Sharen Wilson

January 15, 2014

Steve Raborn
Elections Administrator
Tarrant County Elections Center
2700 Premier Street
Fort Worth, Texas 76111

... TTOIGH, ICAGS / UZUZ

Re: Sharen Wilson JC/OH campaign finance report

Dear Mr. Raborn;

I have been advised by a lawyer with the Texas Ethics Commission to file this, my judicial candidate /officeholder campaign finance report, locally with you because I have an active treasurer appointment on file with you. I no longer have a treasurer appointment on file with the Texas Ethics Commission. My treasurer appointment was transferred on September 4, 2013 to Tarrant County for my campaign for Criminal District Attorney.

While this is my final judicial officeholder report and I no longer retain unexpended judicial contributions and no longer retain assets purchased with judicial political contributions, I was advised by a lawyer with the Texas Ethics Commission to not file form C/OH-FR; because that form is only proper when a person no longer has an active campaign treasurer.

I will not be filing any further judicial candidate / officeholder campaign finance reports.

Very truly yours,

Sharen Wilson

Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78	3711-2070	(512)463-5800 TDD 1-800-735-2989
JUDICIAL CAI	NDIDATE / OFFICEHOLINANCE REPORT	DER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction Gu	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00021006	2 PAGE # 1 of 22
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Sharen	MI 	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mark NICKNAME LAST Walker	MI 	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
8 REPORT TYPE	X January 15 30th day before elec		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THR: 07/01/2013	Month Day OUGH 12/31/20	Year 013
10 ELECTION	ELECTION DATE ELECTION T Month Day Year Prima		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	n)
	GO ТО	PAGE 2	

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

FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Wilso	n, Sharen		14 ACCOU 00021		cs Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the car out the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	ndidate / office es and officeh	eholder. Thes nolders are rec	e expenditures may juired to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		9	ELEC	70 20
	GENERAL	COMMITTEE ADDRESS	Transplant School	N SKOLL	
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	Colored quantum convey - my . Married	RABCS.	S TE
		COMMITTEE CAMPAIGN TREASURER ADDRESS		ATOR	3:05 MTY
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	10,075.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$	607.99
	4. TOTAL POLITICAL EXPENDITURES			\$	59,888.45
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD		\$	0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD		\$	0.00
AFFIX NOTARY S	~ /	Signature of Ca	all informations.	Officeholder	to be reported by
of Junuary, a	McOlester	rtify which, witness my hand and seal of office. DIANE J. M=Alister Print name of officer administering oath	Title of office	Jotare cer adminis	ering oath

The I NSTRUCTION	ON GUIDE explains how to complete this form.			l -	PAGE # Schedule: 1/	5 Re	eport: 3/22	
2 FILER NAME	Wilson, Sharen			3	ACCOUNT#			n filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Brown, Scott (Mr.)	#)	7	Amount of ontribution (\$)	8	In-kind cor description (if	
07/27/2013	6 Contributor address; City; State; Zip Code One Museum Place 3100 W 7th Street Suite 420 Fort Worth, TX 76107			(If	\$500.00	 - - - 	E complete so	3 Bedule-∓} □
9 Contributor's Lawyer	principal occupation	10	Contributor's job Lawyer	title		Salari,	STEVE STEV STEV	S n
11 Contributor's Self	employer / law firm	12	Law firm of contr	ributo	or's spouse (if a	any)		35
13 If contributor i	s a child, law firm of parent(s) (if any)				Control and Control	3		Ming on as a sign and a sign
Date	Full name of contributor	#)	со	Amount of ntribution (\$)	 	In-kind cor description (if	
07/27/2013 Contributor address; City; State; Zip Code 2724 Kimbo Road Fort Worth, TX 76111					\$200.00	! ! !		
				(If	travel outside o	f Texa	s, complete So	hedule T)
Contributor's Lawyer	principal occupation		Contributor's job Lawyer	title				
Contributor's of Self	employer / law firm		Law firm of contr	ibuto	or's spouse (if a	any)		
If contributor i	s a child, law firm of parent(s) (if any)							
Date	Full name of contributor	#)	со	Amount of ntribution (\$)		In-kind cor description (if	
07/05/2013	Contributor address; City; State; Zip Code 307 W. 7th Street #1905 Fort Worth, TX 76102			(If t	\$500.00	 Texa	s, complete Sc	hedule T)
Contributor's p Lawyer	principal occupation		Contributor's job Lawyer	title				
Contributor's e Self	employer / law firm		Law firm of contr	ibuto	r's spouse (if a	any)		
If contributor i	s a child, law firm of parent(s) (if any)				-			

P.O. Box 12070

	The second secon					
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5	Report: 4/22		
2 FILER NAME	Wilson, Sharen			Ethics Commission filers)		
			00021006			
4 Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
07/08/2013	6220 Midway Road Haltom City, TX 76117			 		
9 Contributor's p	Drincipal occupation	10 Contributor's job	50	513		
Lawyer	ппора оссиранот	Lawyer	o title			
11 Contributor's e Self	employer / law firm	12 Law firm of contr	ributor's spouse (if an	NS ACRES BY		
13 If contributor is	s a child, law firm of parent(s) (if any)			THE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU		
Date	Full name of contributor	ŧ)	Amount of	1g-kind contribution		
	Dunnavant, Catherine (Ms.)		contribution (\$)	description (if applicable)		
07/05/2013	Contributor address; City; State; Zip Code P.O. Box 171464 Arlington, TX 76003		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Contributor's p Lawyer	principal occupation	Contributor's job Lawyer	title			
Contributor's e Self	employer / law firm	Law firm of contr	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/12/2013	Contributor address; City; State; Zip Code Tarrant County Republican Party 2405 Gravel Drive		\$75.00 	 		
	Fort Worth, TX 76118		(If travel outside of	Texas, complete Schedule T)		
Contributor's p	principal occupation	Contributor's job	title			
	nty Republican Party Chairman		y Republican Party	Chairman		
	employer / law firm hty Republican Party	Law firm of contr	ributor's spouse (if an	y)		
If contributor is	s a child, law firm of parent(s) (if any)					

		344						
	The Instruction Guide explains how to complete this form.			1 PAGE#				
Ŀ					Schedule: 3/5 Report: 5/22			
2	2 FILER NAME Wilson, Sharen 3			3 ACCOUNT#	(Ethics Commission filers)			
					00021006			
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	07/24/2013	6 Contributor address; City; State; Zip Code 402 Franklin Euless, TX 76040			\$200.00	I I I		
					(If travel outside of	(Texas, complete Schedule T)		
9	Contributor's r	principal occupation	10	Contributor's job		3 -1		
	Lawyer	miliopal occupation	'`	Lawyer	uuo			
	,			,		<u> </u>		
11	Contributor's e Self	employer / law firm	12	Law firm of contr	ributor's spouse (if a	ny) SY J		
13	If contributor is	s a child, law firm of parent(s) (if any)						
ĺ								
_	-							
	Date	Full name of contributor	#)	Amount of contribution (\$)	ান-kind contribution description (if applicable)		
	07/02/2013	Contributor address; City; State; Zip Code 4303 Centeral Expressway Dallas, TX 75205			\$1,000.00] 		
		3			(If travel outside of	Texas, complete Schedule T)		
	Contributor's p	rincipal occupation		Contributor's job Lawyer	title			
	Contributor's e Self	employer / law firm		Law firm of contr	ibutor's spouse (if a	iny)		
	If contributor is	s a child, law firm of parent(s) (if any)						
F	Date	Full name of contributor ut-of-state PAC (ID:	#	`	Amount of	In-kind contribution		
	Buto	Jones, Edward (Mr.)	•		contribution (\$)	description (if applicable)		
	07/29/2013	Contributor address; City; State; Zip Code 1319 Ballinger			\$1,000.00	į		
		Fort Worth, TX 76102				1		
					(If travel outside of	Texas, complete Schedule T)		
	Contributor's p	rincipal occupation		Contributor's job Lawyer	title			
	Contributor's e	employer / law firm		Law firm of contr	ibutor's spouse (if a	iny)		
	If contributor is	s a child, law firm of parent(s) (if any)				······································		

<u> </u>				.,,			
The Instruction	ON GUIDE explains how to complete this form.			1 PAGE#			
IIIC INSIRUCIA	N Golde explains now to complete this form.			Schedule: 4/5 Report: 6/22			
2 FILER NAME	Wilson, Sharen			3 ACCOUNT# ((Ethics Commission filers)		
				00021006			
4 Date	5 Full name of contributor	<u>#</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
07/15/2013	6 Contributor address; City; State; Zip Code 3800 Lynncrest Drive Fort Worth, TX 76109			\$5,000.00			
				(If travel outside of	Texas, complete Schedule T)		
9 Contributor's p Lawyer	orincipal occupation	10	Contributor's job Lawyer	title	ARRA STEV		
11 Contributor's e Acme Brick	employer / law firm	12	Law firm of contr	ributor's spouse (if ar	ny) RE J SE		
13 If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor	<i>‡</i>		Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/01/2013	Contributor address; City; State; Zip Code 2206 Wood Cliff Ct Arlington, TX 76012			\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Contributor's p Deputy Sher	orincipal occupation iff		Contributor's job Deputy Sheriff				
	employer / law firm nty Sheriffs Office	Law firm of contributor's spouse (if any)					
If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/02/2013	Contributor address; City; State; Zip Code 4300 Ranch View Road Fort Worth, TX 76109			\$500.00	 		
				(If travel outside of	Texas, complete Schedule T)		
Contributor's p Lawyer	Drincipal occupation		Contributor's job Lawyer	<u> </u>			
Contributor's e Kearney Wyr	employer / law firm nn Law Firm		Law firm of contri	ributor's spouse (if ar	ıy)		
If contributor is	s a child, law firm of parent(s) (if any)						

