

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 NAME	MS / MRS (MR) FIRST MI THOMAS A. NICKNAME LAST SUFFIX TOM WILDER	OFFICE USE ONLY Date Received: 2014 JUL 15 AM 11:14 Date Hand-delivered or Postmarked: Receipt #: Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE			
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI THOMAS A. NICKNAME LAST SUFFIX TOM WILDER		
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1/23/14 THROUGH 6/30/14 See Feb 3 Report for 1/1/14 - 1/22/14		
11 ELECTION	ELECTION DATE Month Day Year 11/4/14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) DISTRICT CLERK	13 OFFICE SOUGHT (if known) SAME	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

FILED
TARRANT COUNTY
2014 JUL 15 AM 9:21
ELECTIONS ADMINISTRATION
STATE CAPITAL

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1200⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 575⁰⁰

4. TOTAL POLITICAL EXPENDITURES

Sch. F AND G
Plus Line 3

\$ 6315³⁹

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 138,029⁷³

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Thomas A. Wilder

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas A. Wilder, this the 14 day of July, 20 14, to certify which, witness my hand and seal of office.

Tracy L. Johnson
Signature of officer administering oath

Tracy L. Johnson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>THOMAS A. WILDER</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>1/31/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Q PAC</u>	7 Amount of contribution (\$) <u>\$ 1000</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>301 COMMERCE ST #3200 FT. WORTH, TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>OPTIONAL See INSTRUCTIONS</u>		10 Employer (See Instructions)	
Date <u>2/20/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JENNIFER A. RYMEIL</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2401 W. 7th ST #509 FT. WORTH, TX 76107</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>See above</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL EXPENDITURES

SCHEDULE F

\$1 OVER 100

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| 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 |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 3</i>	2 FILER NAME <i>Thomas A. Wilder</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/3/14</i>	5 Payee name <i>KONNI BURTON Campaign</i>	
6 Amount (\$) <i>250</i>	7 Payee address; City; State; Zip Code <i>PO Box 1246 Colleyville, TX 76034</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Political donation</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/7/14</i>	Payee name <i>Thomas A. Wilder</i>	
Amount (\$) <i>912.95</i>	Payee address; City; State; Zip Code <i>209 W. 2nd ST. FT. WORTH, TX 76102</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimburse from Sch. G</i>	Description (If travel outside of Texas, complete Schedule T) <i>SEE LAST Report - Sch. G</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/10/14</i>	Payee name <i>JONATHAN STICKLAND Campaign</i>	
Amount (\$) <i>250</i>	Payee address; City; State; Zip Code <i>1220 G Airport Fwy. # 513 Bedford, TX 76022</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political donation</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/19/14</i>	Payee name <i>Mark LaChappels</i>	
Amount (\$) <i>340</i>	Payee address; City; State; Zip Code <i>PO Box 347 Coppell, TX 75019</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consultant Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>E-MAILS</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | 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) |

The Instruction Guide explains how to complete this form.

FILED
 MAR 15 AM 9:24
 COUNTY CLERK
 TARRANT COUNTY TEXAS

1 Total pages Schedule F: 2 of 3		2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/4/14		5 Payee name Mark LA Chappelle			
6 Amount (\$) 340⁰⁰		7 Payee address; City; State; Zip Code See Above			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consultant Expense		(b) Description (If travel outside of Texas, complete Schedule T) E-mails	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/22/14		Payee name TARRANT County Republican Party			
Amount (\$) 300⁰⁰		Payee address; City; State; Zip Code 2405 GRAVEL DR. FT. WORTH, TX 76118			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) SENATE DIST. CONVENTION 9, 10, 12	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/20/14		Payee name FT. WORTH Republican Women			
Amount (\$) 137⁰⁰		Payee address; City; State; Zip Code PO BOX 101613 FT. WORTH, TX 76185			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) Political Club	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/2/14		Payee name UPS STORE			
Amount (\$) 120⁰⁰		Payee address; City; State; Zip Code 209 W. 2ND ST FT. WORTH, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) mail box - Campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3		2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/14/14		5 Payee name Roger Faherty <i>Roger the Photographer</i>			
6 Amount (\$) 154 ²²		7 Payee address; City; State; Zip Code 6387 B Camp Bowie Blvd. #312 FT. WORTH, TX 76116			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Gift/Memorial		(b) Description (If travel outside of Texas, complete Schedule T) Photo - Courthouse w/ MATTE - MONA BAILEY	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/19/14		Payee name Ronni Burton Campaign			
Amount (\$) 250 ⁰⁰		Payee address; City; State; Zip Code PO Box 1246 Colleyville, TX 76034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) Political donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/29/14		Payee name Texas for Greg Abbott			
Amount (\$) 1000 ⁰⁰		Payee address; City; State; Zip Code PO Box 308 AUSTIN, TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) Host sponsor - Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/30/14		Payee name Judge Everett Young Campaign			
Amount (\$) 250 ⁰⁰		Payee address; City; State; Zip Code 801 Cherry St. FT. WORTH, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) Political donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5		2 FILER NAME THOMAS A. WILDER		3 ACCOUNT # (Ethics Commission Filers) 1045	
4 Date 2/11/14		5 Payee name H3 Ranch (Amex)			
6 Amount (\$) 51²³ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code N. MAIN & EXCHANGE Blvd. 77. WORTH, TX 76106			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Political Meeting	
Date 2/25/14		Payee name DZARKA (Amex)			
Amount (\$) 15⁰³ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6661 DIXIE HWAY #4 Louisville, KY 40258			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) Water for office	
Date 3/3/14		Payee name Paris Coffee Shop (Amex)			
Amount (\$) 38⁵² <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 704 W. MAGNOLIA 77. WORTH, TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T)	
Date 3/8/14		Payee name QT - Bedford (Amex)			
Amount (\$) 41⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Centre Dr. + Don Dodson Bedford, TX 76021			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL In District		Description (If travel outside of Texas, complete Schedule T) Other Campaign + travel attend various political events	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME THOMAS A. WILDER	3 ACCOUNT # (Ethics Commission Filers) 2 of 5
4 Date 4/9/14	5 Payee name OZARKA	
6 Amount (\$) 43¹¹ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code SEE ABOVE	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Water for office + guests
Date 4/29/14	Payee name EL Rancho Grande (Amex)	
Amount (\$) 43²⁴ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1400 N. MAIN FT. WORTH, TX 76106	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) MGR. Lunch
Date 5/3/14	Payee name Costgo / GAS Southlake	
Amount (\$) 540¹ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Kimbell & S.H. 114 South Lake TX 76092	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in District	Description (If travel outside of Texas, complete Schedule T) Campaign meetings and operations
Date 5/12/14	Payee name El Rancho Grande (Amex)	
Amount (\$) 22⁸⁹ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code See Above	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage	Description (If travel outside of Texas, complete Schedule T) Lunch/MGR.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>THOMAS A. WILDER</i>	3 ACCOUNT # (Ethics Commission Filers) <i>3 of 5</i>
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4 Date <i>6/5/14</i>	5 Payee name <i>Paris Coffee Shop (Amex)</i>
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6 Amount (\$) <i>28⁰⁹</i>	7 Payee address; City; State; Zip Code <i>See Above</i>
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
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Date <i>6/10/14</i>	Payee name <i>EL Rancho Grande (Amex)</i>
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Amount (\$) <i>45⁰⁴</i>	Payee address; City; State; Zip Code <i>See above</i>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lunch/elected officials</i>
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Date <i>6/10/14</i>	Payee name <i>OZARKA (Amex)</i>
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Amount (\$) <i>23¹¹</i>	Payee address; City; State; Zip Code <i>See Above</i>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Water for office/guests</i>
------------------------	--	---

Date <i>2/15/14</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>68²⁰</i>	Payee address; City; State; Zip Code <i>201 S. Industrial Euless, TX 76040</i>
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign flyer</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | 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) |

The Instruction Guide explains how to complete this form.

2014 JUNE 11 AM 10:00
 ELECTIONS
 2014 JUNE 11 AM 10:00

1 Total pages Schedule G:	2 FILER NAME <i>Thomas A. Wilder</i>	3 ACCOUNT # (Ethics Commission Filers) <i>4 of 5</i>
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4 Date <i>3/11/14</i>	5 Payee name <i>P.F. Chang</i>
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6 Amount (\$) <i>59.95</i>	7 Payee address; City; State; Zip Code <i>400 Throckmorton 77. WORTH, TX 76102</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Political meeting</i>
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Date <i>3/28/14</i>	Payee name <i>Mud Cities Rotary Club</i>
------------------------	---

Amount (\$) <i>200</i>	Payee address; City; State; Zip Code <i>P.O. Box 210421 Beckford, TX 76095</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Golf Tournament - signs</i>
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Date <i>4/7/14</i>	Payee name <i>ECT (TCC Cafeteria)</i>
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Amount (\$) <i>276</i>	Payee address; City; State; Zip Code <i>400 Belknap 77. WORTH, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>mngs./Lunch</i>
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Date <i>4/21/14</i>	Payee name <i>ECT</i>
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Amount (\$) <i>177</i>	Payee address; City; State; Zip Code <i>See Above</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mngs. Lunch</i>
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Thomas A. Wilder</i>	3 ACCOUNT # (Ethics Commission Filers) <i>5 of 5</i>
4 Date <i>6/6/14</i>	5 Payee name <i>Costco</i>	
6 Amount (\$) <i>899</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2001 E. ST. HWAY 114 Southlake TX 76092</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>yellow pads</i>
Date <i>6/14/14</i>	Payee name <i>Costco - Southlake</i>	
Amount (\$) <i>4300</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>SEE ABOVE</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel in District</i>	Description (If travel outside of Texas, complete Schedule T) <i>PASS. PORT DAY AND Campaign operations</i>
Date <i>6/18/14</i>	Payee name <i>EL Rancho Grande</i>	
Amount (\$) <i>4504</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>SEE ABOVE</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lunch/Entert of officials</i>
Date <i>6/30/14</i>	Payee name <i>CORAYN Majority Committee</i>	
Amount (\$) <i>500</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>16714 Fitzhugh DRIPPING Springs, TX 78620</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lunch Host</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

Thomas A. Wilder

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/21/14

5 Name of person from whom amount is received

TRACY JOHNSON

6 Address of person from whom amount is received; City; State; Zip Code

401 W. Belt #11P
77. WORTH, TX 76196

8 Amount (\$)

210⁰⁰

7 Purpose for which amount is received

Reimbursement (Refund) of Ozarka Water

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

FILED
TARRANT COUNTY
JUL 15 AM 9:25
STEVE JARROLD
ELECTIONS ADMINISTRATOR

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED