	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	

www.ethics.state.tx.us

(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

www.ethics.state.tx.us

Signature of officer seministering oath

. -

٦

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
DATE OF DE POSITIS OATE ACCEPTED The Instruction Guide explains how to complete this form. FOR THIS REPORT (SEE) NGTRUCTIONS 2 FILER NAME	1 Total pages Schedule A: / 1/9 3 ACCOUNT # (Ethics Commission Filers)
10/1/13 6 Contributor address; City: State; Zip Code POBOX 79486	7 Amount of contribution (\$) 8 In-kind contribution (\$) description (if applicable)
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>
Date Full name of contributor Out-of-state PAC (ID#) IO RICK WADE Contributor address; City; State; Zip Code PO BOX 847	Amount of in-kind contribution contribution (\$) description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
Date Full name of contributor I out-of-state PAC (ID#) IO/I/13 DUKC PALMOR Contributor address; City; State; Zip Code 7736 LAKC VIEW FT. Worth, TX Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of In-kind contribution contribution (\$) description (if applicable)
Date Full name of contributor out-of-state PAC (D#:) 10/1/13 Math G. Daniel 11/13 Contributor address; City; State; Zip Code H 202 11/5 Wath TX 76/02 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of In-kind contribution contribution (\$) description (if applicable) /50 (If travel outside of Texas, complete Schedule T) nstructions)
Date Full name of contributor \Box out-of-state PAC (ID#) IO IO IO IO IO IO IO IO	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide foradd	and the second sec

(TDD 1-800-735-2989)

P

S....

Texas Ethics Comm	nission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		NTRIBUTIO PLEDGES O	-	IS		SCHEDULE A
The li	nstruction G	uide explains how to	complete this	form.	1 Total pages Sche	edule A: 206 19
2 FILER NAME THOMA	s A	. Wilder			3 ACCOUNT # (Et	nics Commission Filers)
	0	of contributor □out AMOUN or address; City; Sta WiHiNe	-of-state PAC (ID#: the state; Zip Code the state; Zip Code the state st	0 C. M. A.N. DL. #200	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
9 Principal occupa		AST.	X	75234 10 Employer (See 1	L	f Texas, complete Schedule T)
Date	¥ .	or address; City; Sta	t-of-state PAC (ID# E ate; Zip Code	·····	Amount of contribution (\$) (000	In-kind contribution description (if applicable)
Principal occupa	$\frac{1}{14}$	O PENN WONTH e (See Instructions)	J 57 , TX	- 76102 Employer (See I		f Texas, complete Schedule T)
10/1/B	\sim	e of contributor \Box ou $L \downarrow M A$ or address; City; Sta OX 915	t-of-state PAC (ID#_ PLT Ì / ate; Zip Code 88	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	AD1:	NGTON	YL	76015		
Principal occupa	ition / Job titl	e (See Instructions)	17	Employer (See I	······	of Texas, complete Schedule T)
Date 10/	Jin	IMY C.	t-of-state PAC (ID#:	TYTON	Amount of contribution (\$)	In-kind contribution description (if applicable)
פןיז	POB	0X 1662	,	71070		
Principal occupa	に ition / Job tit	e (See Instructions)	<u> </u>	Employer (See I		f Texas, complete Schedule T)
Date	Wil	liam W	t-of-state PAC (ID#) ate; Zip Code HON H	adons Ave. 76107	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	tion / Job tit	e (See Instructions))	Employer (See I	nstructions)	AND A SOL
lf co	ntributor is	ATTACH ADDITION out-of-state PAC, ple	-	F THIS SCHEDULE uction guide foradd		M 9: 3

www.ethics.state.tx.us

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: 1 The Instruction Guide explains how to complete this form. J 19 3 ACCOUNT # (Ethics Commission 2 FILER NAME Mansk 7 Amount of 8 In-kind contribution 4 Date 5 Full name of contributor Out-of-state PAC (ID# RiTZ City; State; Zip Code description (if applicable) contribution (\$) ø 10 Contributor addre 76034 (If travel outside of Texas, complete Schedule T) ee Instructions) 9 Principal occupation / Job Full name of contributor out-of-state PAC (ID#; Amount of In-kind contribution Date contribution (\$) description (if applicable) Ken DAUIS Contributor address; City; State; Zip Code OBOX 999 10 250 76101 Worth (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#: Amount of In-kind contribution Date WilliAM W. Collins JR Contributor address; City; State; Zip Code contribution (\$) description (if applicable) 2500 10 PKWAY COLONIAL T6109 (If travel Employer (See Instructions) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Full name of contributor Amount of In-kind contribution Date out-of-state PAC (ID#; description (if applicable) contribution (\$) W. TERRY City State; Zip Code ARY Contributor address; 76059 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of in-kind contribution Date out-of-state PAC (ID#: contribution scription (if applicable) Contributor address; City; State; Zip Code 10 CT (If travel outside of Texas, complete Schedule Principal occupation / Job title (See Instructions) Employer (See Instructions) AH 2.5 õ 70 20 21 S 02 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor Is out-of-state PAC, please see instruction guide foradditional reporting requirements. Revised 04/19/2013

,

T

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 4 1/19
2 FILER NAME HOMBS A. Wilder	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/105 Full name of contributor Dout-of-state PAC (ID# 10/103 ViRgiNiA + JDE Tigue 6 Contributor address; City: State; Zip Code 4 415 Memberny WAY ColleyVille, TX 76034 9 Principal occupation / Job title (See Instructions) 10 Employer (See	7 Amount of s In-kind contribution contribution (\$) description (if applicable)
Date Euli name of contributor Cout-of-state PAC (ID#)	Amount of In-kind contribution
Date Eulinarne of contributor Out-of-state PAC (10#) 10/1/13 Contributor address; City; State; Zip Code 12773 Old Weatherford Pa	contribution (\$) description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (10)4. 10/13 1315 Shady OAK5 LW. 71. WORTH, X 76107	Amount of In-kind contribution contribution (\$) description (if applicable)
Principal occupation / Job title (See Instructions) / Employer (See	Instructions)
Date Full name of contributor Out-of-state PAC (ID#:) GIN Lewis Contributor address; City; State; Zip Code 2300 RACE ST. 71 WORTH, T 76/// Principal occupation / Job title (See Instructions) I Employer (See	Amount of contribution (\$) In-kind contribution (contribution (\$) description (if applicable)
Date Full name of contributor aut-of-state PAC (10# Date Rick + Peggy Merritt Contributor address; City; State; Zip Code 3004 Oron 5 TONE Ct. Uling for the fise Instructions)/ Employer (See	Amount of (1) contribution (5)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULI If contributor is out-of-state PAC, please see instruction guide forad	EAS NEEDED

•

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 5 J 19
2 FILER WAYE A. Muldy	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (10#) 10/1/13 6 Contributor address; City; State; Zip Code 2125 N. JOSEY LN. #200	7 Amount of contribution (\$)
9 Principal occupation / Job title (See Instructions) / 10 Employer (See I	I (If travel outside of Texas, complete Schedule T) nstructions)
Date Full name of contributor out-of-state PAC (10#) [D]5]13 Charles M. Noteboon. Contributor address; City; State; Zip Code # 100	Arnount of In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
Date Full name of contributor out-of-state PAC (ID#) $U[5]_{13}$ Williem E. Steenwood Contributor address; City; State; Zip Code 40 Wy CK [+ i] LN. $U[0]_{13}$ Log IX 7/2/27	Amount of contribution (\$) 250 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	
Date Full name of contributor out-of-state PAC (ID#) 10 5 3 Rohert + Joan Burck le Contributor address; City State; Zip Code 1402 Laurel LN.	Amount of In-kind contribution (\$)
Principal occupation / Job title (See Instructions) / Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full pame of contributor out-of-state PAC (ID#) ID[5]3 M/M Michael Smith ID[5]3 M/M Michael Smith Contributor address; City: State; Zip Code 9201 D D A T+ Worth T 76/79 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Amount of Lin-kind contribution contribution (\$) Contribution (if applicable)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide forado	

.

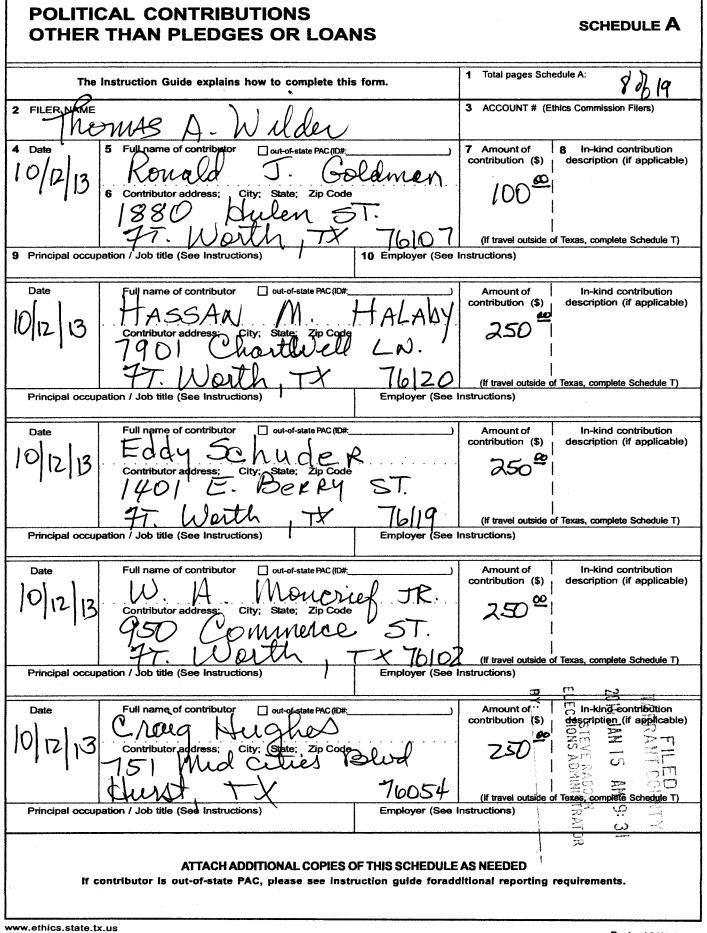
ہے۔

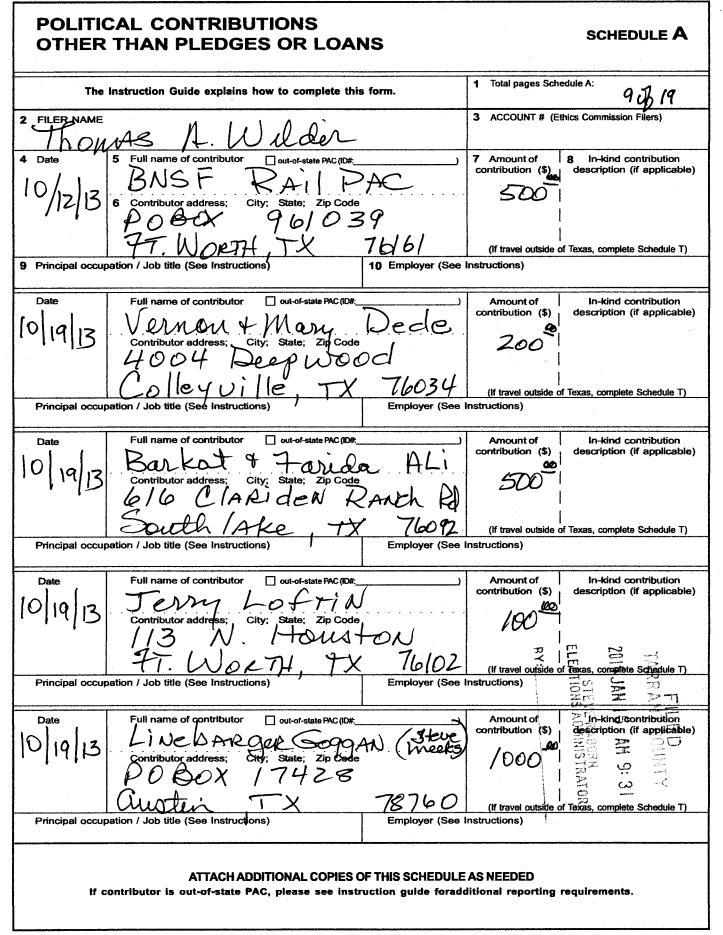
٦

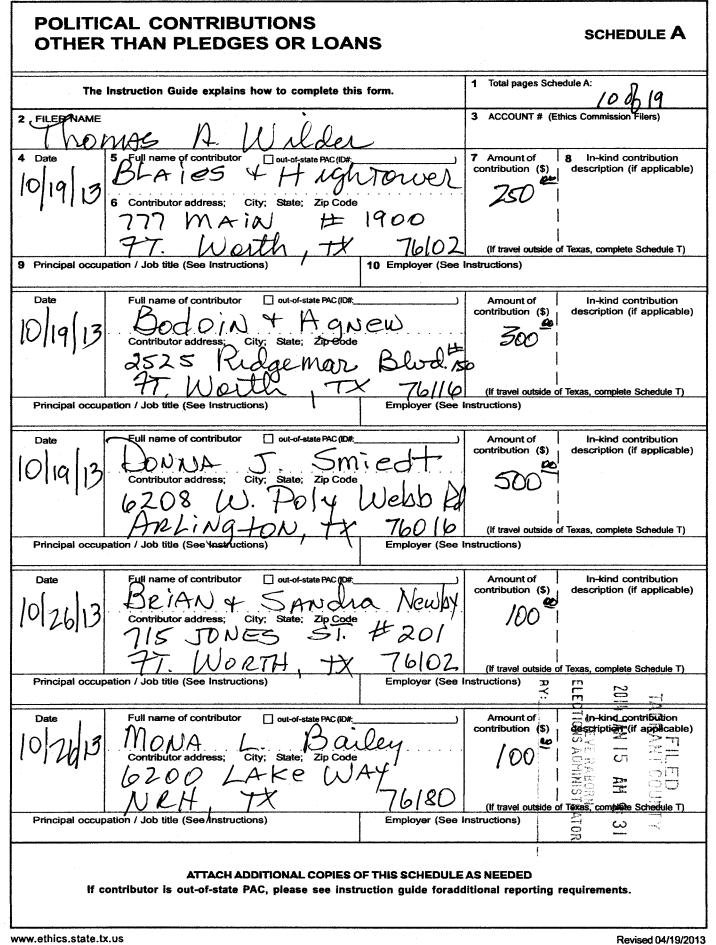
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME WOMBS A. Wilder	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#) CJ. + M. M. Reinhardt 6 Contributor address; City; State; Zip Code / 215 Em SI.	7 Amount of 8 In-kind contribution contribution (\$) / 00
9 Principal occupation / Job title (See Instructions) 10 Employer (See	l (If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC (1D#: 10/5/13 Co.O.C. Government Fund Contributor address; City; State; Zip Code 20/ MAIN ST #2500	Amount of contribution (\$) 2000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	I (If travel outside of Texas, complete Schedule T) nstructions)
Date Eull name of contributor out-of-state PAC (ID#) I0 5 13 R.O.NULL LONG Contributor address; City; State; Zip Code State; Zip Code FT WORTH T4 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of In-kind contribution contribution (\$) 250 (If travel outside of Texas, complete Schedule T)
	Amount of In-kind contribution
Date Full name of contributor out-of-state PAC (ID#) 10 5 3 HAYNES + BOONE PAC Contributor address; City; State; Zip Code PO H 2505 N. PIANO PO 4000 Richard A. D. TV 750.02	contribution (\$) description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Taxas, complete Schedule T) nstructions)
Date Full name of contributor Out-of-state PAC (ID#) IO IO	Amount of Since Contribution description (if applicable)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide forado	

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 FILER NAME 2 7 Amount of 8 In-kind contribution 4 Date 5 Full name of contributor Cout-of-state P contribution (\$) description (if applicable) a iciA 100 City; State; Zip Code Contributor address: (If travel outside of Texas, complete Schedule T) Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) out-of-state PAC (ID In-kind contribution Date Full name of contributor Amount of description (if applicable) contribution (\$) q ontributor address; State Zip Code City; 716180 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Dut-of-state PAC (ID# In-kind contribution Amount of Date description (if applicable) contribution (\$) IA QQ City; State; Zip Code idress: З (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Instructions) In-kind contribution Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) description (if applicable) Contributor addreas; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation (See Employer (See Instructions) Full name of contributor Amount of In-kind contribution Date out-of-state PAC/ID# In п contribution (\$) description (if explicable) ar R \mathbb{Z} æ City; State; Zip Code Co ibutor address: S 14 TTC complete Schedule T) (If travel outside of Texas Principal occupation / Job title (See Instructions) Employer (See Instructions) ي ŝ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

www.ethics.state.tx.us







POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: 1 The Instruction Guide explains how to complete this form. 9 2 FILER NAME 3 ACCOUNT # (Ethics Commission 4 Date 5 Full name Amount of contributor 8 7 In-kind contribution 7 Amount ... contribution (\$) description (if applicable) City; State; Zip Code 88 76249 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / 10 Employer (See Instructions) Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# In-kind contribution Amount of description (if applicable) contribution (\$) Contributor address: City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) Ulsemon ren City; State; Zip Code address; 280 PK ONIAL 76/09 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions Employer (See Instructions) Full name of contributor Amount of In-kind contribution Date out-of-state PAC (ID#: contribution (\$) description (if applicable) AR 60 Contributor address; City; State; Zip Code 1000 N. 6120 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) 四 Ç Full name of contributor In-kind contribution Amount of Date out-of-state PAC (II contribution (\$) description (if applicable) eaver QØ -----OT Contributor address City; State; Zip Code TF \Box - 13 9 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) 22 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements. www.ethics.state.tx.us Revised 04/19/2013

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: ノン			
2 FILERMAME Hamas Alleder	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 10/26/13 Perry J. Cockerell 6 contributor address; City; State; Zip Code 350 N. ERVAY #2703	7 Amount of contribution (\$) 250			
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)			
Date Full name of contributor 🗋 out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)			
109 E. ABRAM	250			
Principal occupation / Job title (See Instructions) / //////////////////////////////////	(If travel outside of Texas, complete Schedule T) nstructions)			
Date Full name of contributor out-of-state PAC (10#) 10 2613 MM JOHN HARU'ISON Contributor address; City; State, Zip Code 5070 Mark IV PKWY Address; City; State, Zip Code TV 106	Amount of In-kind contribution contribution (\$) description (if applicable)			
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)			
Date Full name of contributor in out-of-state PAC (1D#) 10 26 B Whillaken Chalk Swindle Schweiztz Contributor address; City; State; Zip Code 301 Commence # 3500	Amount of contribution (\$) 5000			
Principal occupation / Job title (See Instructions) / Employer (See I	(If travel outside of Texas, complete Schedule T) instructions)			
Date Full name of contributor \Box out-of-state PAC (1D) 10/30/13 Contributor address; City; State; Zip Code 22/2 A aurul Cf. Bedford TX 76021	Amount of contribution (\$) Contribution			
Principal occupation / Job title (See Instructions) Employer (See I	$\frac{2}{2} \qquad \qquad$			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

www.ethics.state.tx.us

.

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAN	IS		SCHEDULE A
The Instruction Guide explains how to complete this	form.	1 Total pages Sch	13 2 19
2 FILER NAME Thomas A, Ullder	·	3 ACCOUNT # (E	ithics Commission Filers)
4 Date 5 Full name of contributor [_out-of-state PAC(ID#:_ 10/30/13 0/13 0/13 0/100	ns V tre	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date <u>Full name of contributor</u> out-of-state PAC (ID#) 10/30/13 / OM Carr Contributor address; City; State; Zip Code 2501 Park View 77, Worth, H	DR. #405 76102	Arnount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		
Date Full name of contributor out-of-state PAC (10#) /0/30/13 Bell Zed / CR Contributor address; City; State; Zip Code 550 Z Hidden T William ton th	76017	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See in	· · · · · · · · · · · · · · · · · · ·	
Date Full name of contributor out-of-state PAC (ID#) 10/30/13 ANALY NGUYE contributor address; City; State; Zip Gode POBOX /S1272 APLING TON	=N/ # 76015	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		n Texas, complete Scheoule 1)
Date Full name of contributor out-of-state PAC (ID#_ 10/30/13 DANICL + Change Contributor address; City; State; Zip Code 2303 LAVON Creek HRLING HON, TY	Blumberg 100 710006	Amount of p contribution (3)	In-kind contribution description (if applicable) EC ARRA STEVE ARRA ST TAXAS, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	N SIN
ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instru			requirements.
www.ethics.state.tx.us			Revised 04/19/2013

4

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission 3 2 FILER NAME 7 Amount of 8 In-kind contribution 5 Full name of contributor Date out-of-state PAC (ID# contribution (\$) description (if applicable) City; State; Zip Code 200 200 Contributor address CAM (If travel outside of Texas, complete Schedule T) Employer (See Instructions) 9 Principal occupation / Job title (See Instructions Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) City: Zip Code State: dress: 76136 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions See Instructions) Full_name of contributor out-of-state PAC (ID# In-kind contribution П Amount of Date contribution (\$) description (if applicable) State; Zip Code Contributor address: City: (If travel outside of Texas, complete Schedule T) n Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of contributor out-of-state PAC (ID) Date description (if applicable) contribution (\$) City; State; Zip 71614 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions Employer (See Instructions) 32 23 -1 An-kind.contribution Date Full name of contributor out-of-state PAC (ID#: Amount of description (if applicable) contribution (\$) η C/C 1.e City; State; Zip Code C 5M 2 120 U complete (If travel outside of Texas Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) 32 ~< C

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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. Mulder	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor \Box out-of-state PAC (ID# BOBD + KiM (AFA AANO 6 Contributor address; City; State; Zip Code 3841 A RR OYO Rd. T, WORTH 12 76/09 9 Principal occupation / Job title (See Instructions) / 10 Employer (See In	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
Date Full name of contributor Out-of-state PAC (1D# 10/30/13 Contributor address; City; State; Zip Code 4021 /+i/1+op DR. South/Ake TX 76092 Principal occupation / Job title (See Instructions) Employer (See In	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (IDH:) 10/30/13 KO best C. Out-of-state PAC (IDH:) Contributor address: City: State; Zip Code S. 35/9 Bell oure DR. S. 71. Wold TH The former Frequence Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) SDD (If travel outside of Texas, complete Schedule T) nstructions)
Date Full name of contributor I out-of-state PAC (ID#) 10/30/13 DAVID A. GAII AgheR 10/30/13 Contributor address; City; State; Zip Code 46/6 VISFA Ridge-CiR 47. WORTH TX 76/79 Principal occupation / Job title (See Instructions)	Amount of In-kind contribution contribution (\$) description (if applicable)
Date Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of In-kind contribution centribution (\$20 description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See In ATTACH ADDITIONAL COPIES OF THIS SCHEDULE / If contributor is out-of-state PAC, please see instruction guide foradd	AS NEEDED RATOR

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	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor] out-of-state PAC (ID#:) 10/30/13 7 emanded ORTIZ 6 Contributor address; City; State; Zip Code 6 Q23 W. DIVISION ST. # A 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	7 Amount of contribution (\$) 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Date Full name of contributor out-of-state PAC (ID#) IO[30]13 JACKSON WALKOR PAC Contributor address; City; State; Zip Code QDI MAINST. # 6000 DAI/IAS, TX. 75202 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) (for travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T) (structions)
Date Full name of contributor out-of-state PAC (ID#) I0/30/13 IM Davabd Savders Contributor address; City; State; Zip Code 777 Main ST. # 1300 74- Wetth TX 76/02 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 500 (If travel outside of Texas, complete Schedule T) estructions)
Date Full name of contributor I out-of-state PAC (ID#) IO[30]B The COFFEY FIRM Contributor address: City: State; Zfp Code 4700 HiRport Two The Doet Two Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of In-kind contribution contribution (\$) 200 (If travel outside of Texas, complete Schedule T) instructions)
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.

(512) 463-5800 (1

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.

www.ethics.state.tx.us

(512) 463-5800 (TDD

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:	
2 ELEPTIONE A. Wilder	3 ACCOUNT # (Ethics Commission Filers)	
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)	
9 Principal occupation / Job title (See Instructions) / TY 75090 10 Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)	
Date Full name of contributor i out-of-state PAC (ID#) JOHN AVIA JR Contributor address; City; State; Zip Code 2600 W. 74 ST #833 27 (1) 0 (1) 1	Amount of contribution (\$) Contribution	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) nstructions)	
Date Full name of contributor out-of-state PAC (10#:) I/10/13 Walter S. Fathery Contributor address; City; State; Zip Code S. Fathery Ib00 W. THE ST H 500 If Walter ST H 500 ST H 500 Ib00 W. THE THE THE Ib00 W. TH	Amount of In-kind contribution contribution (\$) description (if applicable)	
Date Full name of contributor Out-of-state PAC (D#:	Amount of In-kind contribution	
11/9/13 LARPY PirkkLe Contributor address; City; State: Zip Code 334 N. Beach ST. 47. WORTH, TX 76/11	contribution (\$) description (if applicable)	
Principal occupation / Job title (See Instructions) / Employer (See In	nstructions)	
Date Full name of contributor i out-of-state PAC (1D#: BUR FORD 4 Ry BURD Contributor address; City; State; Zip Code 500 N. AKARD 4 3100	Amount of In-kind contribution contribution (f applicable)	
Principal occupation / Job title (See Instructions) Employer (See In	(If travel outside of Texas, complete Scrientule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide foradd		

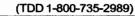
(TDD 1-800-735-2989)

(512) 463-5800

	AL CONTRIBUTIONS	NS		SCHEDULE A
				29871 20
The I	instruction Guide explains how to complete this	; form.	1 Total pages Sch	iedule A: 19 \$ 19
² FILERDIAME THOMAS A. (1) ILOOR			3 ACCOUNT # (E	thics Commission Filers)
4 Date 10 29/30	5 Full name of contributor Dout-of-state PAC (ID#_ Kelly HART HAIIMA 6 Contributor address; City; State; Zip Code 201 MAIN ST. 2	(DEE J.) (KellYJR) Suite 250	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Reception for 10mWildee Topold Dejatk
9 Principal occup	T-WORIH TX ation / Job title (See Instructions)	10 Employer (See	L	of Texas, complete Schedule T)
Date 7 16 3	Full name of contributor □ out-of-state PAC (ID#_ SONIA MEZA Contributor address; City; State; Zip Code 209 W. 2NO ST ST	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	TT. WORTH TX	76107 Employer (See I		 of Texas, complete Schedule T)
Date	Full name of contributor \Box out-of-state PAC (ID#_ HCAL & SONIA AdAM Contributor address; City; State; Zip Code 3950 HWAY 360 GRAPE VINE TH 76 atton / Job title (See Instructions)			In-kind contribution description (if applicable)
Date	Full name of contributor 🔲 out-of-state PAC (10#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		tir travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See 1		
Date	Full name of contributor out-of-state Paorto#		Amount of contribution (\$)	In-light contribution (description (if applicable)
	Contributor address; City; State; Zip Code		(if travel outside	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	······································	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				
www.ethics.state.tx	.us			Revised 04/19/2013

Γ

(512) 463-5800



POLITICAL	EXPENDITURES		SCHEDULE F	
	EXPENDITURE	CATEGORIES FOR BOX 8(<u>(</u>	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this 1	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME 1		3 ACCOUNT # (Ethics Commission Filers)	
$\frac{1}{2} \frac{1}{4} \frac{4}{12} \frac{4}{13}$ 6 Amount (\$) 08	7 Payee address; City; Sta 2 09 11	Wilder Wilder te; Zipcode		
1027 -	71. Worth	TX 761	OZ	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descriptio	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Reimbussemen	- Schedu	E 1/15/17 report	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ght Office held	
Date 7/12/13 Amount (\$) 20	Payee name Mul - Cities Payee address; City; Sta	Rotary C te; Zip Code	Plub-	
100	POBOX ZIO Bedford	421 TX 7609	5	
PURPOSE	Category (See categories listed at the top	of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertisin	m SIGN	-Skeetshoot	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held Office held				
Date B /16/13 Amount (\$) De	Payee name Terrant C Payee address; City; Sta		iblecon Party	
1000	2405 GRA 9T. WORI	H, X 76/	18	
PURPOSE	Category (See categories listed at the top		IT (If travel outside of Texas, complete Schedule T) SOR ZO14 LINCON	
EXPENDITURE	Contre Dute	on DAY	DINNER DINNER	
Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name	\sim		
9 5 13	JOHN SE	INS TRIN	TING Zu C Z	
Amount (\$) 43	Payee address: City: Sta 3300 S 77. // Arth	te; Zip Code Freewoy TV	710/10 MILE	
PURPOSE	Category (See categories listed at the top	of this schedule) Descriptio	If travel outside of Texas, complete Schedule T	
OF EXPENDITURE	PRINTING E	Expense ENI	velopes:	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	V Office sou	ght Gfice held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
www.ethics.state.tx.us			Revised 04/19/2013	

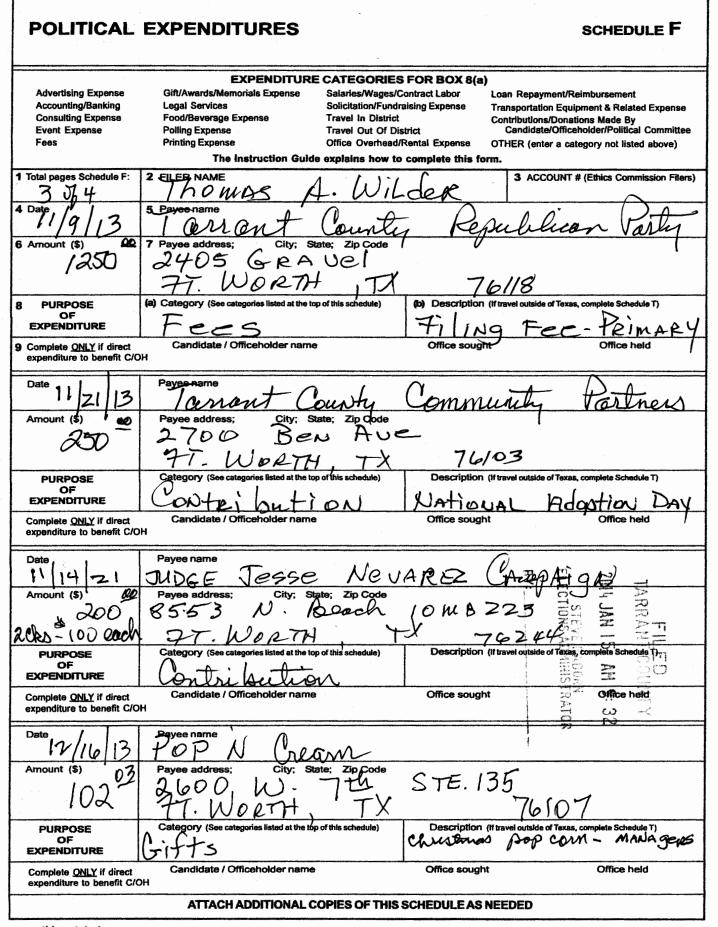
(512)463-5800 (TE

POLITICAL	EXPENDITURES SCHEDULE F			
A dua diala - 17	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement 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)			
1 Total pages Schedule F:	The Instruction Guide explains how to complete this form.			
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			
34/1100	PO 120X 91235			
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)			
OF	COLOGY 1 +: 10 FVD Dall: 10 EVAPIET			
	CONSULTING CAPTOTING EXPOSE			
B Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name / Office sought - Office held			
Date 0 14 13	Payee name Mark La Chapelle			
Amount (\$)	Payee address; City; State; Lip Code			
170	POBOX 347			
	COPPEIL, 1X 75019			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Consulting Expense EMAILS-FundRAiser			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held			
Date 10/30/13	Mark LA Chapelle			
Amount (\$)	Payee address; City; State; Zip Code			
170	SAME			
PURPOSE	Sategory (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Consulting Expense Emails - The some Flow tas			
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name Office sought			
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			
Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

www.ethics.state.tx.us

Revised 04/19/2013

,



www.ethics.state.tx.us

ſ

(512) 463-5800

.

ł

POLITICAL	EXPENDITURES		SCHEDULE F
			8010
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salarles/Wages// Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Loan raising Expense Trans Contr istrict Ct Rental Expense OTHE	Repayment/Reimbursement oportation Equipment & Related Expense tbutions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
1 Total pages Schedule F: 4 4 4	2 FREEMAME A. Mild	ler !!	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/17 13	5 Payee name Tarrout County	Bar a	ssn.
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offile held
Date	Payee name	1994	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If reve	v Noutside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		TI (D
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	Noutside of Texas, completux3chedule ()
Complets <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		9:32
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	l outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

Texas Ethics Commission

(512) 463-5800 (TDD 1-800-735-2989)

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
 Payee address;
 City, State, Lip Code

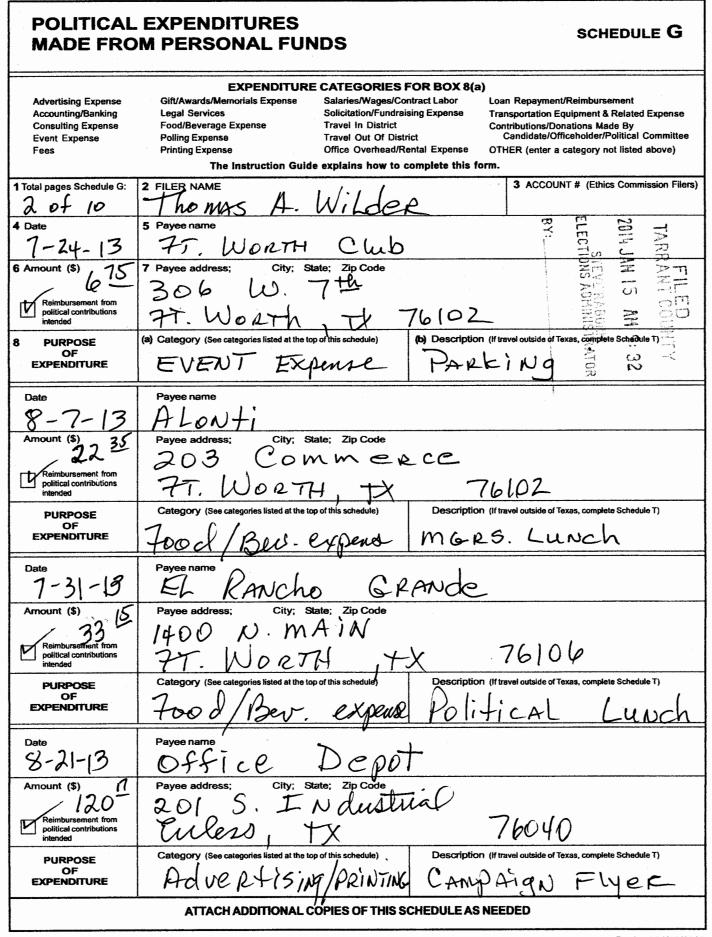
 2601
 E. ST. HWAY
 114

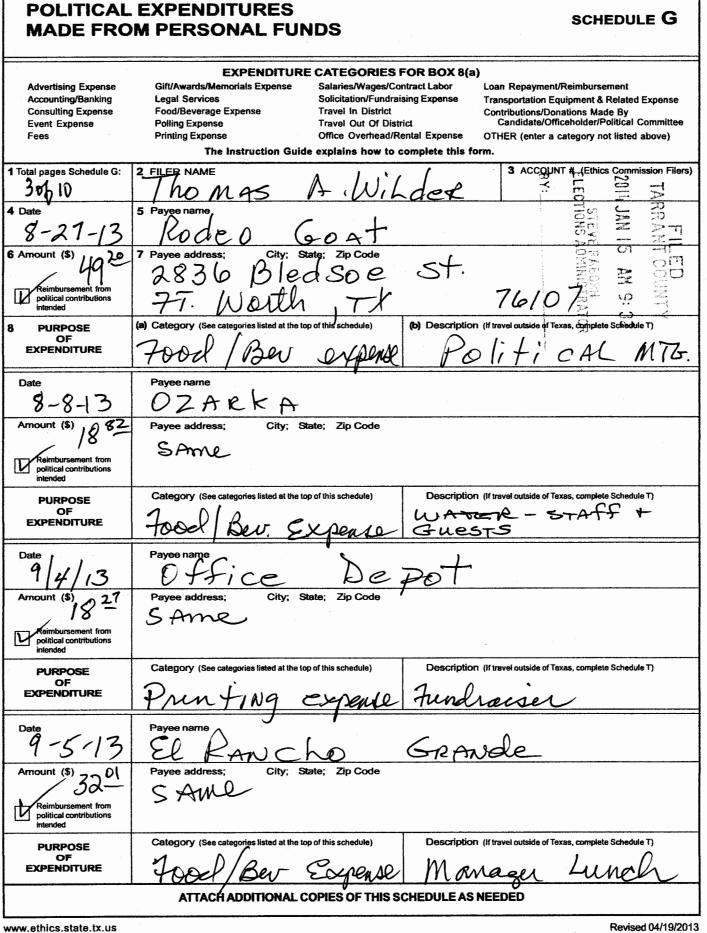
 South
 Ake, TX
 76092

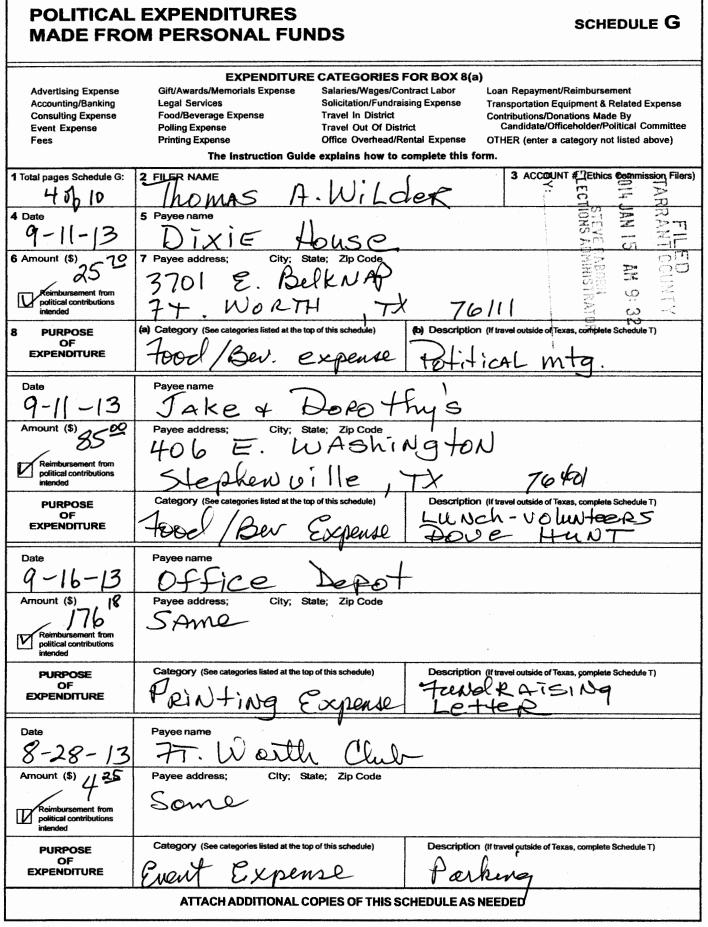
 Category (See categories listed at the top of this schedule)
 Description (If travel outside of Texas, complete Schedule T)
 2.60 E. Reimbursement from political contributions intended PURPOSE Lood/Beverage Expense PLASTICWARE - Gu OF EXPENDITURE Date Payee name 7-18-13 ALONT Payee address; Amount (\$) 1249 City; State; Zip Code Commerce 203 Reimbursement from political contributions
 AT.
 WORTH, TX
 76102

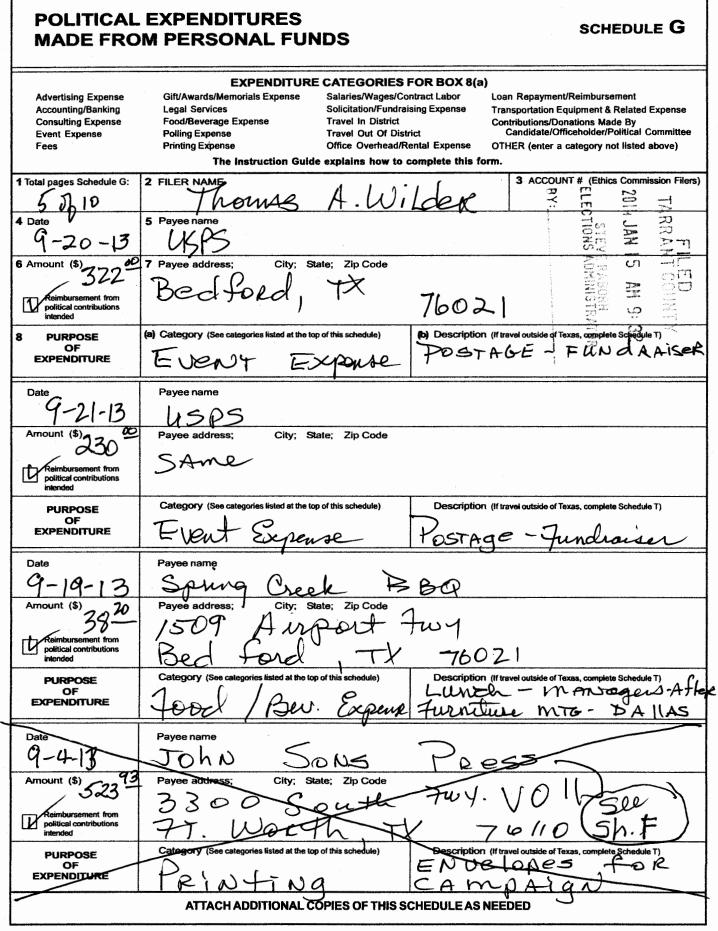
 Category (See categories listed at the top of this schedule)
 Description (If travel outside of Texas, complete Schedule T)

 Lunch/manager
 ntended PURPOSE OF tood / Benarge EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



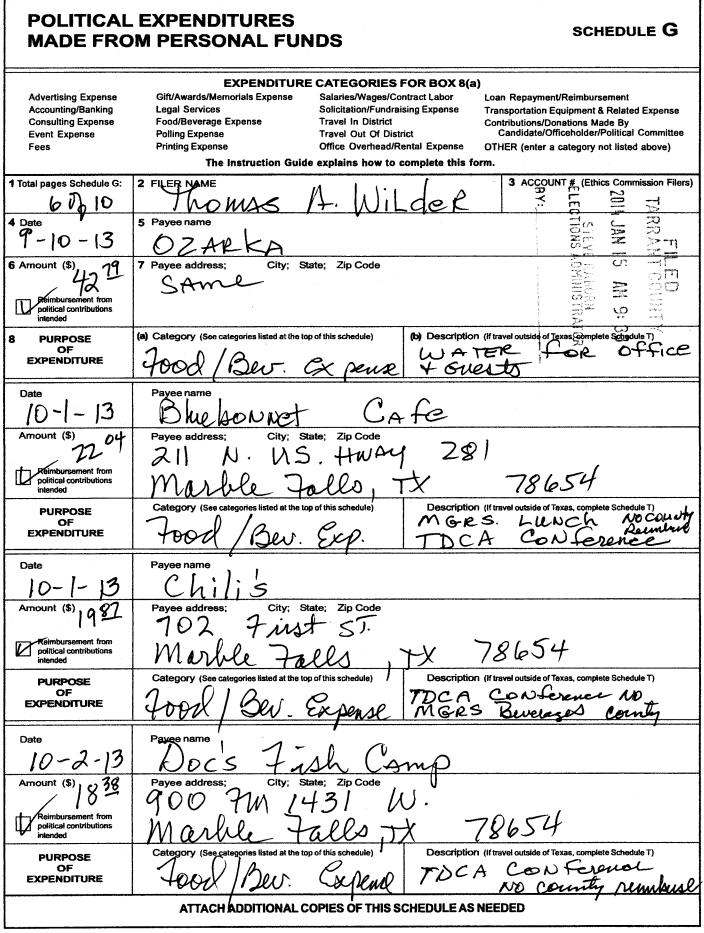




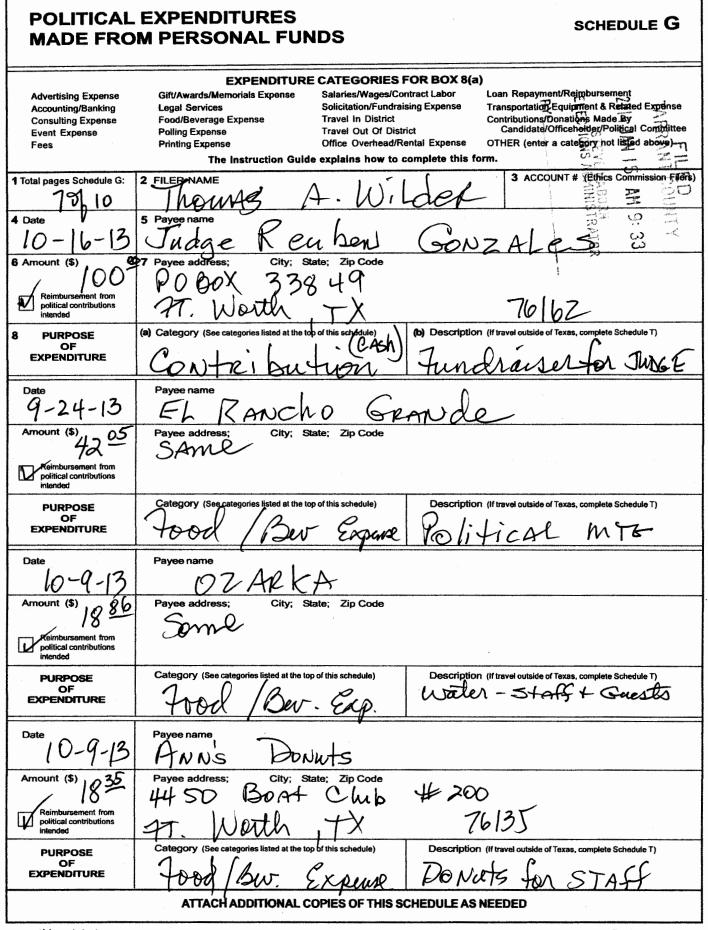


Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)



,



Г

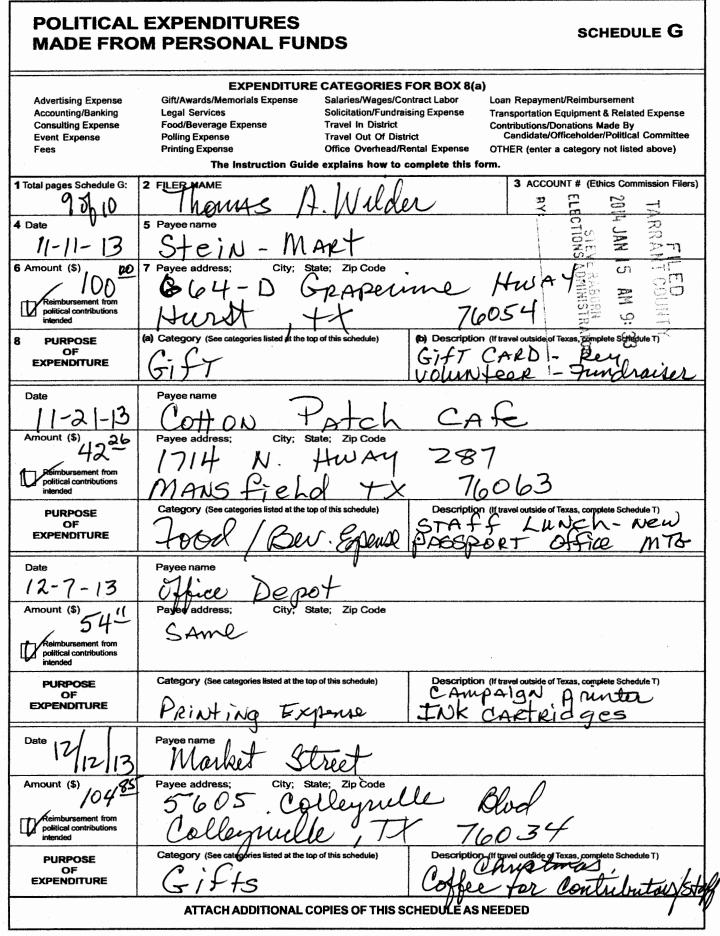
(512) 463-5800 (TD

.

POLITICAL EXPENDITURES SCHER					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee				
1 Total pages Schedule G: 8 J 10 4 Date 10-29-13 6 Amount (\$) 40 19 Reimbursement from political contributions intended	2 FILER PAME 1 NOWS A WILL 5 Payee name EL Rancho 7 Payee address; City; State; Zip Code Some City; State; Zip Code City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) HOOD BW. Category (See categories listed at the top of this schedule) HODD BW. Category (If travel outside of Texas, complete Schedule T) HODD BW. Category (If travel outside of Texas, complete Schedule T) HODD BW. Category (If travel outside of Texas, complete Schedule T) HODD BW. Category (If travel outside of Texas, complete Schedule T) HODD BW. Category (If travel outside of Texas, complete Schedule T) HODD BW. Category (If travel outside of Texas, complete Schedule T) HODD BW. Category (If the top of this schedule)				
Date 11-8-13 Arnount (\$) 1884 Reimbursement from political contributions intended	Payee name OZARKA Payee address; City; State; Zip Code SOMD				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Iood/Bev <eq.< td=""> WATER - STAFF questo</eq.<>				
Date 11-2-13 Amount (\$) 00 Reimbursement from political contributions intended	Payee name Mid - Cities Rolary Club Payee address; City; State; Zip Code POBOX ZIO 421 BCD Ford, YX 76095				
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)				
ATTÁCH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)



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

www.ethics.state.tx.us