The Instruction Guide explains how to complete this form.		1 PAGE#	aport: 7/22	
2 FILER NAME Wilson, Sharen		Schedule: 5/5 Report: 7/22 3 ACCOUNT # (Ethics Commission filers)		
2 FIELKWINE WHOON, SHOON	00021006	35 COMMISSION MC	3)	
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID:	#	7 Amount of 8	In-kind contribu	tion
Stickels, John (Mr.)	· · · · · · · · · · · · · · · · · · ·		description (if appl	
		i		
07/15/2013 6 Contributor address; City; State; Zip Code		\$500.00		
1011 Wayland Drive		i		
Arlington, TX 76012		·		_
		(If travel outside of Texa	s, complete Schedu	ie T)
9 Contributor's principal occupation	10 Contributor's job	title		
Lawyer	Lawyer			
11 Contributor's employer / law firm	12 Law firm of contr	ibutor's spouse (if any)		
Self				
13 If contributor is a child, law firm of parent(s) (if any)				-
13 Il Contributor is a Criffe, law little of parent(s) (il aliy)				
Date Full name of contributor ☐ out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribu description (if appl	
Tolbert, Maureen (Ms.)			description (ii appi	icabie)
07/05/2013 Contributor address: City State 7in Code		\$150.00 L		
Contributor address; City; State; Zip Code 1407 Texas Street		4100.00		
Fort Worth, TX 76102		ı		
		(If travel outside of Texa	s, complete Schedu	ie T) 🔲
Contributor's principal occupation	Contributor's job	title		
Lawyer	Lawyer			
Contributor's employer / law firm	Law firm of contr	ibutor's spouse (if any)		
Self	Law min or com	ibutoi a apouae (ii uny)		
		44,		
If contributor is a child, law firm of parent(s) (if any)				
		بت خ	F B	
			TECTIONS AS	33
			54 5	3
			5	27
			2014 JAN 15 PM 3: 05 STEVE KADGIN ELECTIONS ASMINISTRATOR	FILED FILED
			PM 3: 05	and the same
			÷ ÷	-<
		· manual ·	× 0	
		* .		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial 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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT # (TEC filers) Wilson, Sharen Schedule: 1/15 Report: 8/22 00021006 4 Date 5 Payee name 09/02/2013 Alband, Navid 6 Amount (\$) Payee address State; Zip Code City; 3616 Brighton Road \$1,000.00 Fort Worth, TX 76109 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** OTHER - Return Contribution Return of contribution recieved on 5/23/13 EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 12/23/2013 Allen, Dorsalean City; State; Zip Code Amount (\$) Payee address 6120 Sharo Road \$100.00 Fort Worth, TX 76116 (If travel outside of Texas; complete Schedule Category (See Categories listed at the top of this schedule) Description **PURPOSE** Return of contribution recieved on 6/29/43 OTHER - Return of contribution OF Ċ **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held! direct expenditure to benefit C/OH Date Payee name Andrews, Christina 09/02/2013 Payee address City; Zip Code Amount (\$) State; 1175 Roaring Springs Road Fort Worth, TX 76114 \$1,000.00 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Return of contribution recieved on 6/26/13 OTHER - Return Contribution **OF EXPENDITURE** Complete ONLY if Office sought: Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Date Payee name Audet, Michele 09/02/2013 Amount (\$) Payee address City: State: Zip Code 5009 S Hulen \$300.00 Suite 100 Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Return Contribution Return of contribution recieved on 6/17/13 OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT # (TEC filers) Wilson, Sharen Schedule: 2/15 Report: 9/22 00021006 5 Payee name 4 Date 09/02/2013 Buchanan, Bryan 6 Amount (\$) Payee address City; State; Zip Code LECT \$500.00 103 S Woodrow Lane Suite 1 W Denton, TX 76248 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 (b) Description PURPOSE Return of contribution recieved on 6/20/13 OTHER - Return Contribution OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held direct expenditure to benefit C/OH Date Payee name Burney, Adam 11/25/2013 Payee address Amount (\$) City; State; Zip Code 3000 E Loop 820 \$500.00 Fort Worth, TX 76112 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Return Contribution Return of contribution recieved on 6/28/13 OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Cofer, Cody 11/25/2013 Payee address City; State; Zip Code Amount (\$) \$1,000.00 111 N Houston Street Suite 222 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** OTHER - Return Contribution Return of contribution recieved on 5/30/13 OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Colleyville Lions Club 08/23/2013 Payee address City; State; Amount (\$) Zip Code 5301 Riverwalk \$157.00 Colleyville, TX 76034 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Dues Fees OF EXPENDITURE Office held: Complete ONLY if Candidate / Officeholder name Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Polling Expense Printing Expense The Instruction Guide explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT # (TEC filers) 2 Wilson, Sharen Schedule: 3/15 Report: 10/22 00021006 5 Payee name Date Colleyville Lions Club 08/23/2013 6 Amount (\$) Payee address City; State; Zip Code 5301 Riverwalk Colleyville, TX 76034 \$106.00 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas; complete Schedule T) 8 **PURPOSE** Membership Dues OF EXPENDITURE O 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH 1/3 Date Payee name Community Hospice 10/01/2013 Payee address City; State; Zip Code Amount (\$) 6100 Wester Place \$100.00 Suite 105 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/02/2013 Cook, Barbara Pavee address City: State; Zip Code Amount (\$) 6728 Crooked Stick Drive \$500.00 Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Return of contribution received on 5/30/13 OTHER - Return Contribution **EXPENDITURE** Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Cornerstone Assistance Network 08/14/2013 Payee address City; State; Zip Code Amount (\$) 3500 Noble Ave \$112.00 Fort Worth, TX 76111 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Judges Lunch criminal district **Event Expense** OF **EXPENDITURE** Office held: Office sought: Candidate / Officeholder name Complete ONLY if

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial 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 Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Wilson, Sharen Schedule: 4/15 Report: 11/22 00021006 4 Date 5 Payee name 09/02/2013 Cox, Kathy State; 6 Amount (\$) Payee address Zip Code City; \$3,000.00 P.O. Box 5327 Granbury, TX 76049 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** OTHER - Return Contribution Return of contribution received on 6/7/18-2 **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held direct expenditure 40 to benefit C/OH Date Payee name Engle, Caroline 07/03/2013 City; State; Zip Code Amount (\$) Payee address $\dot{\varphi}$ 6204 White Tail Trail \$144.00 Fort Worth, TX 76132 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Data Input for contested CDC No.1 Election **OF EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Engle, Caroline 08/15/2013 City; Amount (\$) State: Zip Code Payee address 6204 White Tail Trail \$120.00 Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Data Input for contested CDC No. 1 election Salaries/Wages/Contract Labor **EXPENDITURE** Complete ONLY if Office sought: Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Date Payee name Gilpin, Tim 09/02/2013 Amount (\$) Pavee address City; State; Zip Code 1316 Bluebonnet Drive \$500.00 Fort Worth, TX 76111 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OTHER - Return Contribution Return of contribution received on 6/20/13 OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial 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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	The Instruction Guide e	xplains now to complete this form.	
1 PAGE#	2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 5/15 F			00021006
4 Date	5 Payee name		
10/17/2013	Haddock, Gerald		
6 Amount (\$)	7 Payee address City; State; Zip C	Code	
\$1,000.00	500 Main Street		
	Suite 1015 Fort Worth, TX 76102		
8 PURPOSE	(a) Category (See Categories listed at the top of this so	, , , , , ,	e of Texas, complete Schedule T)
OF	OTHER - Return Contribution	Return of contribution re	
EXPENDITURE			20 7
9 Complete ONLY if	Candidate / Officeholder name	Office cought:	Office held 5
direct expenditure	Candidate / Officeriolder flame	Office sought:	Office held
to benefit C/OH			Contract of the contract of th
Date	Payee name		हिंह भी जा
09/02/2013	Hall, Tom		1 Fig Si
Amount (\$)	Payee address City; State; Zip C	code	720
\$2,000.00	1700 Thames Trail		
. – ,	Colleyville, TX 76034		1 2 - 1
			္က ပ
DUDDOGE	Category (See Categories listed at the top of this so		e of Texas, complete Schedule T)
PURPOSE OF	OTHER - Return Contribution	Return of contribution red	ceived on 5/23/13
EXPENDITURE			
	0 - 114 - 105 - 1-11	055	05
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
09/02/2013	Heiskell, Mike		
Amount (\$)	Payee address City; State; Zip C	code	
\$500.00	5601 Bridge Street		
Ψ000.00	Suite 220		
	Fort Worth, TX 76112		
	Category (See Categories listed at the top of this so	, ,	e of Texas, complete Schedule T)
PURPOSE OF	OTHER - Return Contribution	Return of contribution re	ceived on 5/30/13
EXPENDITURE			
			055
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
09/02/2013	Henry, Michael		
Amount (\$)	Payee address City; State; Zip C	ode	
\$2,000.00	675 N Henderson		
+ 2,000.00	Fort Worth, TX 76107		
	Category (See Categories listed at the top of this so	hedule) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	OTHER - Return Contribution	Return of contribution red	ceived on 6/5/13
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES

SCHEDULE F

1021110	AL LA LIBITORLO		SCHEDULE 1
	EXPENDITURE CATEGO	PRIES	
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ense Gifts/Awards/Memorial Expense Salaries/Wages/Con king Legal Services Solicitation/Fundraisi	ntract Labor Loan Repairing Expense Transports ct Candidantal Expense OTHER (e	payment/Reimbursement tation Equipment & Related Expense tions/Donations Made By date/Officeholder/Political Committee enter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 6/15 F	, '		00021006
4 Date	5 Payee name		
09/02/2013	Isenberg, Randall		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1,000.00	Dallas, TX 75205	· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	1 ' ' '	tside of Texas, complete Schedule T)
OF	OTHER - Return Contribution	Return of contribution	received on 1/2/13
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	BB Office held:
Date	Payee name		5° 5 3
09/02/2013	Johnson, Sheila		
Amount (\$)	Payee address City; State; Zip Code		Bg 7 77
\$1,500.00	4636		
	Harley Ave Fort Worth, TX 76107		震気 宝 草中
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Return Contribution	Description (If travel out Return of contribution I	tside of Texas, complete Schedule T) received on 6/29/13
			1
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
12/23/2013	Kapp, Lois		
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	550 Bailey Suite 220 Fort Worth, TX 76107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Return of contribution	Description (If travel out Return of contributions	tside of Texas, complete Schedule T) S recieved on 6/29/13
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/21/2013	Keene, Joetta		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	204 S Mesquite St Arlington, TX 76010		
PURPOSE	Category (See Categories listed at the top of this schedule)	1	tside of Texas, complete Schedule T)
OF	OTHER - Return Contribution	Return of contribution i	received on 5/20/13
EXPENDITURE			

Office held:

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Gifts/Awards/Memorial Expense Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense Event Expense Polling Expense		DITURE CATEGOI Salaries/Wages/Cont Solicitation/Fundraisi Travel In District Travel Out Of District Office Overhead/Ren UIDE explains how to	ract Labor ng Expense tal Expense	Transportation I Contributions/D Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Relate onations Made By fficeholder/Political a category not listed	Committee
1 PAGE#	2 FILER NAME				3 ACCOUNT#	(TEC filers)
Schedule: 7/15 F	Report: 14/22 Wilson, Sharen				00021006	
4 Date 09/17/2013	5 Payee name Killion, Tracey					
6 Amount (\$)	7 Payee address City; State;	Zip Code				
\$5,000.00	170 Aparil Water Dr N Montgomery, TX 77356					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of OTHER - Return Contribution	f this schedule)			of Texas, complete ived on 6/22/13	· -
9 Complete ONLY if	Candidate / Officeholder name		Office soug	ht:	Office held	1:
direct expenditure to benefit C/OH					TEO ZOI	2 3
Date	Payee name				15 ST 5	5 20
09/02/2013	Latham, Bill					<u> </u>
Amount (\$)	Payee address City; State;	Zip Code			85 6	J 45
\$5,000.00	3800 Lynncrest Drive Fort Worth, TX 76109			e en		g 23
aupace.	Category (See Categories listed at the top of	this schedule)			of Texas, complete	
PURPOSE OF EXPENDITURE	OTHER - Return Contribution		Return of con	tribution recie	eved 7/15/2013	ਤ ≺
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht:	Office held	i:
Date	Payee name					
10/08/2013	Leonard, Ben					
Amount (\$)	Payee address City; State;	Zip Code				
\$1,000.00	916 W. Belknap Fort Worth, TX 76102					
DUDDOOF	Category (See Categories listed at the top of	this schedule)			of Texas, complete	
PURPOSE OF	OTHER - Return Contribution		Return of con	tribution rece	ived on 5/18/13	3
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office soug	ht:	Office held	l:
Date 09/02/2013	Payee name Leonard, Stacy Emerson					
Amount (\$)	Payee address City; State;	Zip Code				
\$1,000.00	3301 Rivermoor Ct Fort Worth, TX 76116	•				
PURPOSE OF	Category (See Categories listed at the top of OTHER - Return Contribution	this schedule)			of Texas, complete ived on 5/18/13	· I
EXPENDITURE						

Office held:

