

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 <input checked="" type="radio"/> FIRST MI	OFFICE USE ONLY FILED TARRANT COUNTY 2015 JAN 15 AM 8:42 FRANK PHILLIPS ELECTIONS ADMINISTRATOR RECEIVED		
	NICKNAME LAST SUFFIX			
Tom Wilder				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Date Received:			
<input type="checkbox"/> change of address	Date Hand-delivered or Postmarked:			
5 CANDIDATE / OFFICEHOLDER PHONE	Receipt # Amount			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI	Date Processed:		
	NICKNAME LAST SUFFIX	Date Imaged:		
	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 checked="" 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 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 10/26/14 12/31/14			
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)		13 OFFICE SOUGHT (if known)	
	DISTRICT CLERK		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
JAN 15 AM 8:42
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION
TOTALS

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

\$

115⁰⁰

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

\$

2265⁰⁰

EXPENDITURE
TOTALS

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

\$

424¹⁰

4. TOTAL POLITICAL EXPENDITURES
TOTAL Sch. F, G & Line 3

\$

4016⁷²

CONTRIBUTION
BALANCE

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

\$

147,734⁶⁹

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 January, 20 15, 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

2150

The instruction Guide explains how to complete this form.
 1 Total pages Schedule A: 10 of 2
 DATE OF DEPOSIT 12 date accepted

2 FILER NAME: **Thomas A. Wilder**
 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 10/31/14
 5 Full name of contributor: **Darryl G. Kusemeyer**
 6 Contributor address: **4800 BLACK CT. Colleyville, TX 76034**
 7 Amount of contribution (\$): **100**
 8 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): **OPTIONAL Per C/OH Instructions**
 10 Employer (See Instructions)

Date: 10/31/14
 Full name of contributor: **Todd Smith Campaign**
 Contributor address: **1608 Airport Hwy. # 100 Bedford, TX 76022**
 Amount of contribution (\$): **200**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
 Employer (See Instructions)

Date: 10/31/14
 Full name of contributor: **Jim & Linda Ryffel**
 Contributor address: **3113 S. University # 600 Fort Worth, TX 76109**
 Amount of contribution (\$): **250**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
 Employer (See Instructions)

Date: 10/31/14
 Full name of contributor: **Richard & Karen Wiseman**
 Contributor address: **2424 COLONIAL PKWAY. Ft. WORTH, TX 76109**
 Amount of contribution (\$): **250**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
 Employer (See Instructions)

Date: 10/31/14
 Full name of contributor: **Robert C. Albeston**
 Contributor address: **3519 Bellaire Dr. S Ft. Worth, TX 76109**
 Amount of contribution (\$): **500**
 In-kind contribution description (if applicable):
 (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.

FILED
 TARRANT COUNTY
 2015 JAN 5 AM 8:42
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2 of 2

2 FILER NAME

Thomas A. Wilder

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/31/14

5 Full name of contributor out-of-state PAC (ID#)

J. Patrick Gallagher

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3600 Ridglea Country Club DR
FT. WORTH, TX 76116

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Optional

10 Employer (See Instructions)

Date

11/10/14

Full name of contributor out-of-state PAC (ID#)

Paul Schuder

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3816 Wharton
FT. WORTH, TX 76133

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/14

Full name of contributor out-of-state PAC (ID#)

KAYE LYNN BOLL

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8613 Mid-Cities Blvd
N. Richland Hills, TX 76182 #300

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FILED
TARRANT COUNTY
2015 JAN 5 AM 8:12
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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

1378 ¹⁶

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 |
| 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
 TARRANT COUNTY
 CLERK
 JAN 5 AM 8:42
 RAFAEL PHILLIPS
 COUNTY ADMINISTRATOR

