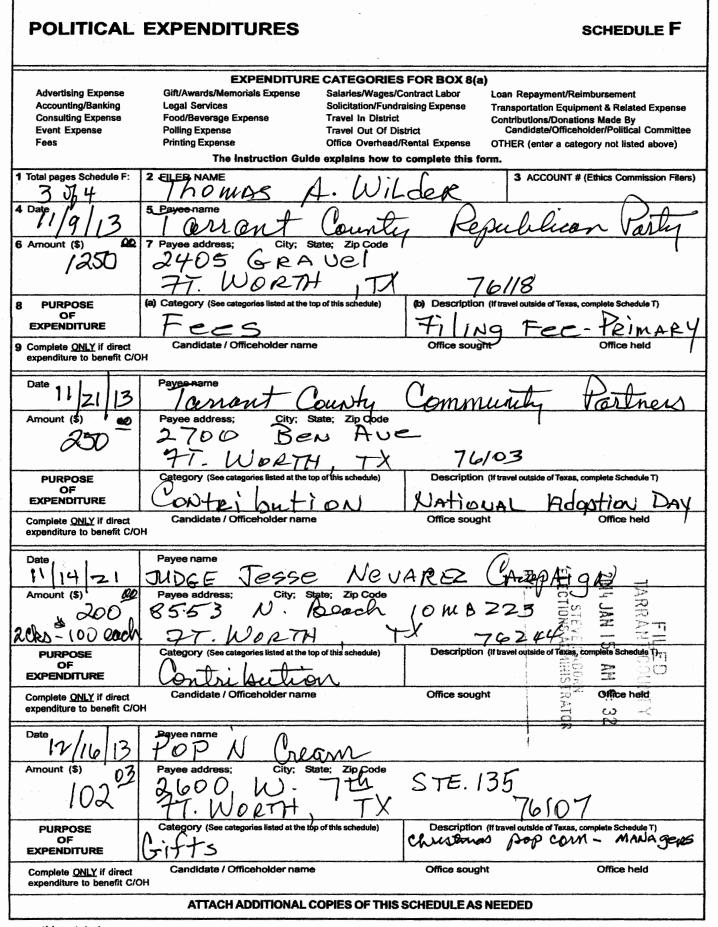
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POLITICAL	EXPENDITURES SCHEDULE F			
A dua diala - 17	EXPENDITURE CATEGORIES FOR BOX 8(a)			
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Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
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2  M 4	Thomas A. Wilder			
4 Date /	5 Payee name			
9/25/13	Stampede Consulting			
6 Amount (\$)	7 Payee address; / City; State; Zip Code			
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3464-	AUSTIN, TX 78709			
B PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)			
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OF EXPENDITURE	Consulting Expense EMAILS-FundRAiser			
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Date 10/30/13	Payee name TRACH JOHNSON 132			
Amount (\$) 40 210	Payee address; City: State: Zip Code HOLW: BelkNAP TT. WORTH, TX 76196			