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

							-	
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Servicense Food/Beverous Polling Experiments	es Solicitage Expense Travel anse Office Office The Instruction Guide exp	es/Wages/Contr tation/Fundraisin I In District I Out Of District Overhead/Rent	act Labor g Expense al Expense	Transportation Contributions/D Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)		
1 PAGE#	1-	FILER NAME				3 ACCOUNT#	(TEC filers)	
Schedule: 8/15 F		Wilson, Sharen				00021006		
4 Date 07/29/2013	5 Payee name Lili's							
6 Amount (\$)	7 Payee address	City; State; Zip Coo	de				1.16.1	
\$102.00	1310 W. Magno Fort Worth, TX		····					
8 PURPOSE		tegories listed at the top of this sche	edule)	• •	•	of Texas, complete S	chedule T)	
OF	Event Expense			Intern Lunch				
EXPENDITURE						and and a	_	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	sholder name		Office sou	ght:	< Office held		
Date	Payee name					50 a	= ३म	
09/02/2013	Lyons, Anthony	0' 0' 7' 0				7-10 2	n II	
Amount (\$)	Payee address	City; State; Zip Coo	de			15 7°	• SA	
\$1,000.00	320 R. L. Thorn Suite 300 Dallas, TX 752	•				25		
PURPOSE OF EXPENDITURE	Category (See Ca OTHER - Retur	tegories listed at the top of this sche n Contribution	edule)			of Texas, complete Sived on 8/7/13	thedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	cholder name		Office sou	ght:	Office held:		
Date	Payee name							
09/02/2013	Malanga, John							
Amount (\$) \$1,000.00	Payee address 3116 W 5th Stre Suite 212 Fort Worth, TX		de					
PURPOSE OF EXPENDITURE	Category (See Ca OTHER - Retur	tegories listed at the top of this sche n Contribution	edule)	•	•	of Texas, complete So ived on 6/17/13	chedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sou	ght:	Office held:		
Date	Payee name							
09/02/2013	Meyer, Michael	0:- 0:-1 7: 0						
Amount (\$) \$500.00	Payee address 103 S Woodrow Suite 1 Denton, TX 762		oe					
PURPOSE OF EXPENDITURE	Category (See Ca OTHER - Return	tegories listed at the top of this sche n Contribution	edule)	-	-	of Texas, complete Se ived on 6/20/13	chedule T)	

Office held:

SCHEDULF F

1 OLITIO		NDITORLO			JOHEDO		
		EXPENDITURE					
Accounting/Bank							
1 PAGE#		2 FILER NAME		3	ACCOUNT#	(TEC filers)	
Schedule: 9/15 F		Wilson, Sharen			00021006		
4 Date	5 Payee name Moore, Larn						
09/02/2013 6 Amount (\$)	7 Payee addres		2				
\$1,000.00		kery Blvd					
8 PURPOSE OF EXPENDITURE		e Categories listed at the top of this schedeturn Contribution			Texas, complete Soved on 5/23/13	chedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office soug	ht:	Office held	2 5 2 3	
Date	Payee name				2	2 5-7	
09/02/2013	Mullen, Lisa				Over	5 ====================================	
Amount (\$)	Payee addres	• • • • •	9		37	ा	
\$1,000.00	125 Coppen Lakeside, T				32		
PURPOSE OF EXPENDITURE		e Categories listed at the top of this sched eturn Contribution		If travel outside of tribution receiv	Texas, complete So red on 5/30/13	checinie T) 🔼	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office soug	ht:	Office held:		
Date	Payee name						
07/04/2013	Murphy Nas						
Amount (\$)	Payee addres 815- A Braze	• • • •	9				
\$5,000.00	#304 Austin, TX 7						
PURPOSE OF EXPENDITURE	Category (Se Consulting E	e Categories listed at the top of this sched expense			Texas, complete So ed CDC No. 1 el		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sough	ht:	Office held:		
Date	Payee name				100		
07/25/2013	Murphy Nas						
Amount (\$)	Payee addres	• • • • •	•				
\$354.00	815- A Braze #304 Austin, TX 7						
PURPOSE OF EXPENDITURE	Category (Se Consulting E	e Categories listed at the top of this sched expense			Texas, complete So CDC No. 1 Elect		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sough	ht:	Office held:		

SCHEDULE F

	EXPENDITURE CATEG	ORIES			
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense Salaries/Wages/C ing Legal Services Solicitation/Fundra	contract Labor Loan Repay aising Expense Transportati Contribution trict Candidat Rental Expense OTHER (en	ment/Reimbursement ion Equipment & Related Expense is/Donations Made By e/Officeholder/Political Committee ter a category not listed above)		
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 10/15	~ Miles Chara		00021006		
	Roport. 17722		1 00021000		
4 Date	5 Payee name Murphy Nasica				
08/19/2013					
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$5,000.00	815- A Brazos Street #304 Austin, TX 78701				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outsi	ide of Texas, complete Schedule T)		
PURPOSE	Consulting Expense	1/2 signing fee for conte	ested CDC No.1 Election		
OF EXPENDITURE					
LAFLINDITORL					
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure		-			
to benefit C/OH			TI 17 N		
Date	Payee name		7 6 = 2		
08/28/2013	Murphy Nasica		出ること		
Amount (\$)	Payee address City; State; Zip Code		1 2 2 3 n		
	815- A Brazos Street		00 = = =		
\$500.00	#304		B. U		
	Austin, TX 78 7 01		1 1 2 0 8 B		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	ide of Texas, complete Schedule T)		
PURPOSE	Consulting Expense	Research for contested			
OF	Consulting Expense	Nesearch for contested	1 7		
EXPENDITURE			10 8		
		055			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:		
to benefit C/OH					
Data	Davida nama		~		
Date	Payee name Office Depot				
07/25/2013					
Amount (\$)	Payee address City; State; Zip Code				
\$95.22	4613 Hulen				
	Suite B Fort Worth, TX 76132				
	Tolt Worth, TX 70102				
	Category (See Categories listed at the top of this schedule)	• · · · · · · · · · · · · · · · · · · ·	ide of Texas, complete Schedule T)		
PURPOSE OF	Office Overhead/Rental Expense	Supplies for contested (CDC No. 1 Election		
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH					
to benefit 6/6/1					
Date	Payee name				
08/27/2013	Office Depot				
Amount (\$)	Payee address City; State; Zip Code				
\$138.26	4613 Hulen				
Ψ100.20	Suite B				
	Fort Worth, TX 76132				
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)		
PURPOSE	Office Overhead/Rental Expense	Supplies for contested (
OF	· · · · · · · · · · · · · · · · · · ·				
EXPENDITURE					
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:		
direct expenditure	Sandado / Sinosholdo Hallo	555 50 4 g.i.i.			
to benefit C/OH					