1 Total pages Schedule F: 1 of 2	2 FILE NAME Thomas A. Wilder	3 ACCOUNT # (Ethics Commission File #)
4 Date 10/30/14	5 Payee name Mark Lachapelle	
6 Amount (\$) 170	7 Payee address; City; State; Zip Code PO Box 347 Coppell TX 75019	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) E-Campaigning <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/3/14	Payee name Community Partners of Tarrant County	
Amount (\$) 250	Payee address; City; State; Zip Code 2700 Ben Av. Ft. Worth, TX 76103	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) NATL ADOPTION DAY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/10/14	Payee name Thomas A. Wilder	
Amount (\$) 558	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) Reimbursement-Sch.G	Description (If travel outside of Texas, complete Schedule T) See 8 day report filed 10/27/14 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/12/14	Payee name MONICA FOSTER	
Amount (\$) 200	Payee address; City; State; Zip Code 400 W. Belknap Ft. Worth TX 76106	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T) Office Holiday Lunch <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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: 2012	2 FILER NAME THOMAS A. WILDER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/14/14	5 Payee name TRACY JOHNSON
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6 Amount (\$) 200	7 Payee address; City; State; Zip Code 401 W. BELKNAP ST. WORTH, TX 76196
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Reimbursement - United Way	(b) Description (If travel outside of Texas, complete Schedule T) BBQ Fundraiser for United Way <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

FILED
 TARRANT COUNTY
 2015 JAN 15 AM 8:42
 FRANK HILL
 ELECTIONS ADMINISTRATOR
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

2214 46

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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.

FILED
 TARRANT COUNTY
 2015 JAN 15 AM 8:42
 ELLIOTT PHILLIPS
 ELECTION ADMINISTRATOR

1 Total pages Schedule G: 1 of 6	2 FILER NAME Thomas A. Wilder	3 ACCOUNT # (Ethics Commission Filer #)
4 Date 10/26/14	5 Payee name Home DEPOT	
6 Amount (\$) 539 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 251 S. Industrial Euless, TX 76040	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Gloves	(b) Description (If travel outside of Texas, complete Schedule T) SIGN crew WORK gloves <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Date 10/26/14	Payee name THOMAS A. WILDER
Amount (\$) 20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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) Transportation - GAS	Description (If travel outside of Texas, complete Schedule T) SIGN ERECTION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Date 10/26/14	Payee name LOWES
Amount (\$) 5273 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3000 SH 121 Euless, TX 76039

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense - Tods	Description (If travel outside of Texas, complete Schedule T) SIGN TAKE DOWN AFTER ELECTION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 10/28/14	Payee name EL Rancho Grande
Amount (\$) 3618 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1400 N. MAIN ST. FT. WORTH, TX 76106

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food expense	Description (If travel outside of Texas, complete Schedule T) meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 to 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.

FILED
 TARRANT COUNTY
 2014 JUN 5 AM 8:42
 ELECTIONS ADMINISTRATORS

1 Total pages Schedule G: 2 of 6	2 FILER NAME THOMAS A. Wilder	3 ACCOUNT (Ethics Commission Filers)
4 Date 10/31/14	5 Payee name UNITED WAY Fundraiser	
6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PCT. 3 GARAGE - FICKES 7301 Pct. Line NORTH, TX 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(b) Description (If travel outside of Texas, complete Schedule T) PCT. 3 Fundraiser by Commissioner <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 10/31/14	Payee name QT	
Amount (\$) 32.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Central Dr & Dow 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) SIGN ERECTION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 11/4/14	Payee name P.F. Chang's	
Amount (\$) 56.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code SUNDANCE SQUARE FT. WORTH, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) political mtg <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 11/6/14	Payee name Angelo's BBQ	
Amount (\$) 24.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code White Settlement Rd FT. WORTH, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Lunch mtg. - MERS, UNITED WAY PLANNING <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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/Relief 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.

BY: TARRANT COUNTY FILED
 ELECTIONS ADMINISTRATOR
 2015 JAN 15 AM 8:42
 TARRANT COUNTY

1 Total pages Schedule G: 3 of 6	2 FILER NAME Thomas A. Wilder	3 ACCOUNT # (Ethics Commission File #)
4 Date 11/7/14	5 Payee name QT	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 22 ⁵⁰	7 Payee address; City; State; Zip Code 1400 W. Hurst Blvd. HURST, TX 76053	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel in District	(b) Description (If travel outside of Texas, complete Schedule T) GAS-SIGN TAKE DOWN <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 11/8/14	Payee name KEVIN LADKINS	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 120 ⁰⁰	Payee address; City; State; Zip Code 6521 Timber Creek # 246 Arlington, TX 76017	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) SIGN TAKE DOWN <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 11/10/14	Payee name EAN HOLDINGS (Enterprise Rent Car)	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 312 ²²	Payee address; City; State; Zip Code 2900 HWY 121 # 150 BED FORD, TX 76021	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) RENTAL EXPENSE	Description (If travel outside of Texas, complete Schedule T) TRUCK RENTAL-SIGN Pickup <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 11/12/14	Payee name COSTCO # 669	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 62 ⁵⁰	Payee address; City; State; Zip Code 2601 ST. HWAY 114 South Lake, TX 76092	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense - Paper Goods	Description (If travel outside of Texas, complete Schedule T) DIST. Clerk UNITED WAY FUNDRAISER-Chili + BBQ <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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 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.

FILED
 TARRANT COUNTY
 2015 JAN 26 AM 8:42
 CLERK
 JESSICA HILLIARDS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule G: 4 of 6	2 FILER NAME Thomas A. Wilder	3 ACCOUNT # (Election Commission #)
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4 Date 11/24/14	5 Payee name ECI (TCC Cafe)
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6 Amount (\$) 18.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code TCC - BELKNAP 77. WORTH, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food expense	(b) Description (If travel outside of Texas, complete Schedule T) MBR. MTR. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 11/26/14	Payee name ALISIA MORRIS
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Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 W. BELKNAP 77. WORTH, TX 76196
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement Food expense	Description (If travel outside of Texas, complete Schedule T) OFFICE DONUTS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 11/11/14	Payee name QZARKA
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Amount (\$) 23.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 900 Long Ridge Rd STAMFORD CT 06902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Beverage Expense	Description (If travel outside of Texas, complete Schedule T) OFFICE WATER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date 12/1/14	Payee name CONSTANT CONTACT
-----------------	--------------------------------

Amount (\$) 978.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 TRAPERO WALTHAM MASS. 02451
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) E-CAMPAIGNING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G
 2015 JAN
 TARRANT COUNTY
 FILED
 FRANKLIN COUNTY
 ELECTIONS ADMINISTRATOR
 BY:

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 G: 5 of 6	2 FILER NAME Thomas A Wilder	3 ACCOUNT (Ethics Commission Filers)
4 Date 12/6/14	5 Payee name Popcornopolis (Amex) ordered	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 119.82	7 Payee address; City; State; Zip Code 1301 E. El Segundo Blvd ONLINE EL SEGUNDO, CA. 90245	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gifts	(b) Description (If travel outside of Texas, complete Schedule T) POPCORN - Christmas Gifts - Managers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12/10/14	Payee name OZARKA Amex - ordered	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 26.98	Payee address; City; State; Zip Code 900 Long Ridge Rd Online STAMFORD, CT. 06902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Beverage Expense	Description (If travel outside of Texas, complete Schedule T) water for office <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12/1/14	Payee name MARKET STREET	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 147.80	Payee address; City; State; Zip Code 5605 Colleyville Blvd Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts	Description (If travel outside of Texas, complete Schedule T) CHRISTMAS coffee - for employees + supporters <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 12/10/14	Payee name DIXIE HOUSE	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 38.20	Payee address; City; State; Zip Code 3701 E. BELKNAP 77. WORTH, TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) MGRS. LUNCH <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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 |
| 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: 6 of 6	2 FILER NAME Thomas A. Wilder	3 ACCOUNT NUMBER Ethics Commission Filer
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4 Date 12/21/14	5 Payee name Alisia Morris
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 20	7 Payee address; City; State; Zip Code 401 W. Belknap 77. WORTH, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Reimburse Food expense	(b) Description (If travel outside of Texas, complete Schedule T) Lunch bread etc. Employed Office LUNCH <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 12/31/14	Payee name DONUT PLAZA
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 51.69	Payee address; City; State; Zip Code 2113 Harwood Rd. Bedford TX 76021
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/event expense	Description (If travel outside of Texas, complete Schedule T) Donuts 11/15 swearing in - Commissioners et. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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