PURPOSE	Cetegory (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Re-indussment STAFF Lunch			
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POLITICAL	EXPENDITURES		SCHEDULE F
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6 Amount (\$) 1 60 /SO	7 Payee address; City; State; Zip Gode 1315 CALHOUN 77-WORTH T	K 7610	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	Sponsor	Houtside of Texas, complete Schedule T) Court Staff Board - appreciation
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Texas Ethics Commission

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POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising 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. Ð 2 FILER NAME 3 ACCOUNT (Ethics Commission Filers) 1 Total pages Schedule G: Thomas A Wilder 10/10 5 Payee name 4 Date ភា 7-9-13 OZARKA 7 Payee address; City; State; Zip Code 6661 Dixie HWAY #4 6 Amount (\$) 34 °° LOUISUILLE, KY 40258 B N (a) Category (See categories listed at the top of this schedule) Tood/Beven Age Expense WATER FOR STAFF + WATER FOR STAFF + Reimbursement from political contributions intended 8 PURPOSE OF EXPENDITURE Date Payee name WATERS/ BONNell's 7-9-13 City; State; Zip Code Payee address; 39 Amount (\$) 2901 Crockett 102 Reimbursement from political contributions AT. WORTH TX Category (See categories listed at the top of this schedule) 76107 intended Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Food Beverage Expense Political meeting EXPENDITURE Payee name Date COSTCO 7-21-13 Amount (\$) 34 City; State; Zip Code 
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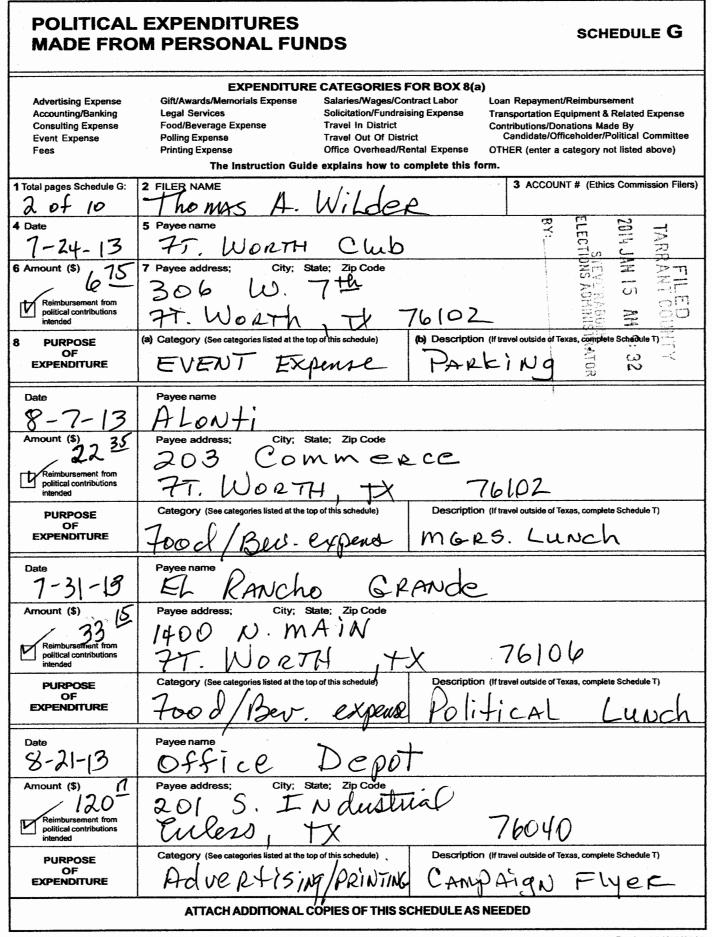
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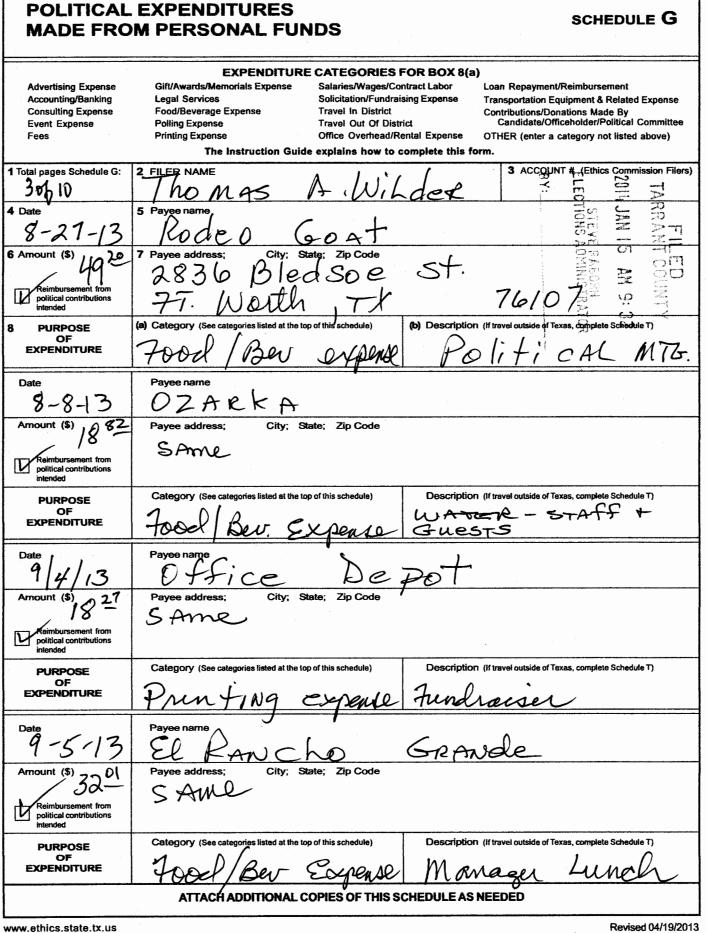
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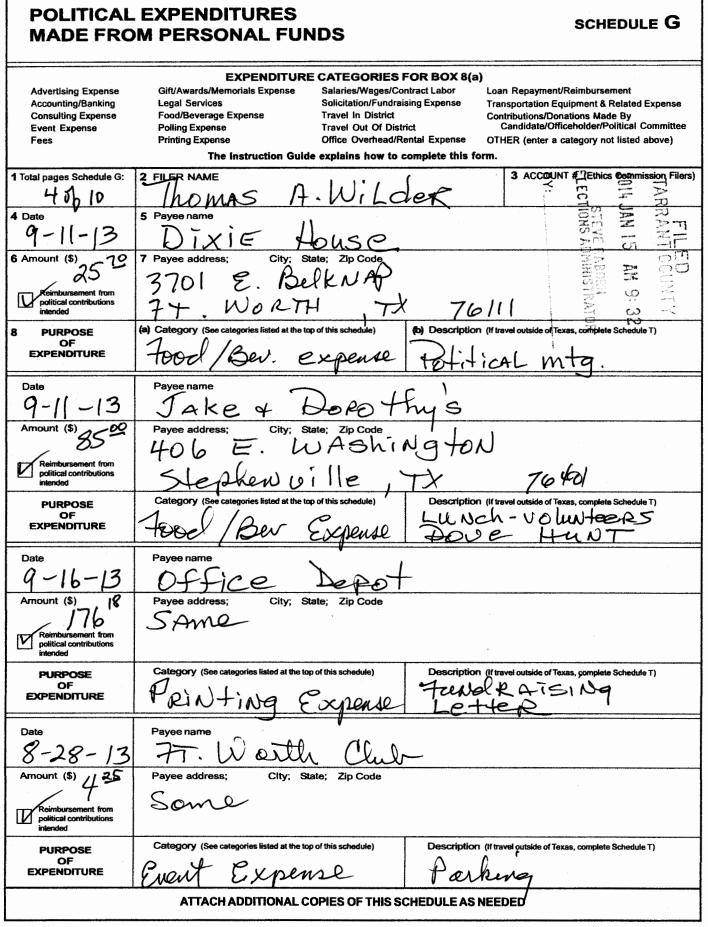
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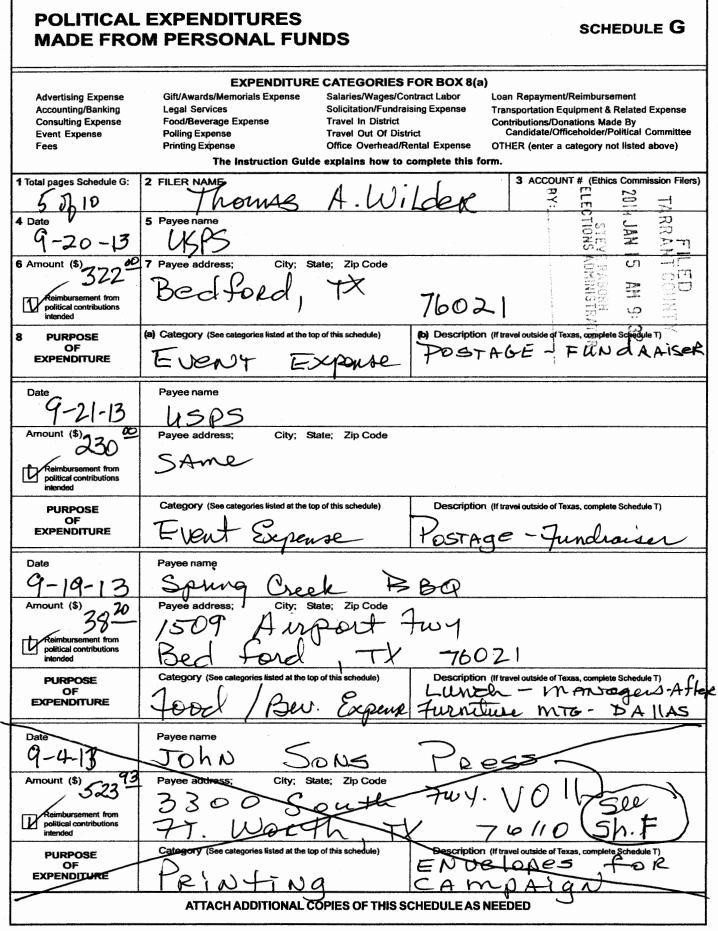
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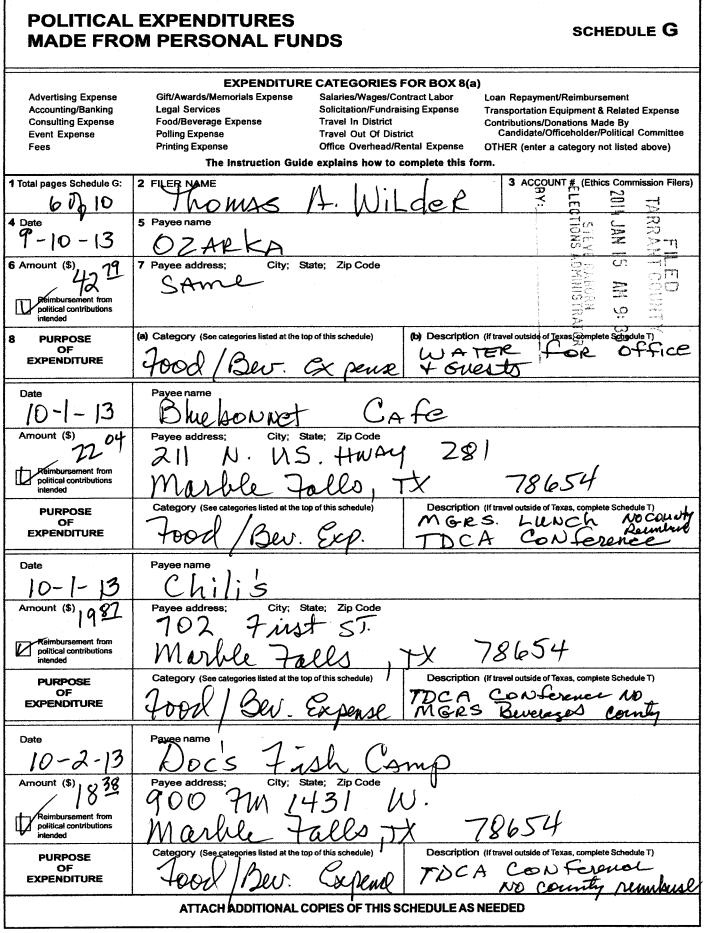




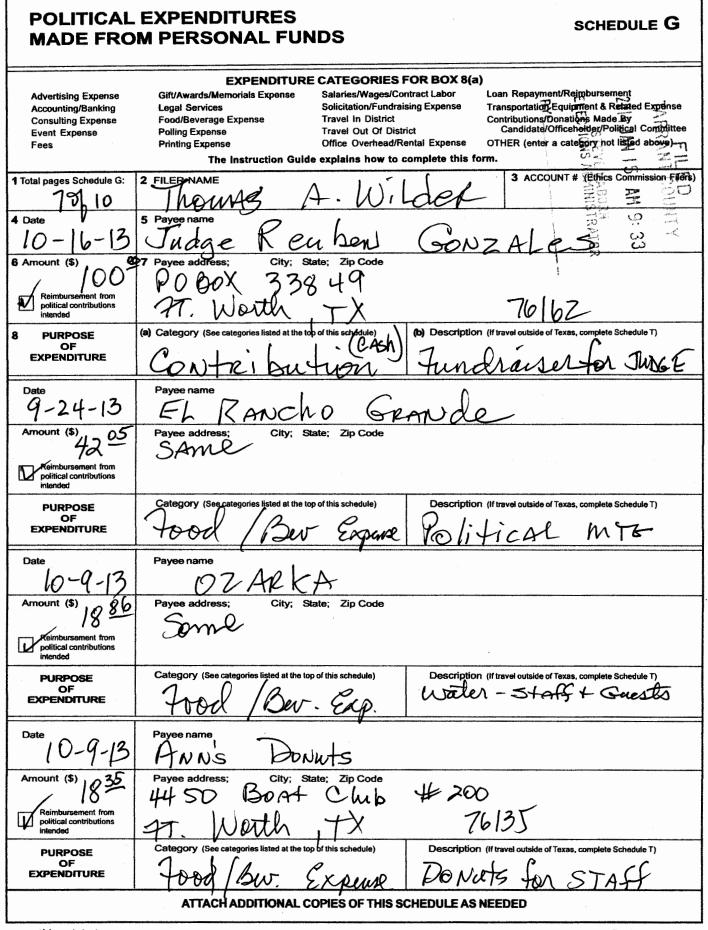


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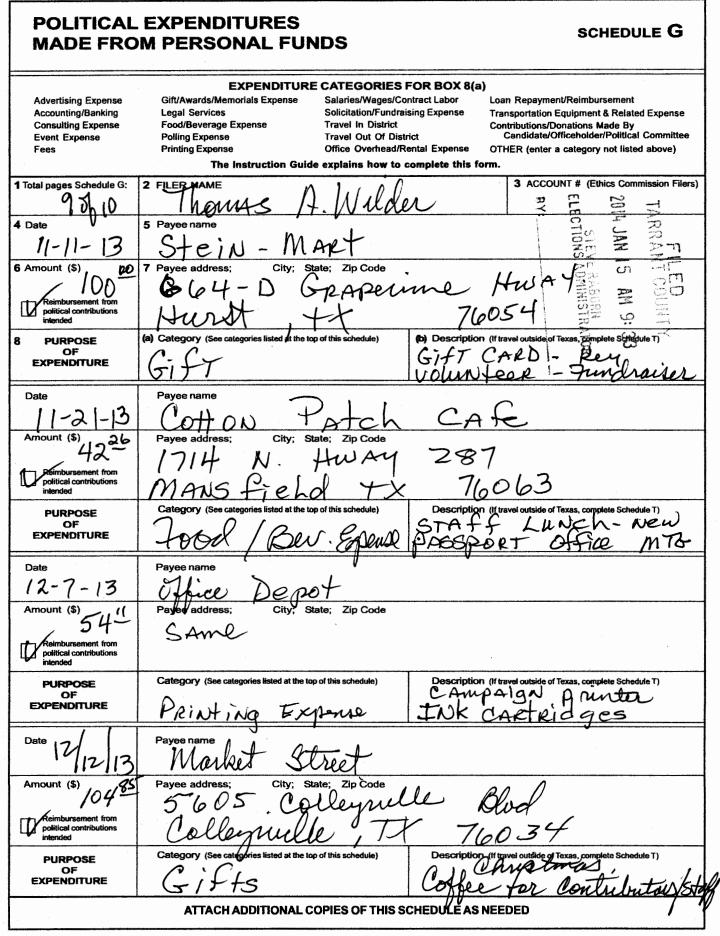
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POLITICAL EXPENDITURES SCHER					
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Hole S PONSOR Advertusing / Contribution ANNUAL Golf Tournament				
Date 1 1-14-13 Amount (\$) 47.05 Amount (\$) Reimbursement from political contributions interded	Payee name CAT CITY GRIII Payee address; City; State; Zip Code 1208 W. MAG NO/JA PT. WORTH, TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Lunch - V D (unteer D - Sundiauser)				
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POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS 2466 56 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Consulting Expense** Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District Event Expense Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME noma ΒY 4 Date 5 Payee nam 12 TARRAN Pavee address: 6 Amount (\$ City: State: Zip Code Ŝ. olitical contribution: (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule PURPOSE 8 OF EXPENDITURE Payee name Date OZARKA Amount City; State; Zip Code SAMO political contribution Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE WATCRFOR OFFICE OF EXPENDITURE Expense Jenerage Payee name Date City; State; Zip Code Amount (\$ Payee address; 64 2000 SH 121 political contributions 76039 Description (If travel outside of Texas, complete Schedule T) MATORIALS FOR CAMPAIGN intended PURPOSE OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code, Reimbursement from political contributions ntended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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