

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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Thomas</u>	MI <u>A.</u>	NICKNAME <u>(TOM)</u>	LAST <u>Wilder</u>	SUFFIX	OFFICE USE ONLY Date Received 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:	OFFICE USE ONLY Receipt # Amount Date Processed Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	OFFICE USE ONLY Receipt # Amount Date Processed Date Imaged

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Thomas</u>	MI <u>A.</u>	NICKNAME <u>(TOM)</u>	LAST <u>Wilder</u>	SUFFIX	OFFICE USE ONLY Receipt # Amount Date Processed Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	OFFICE USE ONLY Receipt # Amount Date Processed Date Imaged

8 CAMPAIGN TREASURER PHONE	()	3
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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 type="checkbox"/> July 15	<input checked="" 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
	<u>9</u>	<u>26</u>	<u>14</u>		<u>10</u>	<u>25</u>	<u>14</u>

11 ELECTION	ELECTION DATE	ELECTION TYPE	Runoff	General	Special
	Month <u>11</u> / Day <u>4</u> / Year <u>14</u>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any) <u>DISTRICT clerk</u>	13 OFFICE SOUGHT (if known) <u>SAME</u>
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

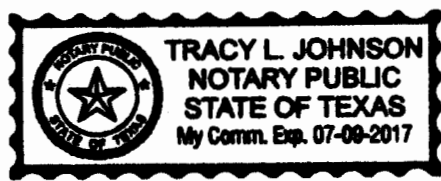
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

FILED
 TARRANT COUNTY
 2014 OCT 27 PM 1:30
 STATE ELECTIONS DIVISION
 BY:

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3850
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	337 ⁹⁸
	4. TOTAL POLITICAL EXPENDITURES <i>TOTAL Sch. F, G + Line 3</i>	\$	6339 ⁹⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	148,019 ⁶⁵
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 27 day of October, 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

DATE deposited is date Accepted

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 4

2 FILER NAME

Thomas A. Wilder

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/26/14

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

GARY + Laura Guen

6 Contributor address; City; State; Zip Code

4605 MARbella CIR.
FT. WORTH, TX 76126

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

ELECTIONS
2014 OCT 7
TAMPA FL

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

OPTIONAL PER cloh rules

10 Employer (See Instructions)

same

Date

9/26/14

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

Ronald D. Sturgeon

Contributor address; City; State; Zip Code

5940 Eden DR.
Haltom City, TX 76117

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

9/26/14

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

LARRY PIRKLE

Contributor address; City; State; Zip Code

334 N. Beach ST.
FT. WORTH, TX 76111

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/14

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

MONICA HERNDON

Contributor address; City; State; Zip Code

1601 W. Jefferson
GRAND PRAIRIE TX 75051

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

10/7/14

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

Douglas & ANN HIGGINS

Contributor address; City; State; Zip Code

1315 Shady OAKS LN.
FT. WORTH, TX 76107

Amount of contribution (\$)

20

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 20 of 4	
2 FILER NAME THOMAS A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARLINGTON REPUBLICAN CLUB PUR-PAC 6 Contributor address; City; State; Zip Code PO BOX 14095 ARLINGTON, TX 76094	7 Amount of contribution (\$) 250 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Republican Women of Arlington PAC Contributor address; City; State; Zip Code PO BOX 14317 ARLINGTON, TX 76094-1317	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. Shelby + Martha A. Sharpe Contributor address; City; State; Zip Code 5117 Locke Ave. FT. WORTH, TX 76107	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMSHYD M. ZADEH Contributor address; City; State; Zip Code 3408 HARWEN TER. FT. WORTH, TX 76109	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judge WAYNE SALVANT CAMPAIGN Contributor address; City; State; Zip Code PO BOX 806 FT. WORTH, TX 76101	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 4	
2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DABNEY BASSEL	7 Amount of contribution (\$) ²⁰ 250	8 In-kind contribution description (if applicable) ELECTIONS STATE BAR OCT 27 ARRIVAL FILED
6 Contributor address; City; State; Zip Code 5804 Forest Bend FT. WORTH, TX 76102		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherman, Burg & Phillips	Amount of contribution (\$) ²⁰ 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 N. TRAVIS SHERMAN, TX 75090		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr Donald SANDERS	Amount of contribution (\$) ²⁰ 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 MAIN STE 1300 FT. WORTH, TX 76102		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RANDALL D. MOORE	Amount of contribution (\$) ²⁰ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301 Ballenger FT. WORTH, TX 76102		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONNA J. SMIEDT	Amount of contribution (\$) ²⁰ 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3216 W. ARKANSAS ARLINGTON, TX 76016		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

3750

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 4	
2 FILER NAME Thomas A. Wilder		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kevin E. Walker	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1307-A W. ABRAM#100 ARLINGTON, TX 76013		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Blaires + Hightower	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 421 W. 3rd STE. 900 FT. WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John + Janis Eubanks	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 173 Colleyville, TX 76034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Wilson Lowe	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 472025 FT. WORTH, TX 76147		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nizam Peerwani, M.D.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 121634 ARLINGTON, TX 76012		(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

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: 1092		2 FILER NAME THOMAS A. WILDER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/30/14		5 Payee name TEXANS FOR LIFE			
6 Amount (\$) 250⁰⁰		7 Payee address; City; State; Zip Code 5616 Forest Bend DR. ARLINGTON, TX 76017			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) DONATION		(b) Description (If travel outside of Texas, complete Schedule T) DINNER HOST	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/30/14		Payee name JOHN SONS			
Amount (\$) 1704⁹³		Payee address; City; State; Zip Code 3300 S. FREEWAY FT. WORTH, TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) POLITICAL MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/13/14		Payee name JOHN SONS			
Amount (\$) 2648⁸⁹		Payee address; City; State; Zip Code 3300 S. FREEWAY FT. WORTH, TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING & MAILING		Description (If travel outside of Texas, complete Schedule T) POLITICAL MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/13/14		Payee name GREG ABBOTT CAMPAIGN			
Amount (\$) 250⁰⁰		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/FUNDRaiser	
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

5443⁸²

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 10/20/14	5 Payee name MARK LACHAPPE
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6 Amount (\$) 170 ⁰⁰	7 Payee address; City; State; Zip Code PO BOX 347 COPPELL, TX 75019
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) E-CAMPAIGNING
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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 10/20/14	Payee name RONNI BURTON Campaign
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Amount (\$) 250 ⁰⁰	Payee address; City; State; Zip Code 1505 ELM #1601 DALLAS, TX 75201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T) EVENTHOST-FUNDRAISER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/14	Payee name MARK LACHAPPE
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Amount (\$) 170 ⁰⁰	Payee address; City; State; Zip Code PO BOX 347 COPPELL, TX 75019
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) E-CAMPAIGNING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule G: 1 of 3	2 FILER NAME Thomas A. Wilder	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/14	5 Payee name Kevin LADKINS
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6 Amount (\$) ⁸⁰ 100 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6521 Timber Creek Dr # 246 Arlington, TX 76017
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) SIGN CAMPAIGN ERECTION
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Date 10/11/14	Payee name JAYLON NORMAN
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Amount (\$) ⁵ 100 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5633 MACEO LN FT. WORTH, TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGN ERECTION
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Date 9/28/14	Payee name COSTCO
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Amount (\$) ³⁵ 44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2601 E. ST HWAY 114 Southlake, TX
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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) GAS-SIGN LOCATION SCOUTING & ERECTION
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Date 10/4/14	Payee name HOME DEPOT
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Amount (\$) ³⁶ 58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5820 S. HWAY 360 GRAND PRAIRIE, TX 75052
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Sign materials Post driver ZIP TIES
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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 | Salary/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: 2 of 3	2 FILER NAME Thomas A. Wilder	3 ACCOUNT # (Ethics Commission Filer)
4 Date 10/6/14	5 Payee name QT # 00889	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 34 ⁰⁰	7 Payee address; City; State; Zip Code 2321 N. Beach St. Halton City, TX	
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) SIGN ERECTION ATTEND POLITICAL EVENTS
Date 10/10/14	Payee name Rotary Club of Ft. Worth	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 22 ⁰⁰	Payee address; City; State; Zip Code 306 W. 7 th # 715 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) LYNCHON
Date 10/9/14	Payee name EL Rancho GRANDE	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 33 ³⁰	Payee address; City; State; Zip Code 1400 N. MAIN ST. FT. WORTH, TX 76108	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD + BEV. EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLITICAL MTG
Date 10/9/14	Payee name OZARKA WATER	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 15 ⁰⁹	Payee address; City; State; Zip Code STAMFORD, CT.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEV EXPENSE	Description (If travel outside of Texas, complete Schedule T) WATER FOR OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

55816

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: 3 of 3	2 FILER NAME THOMAS A. WILDER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/14/14	5 Payee name DOUBLE HORN
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 57.11	7 Payee address; City; State; Zip Code MARBLE FALLS, TX ST. HWAY 281
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Bev Expense	(b) Description (if travel outside of Texas, complete Schedule T) MGRS. DINNER CONFERENCE TDCA
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Date 10/15/14	Payee name Friedhelm's BAUARIAN INN
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 30.19	Payee address; City; State; Zip Code 905 W. MAIN ST. FREDRICKSBURG, TX 78624
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Bev. expense	Description (if travel outside of Texas, complete Schedule T) NOT REIMBURSED BY COUNTY TDCA CONFERENCE
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Date 10/23/14	Payee name QT # 00960
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 32.00	Payee address; City; State; Zip Code 2301 W. S. HWAY 377 WEST LAKE, TX
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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) ATTEND EVENTS SIGN ERECTION
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Date 10/10/14	Payee name QT # 00863
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 30.00	Payee address; City; State; Zip Code 2201 Central DR. BEDFORD, TX 76021
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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) ATTEND EVENTS SIGN ERECTION
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED