# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS MR FIRST	MI	OFFICE USE ONLY
NAME	1 HOMAS		Date Received
	NICKNAME LAST	SUFFIX	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY:	STATE: ZIP CODE	7 20 ELE
OFFICEHOLDER MAILING ADDRESS	THE STATE OF THE S	. GIALL ZA GODE	Date Hand-dettrefred or Postmarked
change of address			Research # >= [12] Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION .	Date Processed >
6 CAMPAIGN TREASURER NAME	MS/MRS FIRST  THOUGHS  NICKNAME  LAST	MI	Date Imaged
	70M WiL	der	
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	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 14
11 ELECTION	Month Day Year ELECTION TYPE  3/4/14  ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Distinct Clark	Distint	Clerk
GO TO PAGE 2			

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE B HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	E'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME	BY EL 20 -	
	GENERAL		TARRELL TARREST	
	SPECIFIC	COMMITTEE ADDRESS	EB AF	
		COMMITTEE CAMPAIGN TREASURER NAME	50 S	
additional pages			ξ <	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	20	
			·	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 270			
	4. TOTAL	POLITICAL EXPENDITURES TOTAL OF SCA. 7, GALING 3	\$ 3649 45	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 140,614			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
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.  Signature of Candidate or Officeholder				
AFFIX NOTARY STAN		me, by the said Thomas A. W. Jo	this the	
Sworn to and subscribed before me, by the said <u>Thomas A. W. det</u> , this the, this the, day of <u>February</u> , 20 14, to certify which, witness my hand and seal of office.				
Signature of officer adm	integring oath	Printed name processing and processi	Title of officer administering oath	

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundraisi Travel In District Travel Out Of Distric Office Overhead/Rei	tract Labor ( ing Expense (	Contributions/Donation Candidate/Officeh	nent & Related Expense ns Made By older/Political Committee
r <del>ees</del>	The Instruction Guid		•	•	gory not listed above)
1 Total pages Schedule F:	2 FILER NAME THOMAS A	· Wila	Je A	3 ACCOUNT #	(Ethics Commission Filers)
4 Date \( 10 \) 4	5 Payee name TAOWAS A	Wild	Sex?		
6 Amount (\$) 50 2466	7 Payee address; City; St	Not ST	7 (L)	7610	Z
	(m) Colores (n)				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	the of this schedule)	2	ftrayel outside of Texas, (SEE\)	15/14 report
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (I	f travel outside of Texas, o	complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	•	Office sought		Office held
Date	Payee name			- E	20 7
Amount (\$)	Payee address; City; St	ate; Zip Code		ECTIONS	RREB -
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (r	f travel outside of Texas, 1	complete Schedule 1)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office field ∠
Date	Payee name				73
Amount (\$)	Payee address; City; St	ate; Zip Code	<del></del>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (II	travel outside of Texas, o	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 e explains how to complete this	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 G:	2 FILER NAME	)	3 ACCOUNT # (Ethics Commission Filers)
1	Thomas A.	Wilder	_
4 Date 13 14	5 Payee name  OZARKI	4	Pd. by cc
6 Amount (\$) 07	1	tate; Zip Code	И
Reimbursement from political contributions intended	Louis vill	E HWAY #	40258
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Descript	ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage	Expense	
Date 1 9 1 1 4	Payee name  Constant	Contact Co	Pd. mcc
Amount (\$) 88	Payee address; City; St	tate; Zip Code a Delo Do	_Q
Reimbursement from political contributions intended	WALTHAN	Δ ίλι /٧	02451
PURPOSE	Category (See categories listed at the to	p of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Expanse En	rail service
Date	Payee name		
-		· · · · · · · · · · · · · · · · · · ·	R E 20 -1
Amount (\$)	Payee address; City; S	tate; Zip Code	FECT SET
Reimbursement from political contributions intended			STEVE -3
PURPOSE	Category (See categories listed at the to	p of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			STR 9: 57
Date	Payee name		TOR #
Amount (\$)	Payee address; City; St	tate; Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Descript	ion (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	S NEEDED