SCHEDULE F

Accounting/Banking Legal Services Solicitation// Consulting Expense Food/Beverage Expense Travel In Di Event Expense Polling Expense Travel Out 0		ontract Labor Lising Expense Trict Lental Expense C	coan Repayment/Reimbursement fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) .
1 PAGE # Schedule: 11/15	Report: 18/22 2 FILER NAME Wilson, Sharen		3 ACCOUNT# (TEC filers) 00021006
4 Date	5 Payee name		
09/02/2013 6 Amount (\$)	Pamplin, Lesa 7 Payee address City; State; Zip Code		
\$500.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Return of contribution		travel outside of Texas, complete Schedule T) ibution received on 5/23/13
9 Complete ONLY if	Candidate / Officeholder name	Office sough	t: Office held:
direct expenditure to benefit C/OH			B E 22
Date 08/23/2013	Payee name Plan A & B		STIGHT ARRAY
Amount (\$)	Payee address City; State; Zip Code		55 = 2
\$400.00	850 Cotton Depot Lane 225 Fort Worth, TX 76102		5 TO
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		travel outside of Texas, complete Schedule TO
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t: Office held:
Date 07/25/2013	Payee name Reata Restaurant		
Amount (\$)	Payee address City; State; Zip Code		
\$575.00	310 Houston Street Fort Worth, TX 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If Dinner Harris C	travel outside of Texas, complete Schedule T) County Judges
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t: Office held:
Date	Payee name	-	
09/02/2013 Amount (\$)	Reynolds, Don Payee address City; State; Zip Code		
\$1,000.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Return of contribution	1 '	travel outside of Texas, complete Schedule T) ibution received on 5/13/13
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t: Office held:

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES

SCHEDULE F

POLITIC	AL EXPENDITURES	3CHEDOLL I				
	EXPENDITURE CATEGO					
Advertising Experimental Accounting/Bank Consulting Experiment Expense Fees	ting Legal Services Solicitation/Fundraisi	sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)				
1 PAGE# Schedule: 12/15	Report: 19/22 FILER NAME Wilson, Sharen	3 ACCOUNT # (TEC filer 00021006				
4 Date 09/02/2013	5 Payee name Richardson, Jean					
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Return of contribution	(b) Description (If travel outside of Texas, complete Schedule T) Return of contribution received on 5/23/13				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:				
Date 09/02/2013	Payee name Rodman, Lance	EOTIE ARR				
Amount (\$) \$250.00	Payee address City; State; Zip Code 2206 Wood Cliff Ct Arlington, TX 76012	SS PROPRIES				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Return of contribution	Description (If travel outside of Texas, complete Schedule T) Return of contribution received on 9/1/13				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:				
Date 10/03/2013	Payee name Safe Haven					
Amount (\$) \$125.00	Payee address City; State; Zip Code 8701 Bedford Euless Road Suite 600 Hurst, TX 76053					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Donation				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:				
Date 09/02/2013	Payee name Salinas, Rose Anna					
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 2016 Valley View Drive Burleson, TX 76028					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Return of contribution	Description (If travel outside of Texas, complete Schedule T) Return of contribution received on 5/25/13				

Office held:

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	inking Legal Services Solicitation/Fundraising Expense Transports pense Food/Beverage Expense Travel In District Contribution pense Polling Expense Travel Out Of District Candidates Travel Out Of District Candidates		Transportation Ed Contributions/Dor Candidate/Offic OTHER (enter a d	ayment/Reimbursement ation Equipment & Related Expense ons/Donations Made By late/Officeholder/Political Committee enter a category not listed above)			
1 PAGE#	2 FILER NAME		•	ACCOUNT#	(TEC filers)		
Schedule: 13/15	Maria - Obassa)	00021006	(,		
4 Date	5 Payee name			00021000			
11/25/2013	Scott, Mark						
6 Amount (\$)	7 Payee address City; State; Zip 0	Code					
\$500.00							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so OTHER - Return of contribution	, [, ,	(If travel outside of ontribution receive	Texas, complete So red on 6/28/13	chedule T)		
9 Complete ONLY if	Candidate / Officeholder name	Office sou	ught:	Office held:			
direct expenditure			337	20 ELI			
to benefit C/OH							
Date	Payee name		5				
09/02/2013	Selim, Karen			30 S	30		
Amount (\$)	Payee address City; State; Zip (Code	Ì	0	- 10		
\$1,000.00	7609 Bon Soir		:	6 m	NOT THE REAL PROPERTY.		
, ,	Corpus Christi, TX 78414			#3 7			
	Category (See Categories listed at the top of this see	, ,	•	Texas complete So	hedule T) 🔲		
PURPOSE OF	OTHER - Return of contribution	Return of co	entribution receiv	/ed on:5/13/13	, =		
EXPENDITURE				ရှိ တ	'		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sou	ught:	Office held:			
to benefit C/OH							
Date	Payee name						
11/04/2013	Shaw, Jim						
Amount (\$)		Code					
\$1,000.00							
PURPOSE	Category (See Categories listed at the top of this s OTHER - Return of contribution		(If travel outside of ontribution receiv	Texas, complete So red on 5/16/13	chedule T)		
OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ught:	Office held:			
Date	Payee name						
09/02/2013	Smith, Beth						
Amount (\$)	Commence of the control of the contr	Code					
\$1,500.00							
φ1,500.00	Fort Worth, TX 76107						
	Category (See Categories listed at the top of this s	chedule) Description	(If travel outside of	Texas, complete So	chedule T)		
PURPOSE	OTHER - Return of contribution		Return of contribution received on 5/13/13				
OF EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught:	Office held:			

SCHEDULE F

		EXPE	NDITURE CATEGO	DRIES				
Advertising Expe Accounting/Bank Consulting Exper Event Expense	ertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contra Solicitation/Fundraising Sulting Expense Food/Beverage Expense Travel In District Travel Out Of District		ntract Labor sing Expense act	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)				
Fees	Printing	Expense The Instruction	Office Overhead/Re Guide explains how	•	,	a category not	iisted at	love)
1 PAGE#		2 FILER NAME	Golde explaine flow	to complete time to		3 ACCOU	NT#	(TEC filers)
Schedule: 14/15	Report: 21/22	Wilson, Sharen				00021		(120 111010)
4 Date	5 Payee name							
09/02/2013	Stickels, Jol							
6 Amount (\$)	7 Payee addres	•	Zip Code					
\$500.00	1011 Wayla Arlington, T	nd Drive X 76012						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Return of contribution (b) Description (If travel outside of Texas, complete Schedule T) Return of contribution received on 7/15/13					nedule T)		
EXI ENDITORE								
9 Complete ONLY if direct expenditure	Candidate / C	officeholder name		Office sou	ght:		held:	
to benefit C/OH							12	
Date 07/20/2013	Payee name Tarrant Cou	nty Republican Party			1	0110 S	<u>_</u>	
Amount (\$)	Payee addres	s City; State	Zip Code		ř .	्रहरू	- 	3> 77
\$1,000.00	2405 Grave Fort Worth,				grande of the control		5 P	
	Category (Se	e Categories listed at the top	of this schedule)	Description	(If travel outside	of Texas, com	plete Scl	hedule T)
PURPOSE	Event Expe			Lincoln Coun		2	ယ္	named.
OF EXPENDITURE				-	en visitation	9	06	-<
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	fficeholder name		Office sou	ght: 1	Office	held:	
Date	Рауее пате							
09/02/2013	Wilson, Lau	ra						
Amount (\$)	Payee address City; State; Zip Code							
\$1,000.00	1729 Martel Fort Worth,							
PURPOSE OF	Category (See Categories listed at the top of this schedule) OTHER - Return of contribution Description (If travel outside of Texas, complete Schedule Return of contribution received on 6/29/13			nedule T)				
EXPENDITURE								
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	officeholder name		Office sou	ght:	Office	held:	
Date 08/26/2013	Payee name Wilson, Sha	ren						
Amount (\$)	Payee addres	s City; State	Zip Code					
\$1,531.96		• •						
ψ1,551.56	Fort Worth,							
PURPOSE OF EXPENDITURE		e Categories listed at the top ade from Personal Fun	-	Description Schedule G, July 2012	(If travel outside JC/OH Repo			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sou	ght:	Office	held:	

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial 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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 15/15	Report: 22/22 FILER NAME Wilson, Sharen	3 ACCOUNT # (TEC filers) 00021006
4 Date 12/31/2013	5 Payee name Wilson, Sharen	
6 Amount (\$) \$820.02	7 Payee address City; State; Zip Code P.O. Box 282 Fort Worth, TX 76101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Reimbursment-Politcal expense from personal funds	(b) Description (If travel outside of Texas, complete Schedule T) Schedule G, JC/OH Reports dated January 2012 & July 2011
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held: