# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

			T-
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS (MR) THOMAS	Ä	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	TOM WIL	der	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDECC I DO DOV. ADT / CHITE #.	STATE: ZIP CODE	2017 JA
Change of Address			T = ==
OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  ( 817) 884-157	Official  Housiness only	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	(817) 884-157 MS/MRS/MR) Thomas	<i>, A</i> .	Pate Processes
	NICKNAME LAST W	Lolet	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PI FASE). APT / 5	SHITE #* 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 Sth day before el	lection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 1 6	THROUGH 12/	Day Year / 31 / 16
11 ELECTION	ELECTION DATE  Month Day Year Primary	ELECTION TYPE	NONE IN This year
	Month Day Year Primary	Description	This year
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
	DISTRICT CK	1	
	TARRANT COUNT	7	
	<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 COH NAME	5 A-11)	i Lober 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM	THIS BOX IS FOR N	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR	ES MADE BY POLITICAL COMMITTEES TO
POLITICAL	l .	NDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO	
COMMITTEE(S)	KNOWLEDGE OR CO	INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	FORMATION ONLY IF THEY RECEIVE MOTICE
	OF SUCH EXPENDIT	URES.	
		COMMITTEE MANE	
	COMMITTEE TYPE	COMMITTEE NAME	and the second second
	GENERAL	·	œ [¹ <b>~</b> 2
		COMMITTEE ADDRESS	
	SPECIFIC	Children and an and a second	
		man or summer and	
		COMMITTEE CAMPAIGN TREASURER NAME	
	A STATE OF THE STA		対策 <b>っ</b> の内
Additional Pages			하다 목 걸리
			N N
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS	
The state of the s			57 · · ·
17 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	FLEBGE	es, LOANS, ON GOARANTEES OF LOANS), ONLESS TEMIZEE	
			90
		POLITICAL CONTRIBUTIONS	\$ 4/200
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	4251)
· · · <u>·</u> ; <u>··</u> · · · <u>·</u> · · ·			
EXPENDITURE	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS,	s 951141
TOTALS	UNLESS	SITEMIZED	° 757
	4. TOTAL	POLITICAL EXPENDITURES	65
		e 3 Sch. F AND Sch. G	\$ 9590-
<u> </u>		C J JULY P HING CENT	, , , ,
CONTRIBUTION	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	Y 2 122 274
BALANCE		ORTING PERIOD	1 \$ /28 375 17
			100,010
OUTSTANDING	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	.   '
LOAN TOTALS		AY OF THE REPORTING PERIOD	\$
			1
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjudent	ury, that the accompanying report is
	DAOVI 10/11	true and correct and includes all inform	ation required to be reported by me
	RACY L. JOH!	NOON / under Title 15 Election Code	
	Notary ID 12948	30/-3 P	`
	ly Commission E	Expires () (//	2 4 0
1 ( a to	July 9, 2017	1 House 1 1	11/201
			mous
		Signature of Candid	ate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subscribed before me, by the said Thomas A. wilder, this the			
		•	, this the JU
day of Joshory, 2017, to certify which, witness my hand and seal of office.			
, to somy miles, mand and sear of office.			
DA SHOW			
( 1 sheet &	LINGUATA	MOCY L. JOHNSON	Motori Autin
Cignotics	1		1019 1007
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Thomas A. Wilder  20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4250 B
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 699424
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SEE Sch. & For list	\$ 1318-01
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 16399
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —
	20 -:

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
NOTE DAte deposited is date accepted	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Thomas A. Wilder	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  OF TOUAL	ctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date  Full name of contributor  Out-of-state PAC (ID#:)  O 2 16  C	Amount of contribution (\$)  500 @
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)  / 000  tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	2011 JAN 12 THI2: 57
If contributor is out-of-state PAC, please see instruction guide for additional	reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 EILER NAME 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) -OPTIONAL-Date Amount of contribution (\$) Amount of contribution (\$) Robert C ALBRITON JR Contributor address; City; State; Zip Code 2630 S. PULARIS DR. Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_ State Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

6 994 20

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po  g Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense illing Expense inting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4	·	ow to complete this form.	2 Files ID (Ethics Commission Filess)
1 Total pages Schedule F1:	Thomas A. Wilco	dee	3 Filer ID (Ethics Commission Filers)
4 Date 7 8 16	Sev. Jane Nels	ON CAMPA	HIGH
6 Amount (\$) 250 00	7 Payee address; City; State; Zip C POBOX 608 GRAPEVINE, TX	76099	O .
•	(a) Category (See Categories listed at the top of this sched		
8 PURPOSE OF EXPENDITURE	Contribution HOST Committee	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 7/21/16	Payee name Mike WAllA	ch CAr	npaigN
Amount (\$) 250 Payee address: City; State; Zip Code 2501 PARK VIEW #303  T. WORTH, TX 7610Z			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel out	iside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Dat91192116	Thomas A. Wildo	ef_	011 JAN
Amount (\$) 1746 80	Payee address; City; State; Zip C 209 W. Z.Ng 7T. WORIH, TX	ode_ 51. 76102	72 PH
PURPOSE OF EXPENDITURE	Rembuse self for Sch. G expenses - 7/15/1	Check if travel out	side of Texas. Complete Schedule T. C.T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Candidate/Officeholder/Political Committee

Legal Services

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains h	now to complete this form.	•	
1 Total pages Schedule F1:	Thomas A- Wi	iLder	3 Filer ID (Ethics Commission Filers)	
4 Date 1 23 16	5 Payee name ASSIST The O	- 0	undation	
6 Amount (\$)	7 Payee address; City; State; Zip C 1412 GRIFFIN DAILAS, TX			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched	Check if travel outs	side of Texas. Complete Schedule T.  TX, officehol@er living-expense (~->)	
EXPENDITURE	Contribution	5.00		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
Date 8/4/16	KONNI BURTON	Compaign	77 77 77 77 77 77 77 77 77 77 77 77 77	
Amount (\$) <b>42</b>	Payee address: City; State; Zip C POBOX 1246 Colley VIIIe	Code 760	034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Cantai but on - 1405T Committee	Check if travel outsi	r side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
8/12/16	Payee name  ARLING FON	Republican	Club	
Amount (\$)	Payee address: City; State; Zip'o  PARLING FON, T	76094		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheol  Advertising  Note Sponsor - Gol  Tour Run - Man t	Check if travel outside Check if Austin, 1	ide of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

300 (TOTAL)	To W. Westers	16196	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contribution	(b) Description Check if travel outside of Texa	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 9/1/16	Payee name JUDGE R.H. Walla	ce Campo	ign
Amount (\$)	Payee address; City: State; Zip Code PD BOX 822 548 N. Richland Hi	lls, TX 761	80
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texa  Check if Austin, TX, office	·
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 9/11/16	Lyune Finley Com 1818 WAterford	np.AigN	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code	75082	PM 12:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contribution  Host Committee	Description  Check if travel outside of Texa  Check if Austin, TX, office	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Creft Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 4 of 8	2 FILER NAME THOMS A. WILL	3 Filer ID	) (Ethics Commission Filers)
4 Date 9 2 16	JEXANS FOR K	elly HANCO	ck
6 Amount (\$) 20	Payee address; City; State; Zip Code  Po Box 821349  N. Ruchland Hills, 1	x 7618z	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. C  Check if Austin, TX, officehol	
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date 9/2/16	Payee name Elizabeth Kerr	Compaign	Ç
Amount (\$) <b>250</b>	Payee address: City; State; Zip Code  PO Box 33091  TO WORTH TX	76162	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the tol of this schedule)	Description  Check if travel outside of Texas. C  Check if Austin, TX, officehold	1.00
		O#ibt	Office held
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	12
			7M 12: 5
expenditure to benefit C/Oh	1		PM 12:
Date 116/16	Payee name  Gam Fickes C,  Payee address; City; State; Zip Code	amp aign	Somplete Schedule T.
PURPOSE OF	Payee name  Gam Fickes C,  Payee address: City; State; Zip Code  4021 Hill TOP  South Ake TX  Category (See Categories listed at the top of this schedule)  Contribution  1+05T Commute  Candidate / Officeholder name	76092  Description  Check if travel outside of Texas. C	Somplete Schedule T.

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 6 Amount (\$) Zip Code Ø (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin. TX, officeholder living expense OF EXPENDITURE ្ទOffice ម៉្រៀផ្ទ Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Description \_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedyle F1:		3 Filer ID (Ethics Commission Filers)	)
4 Date 10 27 16	1 TAIL DICAUS	E CAMPAIGN	
6 Amount (\$)	Pobol 2910  Pustus TX	78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the tdp of this schedule)  Contribution	(b) Description  Check if travel outside of Texas. Complete Schedule Trace  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name Bill Zedler	Campaigne 50	
Amount (\$)	Payee address: City; State; Zip Code  1 Z Z	20W€ 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Centre Section	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date (1)   16	Cowg. JOE BA	RtoN CAMPAigN	
Amount (\$)	Payee address; City; State; Zip Code 2106 ENNIS AU ENNIS TX	75119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	:
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	1 house A. U	) itoer 3 Filer	ID (Ethics Commission Filers)
4 Date   1   21   16	5 Payee name  F. WORTH	Epullican	Women
6 Amount (\$)	Payee address; City; State; Zip Gode POBOX 101613 77 WORTH,	TX 76183	5
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Dues + Contribution	(b) Description Check if travel outside of Texas. Check if Austin, TX, officeh	'
<b>9</b> Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 11/28/16	Payee name  Tarrout Count	Republi	can Party
Amount (\$) <b>250</b>	Payee address: City; State; Zip Code 7524 MOSIER U 77. WORTH, T.		118
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Centri Button  Lincoln Council	Description  Check if travel outside of Texas.  Check if Austin, TX, officeho	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 12/3/16	Northeast Right	to Life	
Amount (\$)	Payee address; City; State V Zip Code POBOX 543 EUless TX	76039	TARR 2017 JA ELECTION
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Check if Austin, TX, officend	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic <b>é/fi</b> eld<
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Cledit Oard Fayment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILERAME A. WI	Lee 3 Filer	ID (Ethics Commission Filers)	
4 Date 12 7 116	5 Payge name CONSTANT CO	NTACT		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
652 44	1601 TRAPE lo Rd.	WALTHAM, N	1 ASS. 02451	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	n-Paratas's	Check if travel outside of Texa	s. Complete Schedule T.	
OF EXPENDITURE	Advertising	Check if Austin, TX, office	holder living expense	
LAF ENDITORIE	<b>/</b>			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		4.4	
-4.0				
Amount (\$)	Payee address; City; State; Zip Code		- American A	
,.,				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas	r3	
OF EXPENDITURE		Check if Austin, TX, office	dider living expense	
		1		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF			2 TE	
			7 7	
Date	Payee name		43 5	
			1 S	
Amount (\$)	Payee address; City; State; Zip Code		70	
			1	
<i>y</i>	Category (See Categories listed at the top of this schedule)	Description		
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OF/		Check if Austin, TX, officeh	·	
EXPENDITURE			V	
/				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF		20dg.n	, Sind Haid	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

	EXPENDITURE CA	TEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide ex	plains how to complete this form.	1 2 4 3
1 Total pages Schedule F4:	2 FILER NAME TO MAS	s A. Wilda	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARG	GED TO A CREDIT CARD	\$ 2 50
5 Date S See Sch. G	6 Payee name. American	XPRESS	2: 58
7 Amount (\$) 805 03		ate; Zip Code O 448	5265-048
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top  See Sh. G. For  Temized Lust	Check	On if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	e Office sought	Office held
Sate Sh. G	Payee name Vis A	1	
435 <sup>12</sup>	Payee address; City; Sta	ate; Zip Code 90046 5 , MO	63179-0046
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	See Seh. Culture of the log state of the	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	e Office sought	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS N	EEDED

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE **F4**

		EXPENDITURE CA	ATEGORIES FOR I	BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memonials Expen Legal Services The Instruction Guide e	Salaries/Wages/	Rental Expense  Contract Labor	Transporta Travel In D Travel Out		t & Related	
1 Total pages Schedule F4:	2 FILER		7. Wilde	er?	3 Filer ID	(Ethics Com	mission I	Filers)
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SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

C	Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services The Instruction	n Guide explains	Salaries/Wages/Co		Other (enter a	category not listed at	ove)
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## SCHEDULE $\boldsymbol{G}$

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#### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expe Transportation Equipment & Related E. Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District / Other (enter a category not listed above) IN Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAM 4 Date 5 Payee nam State; Zip Code 6 Amount (\$) Seimbursement from political contributions intended (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Pavee name Amount Reimbursement from political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH City; State; Zip Code Pavee address: Amount (\$) Reimbursement from 16040 political contributions intended (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURES M PERSONAL FUNDS	SCHEDULE <b>G</b>
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EXPENDITURE	Check if Austin, T.	X, officeholder living expense TO WWW
9 Complete ONLY if direct expenditure to benefit C/4	Oahdidate/ Officeholder name Office sought OH	Office held
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Date 10 18 16	Payee name Bully Genes	Amel
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political contributions intended	Kerrville, TX 780	28
8 PURPOSE OF	7000/ Severage 0	side of Texas. Complete Schedule T.
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
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4 Date 12/8/16	5 Payee name		I SiA			
6 Amount (\$) 63 Reimbursement from political contributions intended	<b>一 つっ</b> /	tip Code K/AR BROOK TX 76	014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outside	e of Texas. Complete Schedule T. (, officeholder living expense			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Expense Printing E		Travel In District Travel Out Of District Other (enter a category not listed above)
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political contributions intended	NR'H,	TX	7618	0
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