

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI THOMAS A. NICKNAME LAST SUFFIX TOM Wilder SR.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE <input type="checkbox"/> Change of Address	Date Received BY: FRANK PHILLIPS ELECTIONS ADMINISTRATOR FILED TARRANT COUNTY 2015 JUL 14 AM 8:17 Date Hand-Delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE		Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI THOMAS A. NICKNAME LAST SUFFIX Tom Wilder SR.	Date Processed	Date Imaged
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 / 1 / 15 THROUGH 6 / 30 / 15		
11 ELECTION	ELECTION DATE NONE THIS YEAR	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) TARRANT County DISTRICT Clerk	13 OFFICE SOUGHT (if known) Election ~ 2018	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

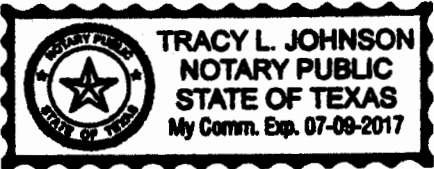
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO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

FILED
TARRANT COUNTY
2015 JUL 14 AM 8:18
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	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ —
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 695 ⁴⁵
	4. TOTAL POLITICAL EXPENDITURES <i>TOTAL 900. F1, G, + June 3</i>	\$ 6,166 ⁵⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 143,011
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 10th day of July, 2015, 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

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Thomas A. Wilder

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	—
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	—
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	—
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$	—
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	4312 ⁴⁶
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	—
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	—
8.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	1158 ⁶⁴
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	—
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	—
11.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, <u>REFUNDS</u> , AND CONTRIBUTIONS RETURNED TO FILER	\$	608 ⁰⁰

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TARRANT COUNTY
2015 JUL 14 AM 8:18
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

431246

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1063		2 FILER NAME Thomas A. Wilder		3 Filer ID (Ethics Commission Filers)	
4 Date 7/1/15		5 Payee name TC GOP (TARRANT County Republican Party)			
6 Amount (\$) \$1000 ⁰⁰		7 Payee address; City; State; Zip Code 2405 GRAVEL DR. 77 WORTH, TX 76118			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION TO TARGO GOP. LINCOLN Council		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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	
Date 1/23/15		Payee name Thomas A. Wilder			
Amount (\$) 2214 ⁴⁶		Payee address; City; State; Zip Code 209 W. 2nd St. Hurwath, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement - Sen. G See 1/15/15 report		Description <input type="checkbox"/> Check 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	
Date 2/15/15		Payee name Ft. Worth Republican Women			
Amount (\$) 110 ⁰⁰		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 BFFV 2015 dues		Description <input type="checkbox"/> Check 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	

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 TARRANT COUNTY
 2015 JUN 14 AM 8:18
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

4312 46

2015 JUL 16 AM 8:18
EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2 of 3	2 FILER NAME Thomas A. Wilder	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/15	5 Payee name N. E. TARRANT County Tea Party PAC	
6 Amount (\$) 150 ⁰⁰	7 Payee address; City; State; Zip Code 703 Peach Ct. GRAPEVINE, TX 76051	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) contribution 4/11/15 event	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3/18/15	Payee name Administrative Awards LLC	
Amount (\$) 190 ⁰⁰	Payee address; City; State; Zip Code c/o Mary Louise Garcia 120 E. Weatherford #130 Ft. Worth TX 76196	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Office Administrator of the YEAR AWARDS	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date 3/25/15	Payee name Ft. Worth Republican Women	
Amount (\$) 28 ⁰⁰	Payee address; City; State; Zip Code See above	

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

SCHEDULE F1

2015 JUL 14 AM 8:18

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expenses
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
**FRANK PHILLIPS
ELECTIONS ADMINISTRATOR**

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3		2 FILER NAME THOMAS A. Wilder		3 Filer ID (Ethics Commission Filers)	
4 Date 4/25/15		5 Payee name GARY FICKES CAMPAIGN			
6 Amount (\$) 500 ⁰⁰		7 Payee address; City; State; Zip Code 4021 Hilltop DR. Southlake, TX 76092			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRIBUTION- host political event		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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	
Date 6/12/15		Payee name UPS STORE			
Amount (\$) 120 ⁰⁰		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 rental expense		Description <input type="checkbox"/> Check 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	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

1158⁶⁴

2015 JUL 14 AM 8:18

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expenses
ELECTIONS ADMINISTRATOR
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 18/10	2 FILER NAME Thomas A. Wilder	3 Filer ID (Ethics Commission Filers)
4 Date 1/13/15	5 Payee name EL Rancho Grande	
6 Amount (\$) 36 ⁹⁶ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1400 N. MAIN ST FT. WORTH, TX 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense POLITICAL meeting	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 1/20/15	Payee name Dixie House	
Amount (\$) 31 ⁶¹ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3701 E. BELKNAP FT. WORTH, TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Exp. MGRS. MTG	(b) Description <input type="checkbox"/> Check 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 1/27/15	Payee name EL Rancho Grande	
Amount (\$) 45 ⁵⁹ <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/Beverage Expense POLITICAL/OH MTG	(b) Description <input type="checkbox"/> Check 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

FILED
 HART COUNTY

SCHEDULE G

2015 JUL 11 AM 8:18
 EXPENDITURE CATEGORIES FOR BOX 8(a)

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

BY: FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 10	2 FILER NAME THOMAS A. WILDER	3 Filer ID (Ethics Commission Filers)
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4 Date 1/10/15	5 Payee name OZARKA WATER (Amex)
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 193.10	7 Payee address; City; State; Zip Code 900 LONG RIDGE Rd STAMFORD, CT. 06902
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Exp. Office WATER	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3/10/15	Payee name OZARKA WATER (AMEX)
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 21.40	Payee address; City; State; Zip Code SEE ABOVE
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) See above	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2/11/15	Payee name OZARKA WATER (Amex)
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended 35.38	Payee address; City; State; Zip Code See above
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) See above	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

EXPENDITURE CATEGORIES FOR SCHEDULE G(a)

2015 JUL 14 AM 8:19
FRANK J. STILES
ELECTIONS ADMINISTRATOR

BY: _____
The Instruction Guide explains how to complete this form.

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

1 Total pages Schedule G: 3 of 10	2 FILER NAME THOMAS A. WILDER	3 Filer ID (Ethics Commission Filers)
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4 Date 1-31-15	5 Payee name OMNI Hotel
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6 Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code DOWNTOWN FT. WORTH 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE - PARKING LINCOLN DINNER	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 2/12/15	Payee name Office Depot
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Amount (\$) 6.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 780 E. Road to Six Flags ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2/17/15	Payee name RAZZOO'S
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Amount (\$) 23.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code SUNDANCE SQUARE FT. WORTH, TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food + Beverage Exp C/OH meeting	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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**

FILED
TARRANT COUNTY

SCHEDULE G

2015 JUL 14 AM 8:19

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

FRANK DWIGHT
ELECTIONS ADMINISTRATOR
BY: Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 of 10	2 FILER NAME THOMAS A. WILDER	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/13	5 Payee name CAT CITY GRILL	
6 Amount (\$) 18.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code MAGNOLIA FT. WORTH, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage MTG. Lege staff	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 3/2/15	Payee name DIXIE HOUSE	
Amount (\$) 29.34 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3701 E. BELKNAP FT. WORTH, TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Exp. MERS. MTG.	(b) Description <input type="checkbox"/> Check 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 3/3/15	Payee name EL RANCHO GRANDE	
Amount (\$) 45.35 <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 & Beverage Exp. OFFICEHOLDER MTG.	(b) Description <input type="checkbox"/> Check 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

EXPENDITURE CATEGORIES FOR 2015 JUL 14 AM 8:19

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead Expense
Printing Expense
Salaries/Wages/Contract Labor

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

ELECTIONS ADMINISTRATOR

BY: _____
The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5 of 10 2 FILER NAME: THOMAS A WILDER 3 Filer ID (Ethics Commission Filers)

4 Date: 3/24/15 5 Payee name: PF Chang's

6 Amount (\$): 67.38 7 Payee address; City; State; Zip Code: 400 THROCKMORTON ST. WORTH, TX 76102
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: Food/Beverage EXP POLITICAL MTG
(a) Category (See categories listed at the top of this schedule)
(b) Description: Check if travel outside of Texas, complete Schedule T
 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: 4/10/15 Payee name: DEL FRISCO'S GRILLE

Amount (\$): 38.56 Payee address; City; State; Zip Code: 154 E. THIRD ST. WORTH, TX 76102
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Food/Beverage EXP MTG LUNCH MTG
Category (See categories listed at the top of this schedule)
(b) Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 4/16/15 Payee name: EL RANCHO GRANDE

Amount (\$): 35.31 Payee address; City; State; Zip Code: 1400 N. MAIN ST. WORTH, TX 76106
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Food/Beverage EXP C/OH MTG
Category (See categories listed at the top of this schedule)
(b) Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

FILED SCHEDULE G
TARRANT COUNTY

2015 JUL 14 AM 8:19

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6 of 10	2 FILER NAME THOMAS A. WILDER	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/15	5 Payee name HUMPERDUK'S	
6 Amount (\$) 1491 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 SIX FLAGS DR. ARLINGTON TX 76010	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense REL. GOP MTO.	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 5/17/15	Payee name COSTCO	
Amount (\$) 964 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2601 E. ST. HWAY 114 SOUTH LAKE TX 76092	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD LEGAL/PADS ETC.	(b) Description <input type="checkbox"/> Check 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 5/19/15	Payee name EL RANCHO GRANDE	
Amount (\$) 3428 <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/Beverage ETR CONTRIBUTORS MTO.	(b) Description <input type="checkbox"/> Check 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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8 (a)

2015 JUL 14 AM 8:19

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Top 10	2 FILER NAME THOMAS A. WILDER	3 Filer ID (Ethics Commission Filers)
4 Date 5/27/15	5 Payee name Fuzzy's	
6 Amount (\$) 2034 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2719 RACE ST. FT. WORTH, TX 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense MGRS. MTG	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 6/5/15	Payee name Donut LOVERS	
Amount (\$) 2390 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2225 HALTOM Rd. HALTOM City TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Exp. DONUTS FOR OFFICE MTG	(b) Description <input type="checkbox"/> Check 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 6/9/15	Payee name PF Chang's	
Amount (\$) 4568 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 400 Throckmorton FT. WORTH, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Exp. POLITICAL MTG.	(b) Description <input type="checkbox"/> Check 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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED SCHEDULE G
TARRANT COUNTY

2015 JUL 14 AM 8:19

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

FILED
ELECTIONS ADMINISTRATOR

BY: _____

1 Total pages Schedule G: 8/6/10	2 FILER NAME THOMAS A. WILDER	3 Filer ID (Ethics Commission Filers)
4 Date 6/10/15	5 Payee name ALONTI	
6 Amount (\$) 3147 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 203 Commerce FT. WORTH, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Beverage Expense STAFF Lunch meeting	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 6/23/15	Payee name IT-3 Ranch	
Amount (\$) 5231 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code N. MAIN + EXCHANGE FT. WORTH, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense officeholder in TB	(b) Description <input type="checkbox"/> Check 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 6/26/15	Payee name Office Depot	
Amount (\$) 5844 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 S. INDUSTRIAL EULESS, TX 76040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead Printed Supplies	(b) Description <input type="checkbox"/> Check 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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED SCHEDULE G
TARRANT COUNTY

EXPENDITURE CATEGORIES FOR 2015 JUL 14 AM 8:19

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 9 of 10	2 FILER NAME Thomas A. Wilder	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/15	5 Payee name DIXIE HOUSE (VISA)	
6 Amount (\$) 28.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3701 E. BELKNAP FT. WORTH, TX 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage expense MGRS LUNCH	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 4/9/15	Payee name OZARKA	
Amount (\$) 31.87 <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) water - office C/OH expense	(b) Description <input type="checkbox"/> Check 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 5/9/15	Payee name OZARKA	
Amount (\$) 21.40 <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) water - office C/OH expense	(b) Description <input type="checkbox"/> Check 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

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

EXPENDITURE CATEGORIES **2015 JUL 14 AM 8:19**

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 10 of 10	2 FILER NAME THOMAS A. WILDER	3 Filer ID (Ethics Commission Filers)
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4 Date 6/30/15	5 Payee name Flying Fish
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6 Amount (\$) 39.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State; Zip Code 2913 MONTGOMERY 77. WORTH, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage expense - C/OH	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <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 6/9/15	Payee name OZARKA (AMEX)
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Amount (\$) 16.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State; Zip Code See hereen
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) same	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

FILED
TARRANT COUNTY

SCHEDULE K

606

The Instruction Guide explains how to complete this form.

2015 JUL 14

Total pages Schedule K: 1

2 FILER NAME

THOMAS A. Wilder

FRANK PHILLIPS (Ethics Commission Filers)
ELECTIONS ADMINISTRATOR

4 Date

1/23/15

5 Name of person from whom amount is received

TRACY JOHNSON

BY:

8 Amount (\$)

240⁰⁰

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

401 W. BELKNAP
FT. WORTH, TX 76196

7 Purpose for which amount is received

Check if political contribution returned to filer

Refund of water money from staff (OZARKA)

Date

1/23/15

Name of person from whom amount is received

TARRANT County

Amount (\$)

100⁰⁰

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

100 E. WEATHERFORD
FT. WORTH, TX 76196

Purpose for which amount is received

Check if political contribution returned to filer

Reimbursement from county - Booth expense SENIOR CITIZEN FAIR initially paid from Campaign Act.

Date

6/30/15

Name of person from whom amount is received

TRACY JOHNSON

Amount (\$)

268⁰⁰

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

401 W. BELKNAP
FT. WORTH, TX 76196

Purpose for which amount is received

Check if political contribution returned to filer

Reimbursement of water money paid from C/OH ACCOUNT (OZARKA) AND NOW RE-DEPOSITED

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

Check if political contribution returned to filer

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