# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE# 1101 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Sharen  NICKNAME LAST Wilson	MI	Date Res S ADNI C
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	PH 3: 3: 3 Date Postmarked  Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Mark  NICKNAME LAST  Walker	MI SUFFIX	Date Processed  Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
8 REPORT TYPE	X January 15 30th day before ele		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THF 07/01/2014	Month Day ROUGH 12/31/20	Year 14
10 ELECTION	ELECTION DATE ELECTION  Month Day Year Prim  11/04/2014		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known District Attorney	
	GO TO	PAGE 2	

### **CANDIDATE / OFFICEHOLDER REPORT:** SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

13 C/OH NAME Wilso	13 C/OH NAME Wilson, Sharen  14 ACCOUNT # (Ethics Commission filers) 00000001							
15 NOTICE FROM  This box is for notice of political expenditures by political committees to support the candidate / or have been made without the candidate's or officeholder's knowledge or consent. Candidates and offi								
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL COMMITTEE ADDRESS  BY: CT 25							
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		AC CAUL	RANK I			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			PH 3: 40			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ R	860.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	36,485.00			
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 2,					2,718.74			
	4. TOTAL	POLITICAL EXPENDITURES		\$	25,025.68			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD		\$	25,820.39			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	<u> </u>	\$	0.00			
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.  Notary Public, State of Texas My Commission Expires July 20, 2016  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Sharen Wilson , this the 15 day								
Sworn to and subscribed before me, by the said Sharen WIISON, this the								
Signature of officer administering oath  Print rame of officer administering oath  Title of officer administering oath								

	The Instruction	ON GUIDE explains how to complete this for	m.		1 PAGE # Schedule: 1/2	20 Report: 3/40		
2	FILER NAME	Wilson, Sharen			3 ACCOUNT# 00000001	(Ethics Commission	filers)	
4	Date	5 Full name of contributor ☐ out-of-sta Adams, Neal W.	ate PAC (ID#	)	7 Amount of contribution (\$)	8 In kind cookii description (ff ap	oplicade)	
	08/20/2014	6 Contributor address; City; State; 3950 Highway 360 Grapevine, TX 76051	Zip Code	·	\$1,000.00	NK PHILL S ADMINIS	FILED [	
						Texas, complete Sche	dule_z	
9	Principal occup Lawyer	ation / Job title (See Instructions)		10 Employer (See In: Adams Lynch &		ATOR	: <del>-</del>	
	Date	Full name of contributor	ate PAC (ID#	)	Amount of contribution (\$)	In-kind contril description (if ap		
	07/31/2014	Contributor address; City; State; 401 W. Belknap Fort Worth, TX 76196	Zip Code		\$100.00	 		
					•	Texas, complete Sche	dule T)	
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In: Tarrant County				
	Date	Full name of contributor	ite PAC (ID#	)	Amount of contribution (\$)	In-kind contril description (if ap		
	08/11/2014	Contributor address; City; State; 5719 Airport Freeway Fort Worth, TX 76117	Zip Code		\$500.00	!   		
					(If travel outside of	Texas, complete Sche	□ /T alub	
	Principal occup	ation / Job title (See Instructions)		Employer (See In		Toxas, complete cone	uu.e . ,	
	Lawyer			Self				
	Date	Full name of contributor  ut-of-sta	ate PAC (ID#	)	Amount of contribution (\$)	In-kind contril description (if ap		
	08/29/2014	Contributor address; City; State; 4604 E. Lancaster Ave Fort Worth, TX 76103	Zip Code		\$500.00	! 		
					(If travel outside of	Texas, complete Sche	dule T)	
	Principal occup Bail bonds	ation / Job title (See Instructions)		Employer (See In: Self	structions)			
	Date	Full name of contributor  ut-of-sta	ate PAC (ID#	)	Amount of contribution (\$)	In-kind contri description (if ap		
	07/31/2014	Contributor address; City; State; 2127 Silver Sage Ct Keller, TX 76248	Zip Code		\$200.00	!   		
					(If travel outside of	Texas, complete Sche	dule T)	
_	Principal occur	eation / Job title (See Instructions)		Employer (See In				
	Lawyer	,		Tarrant County				

P.O.Box 12070

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI		SCHEDULE A		
_				4 5405#		
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2	0 Report 4/4	
2	FILER NAME	Wilson, Sharen		3 ACCOUNT#	(Ethics Cemmission file 6)	
_	TIELITAME	Wilson, Sharon		00000001	T C	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Boswell, G. Thomas	)	7 Amount of contribution (\$)	8 jn kind ce fribution description (if applicable)	
	07/30/2014	6 Contributor address; City; State; Zip Code 3700 Potomac Fort Worth, TX 76107		\$100.00 	Y 40 410R	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See Ins Winstead	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/29/2014	Contributor address; City; State; Zip Code 6487 Woodstock Rd Fort Worth, TX 76116		\$200.00   		
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
		:				
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution	
		Brissette, D. Miles	,	contribution (\$)	description (if applicable)	
	08/04/2014	Contributor address; City; State; Zip Code 3240 Merida Avenue Fort Worth, TX 76109		\$250.00   		
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See Ins			
	Lawyer		Tarrant County	DA	·	
	Date	Full name of contributor  ut-of-state PAC (ID# Bush, J. Steven	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/22/2014	Contributor address; City; State; Zip Code 314 Main St., Ste 200 Fort Worth, TX 76102		\$100.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, , , , , , , , , , , , , , , , , , , ,	
	Lawyer		Self			
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/31/2014	Contributor address; City; State; Zip Code 2408 Aramic Ct Arlington, TX 76001		\$250.00		
				ا المراجع المر	Toyae complete Schodule T\	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)	
	Lawyer		Tarrant County			

#### P.O.Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The Instruction Guide explains how to complete this form. Schedule: 3/20 2 FILER NAME Wilson, Sharen 3 ACCOUNT# 00000001 Date 5 Full name of contributor out-of-state PAC (ID# Amount of hiskind contribution contribution (\$) Carter, Virginia deseription (frapplica 07/31/2014 6 Contributor address; City; State; Zip Code \$100.00 F 111 N. Houston St Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Lawyer Self Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) Catalano, Kim Marie description (if applicable) Contributor address; City; State; Zip Code 07/30/2014 \$200.00 3000 S. Hulen St., Ste 124, Box 174 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge City of Fort Worth Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) Christie, George F. 07/22/2014 Contributor address; City; State; Zip Code \$500.00 500 W. 7th St., Suite 600 Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Pope Hardwicke Christie Schell Kelly & Ray Lawyer Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) Christie, Lee F. 08/20/2014 Contributor address; City; State; Zip Code \$500.00 500 W. 7th St, Ste 600 Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pope Hardwicke Christie Schell Kelly & Ray Lawyer Full name of contributor ut-of-state PAC (ID# In-kind contribution Amount of Date contribution (\$) description (if applicable) Clark, Bradley 10/10/2014 Contributor address; City; State; Zip Code \$500.00 101 Summit Ave, Ste 1020 Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Lawyer

	The Instruction	N GUIDE explains how to complete	this form.		1 PAGE # Schedule: 4/2	8 Report: 6/405		
2	FILER NAME	Wilson, Sharen			3 ACCOUNT# 00000001	(Ethics commission filers)		
4	Date	5 Full name of contributor	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	B le-kind contribution description (if applicable)		
	07/31/2014	6 Contributor address; City; 10742 White Settlement Rd Fort Worth, TX 76108	State; Zip Code		\$1,000.00     	3: 40  JPS ATOR		
_		- ( ) - ( )				Texas, complete Schedule T)		
9	Lawyer	ation / Job title (See Instructions)		10 Employer (See In Self	structions)			
	Date	Full name of contributor	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/04/2014	Contributor address; City; 6400 Meade Dr Colleyville, TX 76034	State; Zip Code		\$500.00	; 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In Tarrant County	,			
	Date	Full name of contributor Conder, Steven	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; 1719 Thomas PI Fort Worth, TX 76107	State; Zip Code		\$200.00   	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In Tarrant County				
	Date	Full name of contributor   Cook, David L.	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; 309 E. Broad St Mansfield, TX 76063	State; Zip Code		\$500.00   	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In Harris Cook	structions)			
	Date	Full name of contributor   Curran, Patrick	out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; 2101 Moneda St Haltom City, TX 76117	State; Zip Code		\$100.00   			
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	pation / Job title (See Instructions)		Employer (See In Self	structions)			
1	-							

# **POLITICAL CONTRIBUTIONS**

	OTHER THAN PLEDGES OR LOANS								
	The Instruction	N GUIDE explains how to complete this form.			0 Report: 7/40				
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)				
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Daniel, Mark G.		7 Amount of contribution (\$)	description (if applicable)				
	07/22/2014	6 Contributor address; City; State; Zip Code 115 W. Second St., Ste 202 Fort Worth, TX 76102		\$500.00	PHILLIPS Teras, configure 5.				
Ļ	Dringing accur	ation / Joh title (See Instructions)	10 Employer (See In		7 8 8				
9	Lawyer	ation / Job title (See Instructions)	Self		7				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	07/31/2014	Contributor address; City; State; Zip Code 1901 Central St, Ste 708 Bedford, TX 76021		\$250.00					
_					Texas, complete Schedule T)				
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	istructions)					
	Date	Full name of contributor ☐ out-of-state PAC (ID# De Bullet, Jr, Gene	)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	07/31/2014	Contributor address; City; State; Zip Code 2315 N. Main, Ste 300 Fort Worth, TX 76164		\$100.00	·				
			<u> </u>	(If travel outside of	Texas, complete Schedule T)				
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Self	structions)					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	07/22/2014	Contributor address; City; State; Zip Code 6816 Kirk Dr Fort Worth, TX 76116		\$100.00					
					Texas, complete Schedule T)				
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See Ir Decker Jones	nstructions)					
	Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	07/31/2014	Contributor address; City; State; Zip Code 3924 Floyd Dr Fort Worth, TX 76116		\$100.00					
				(If travel outside of	Texas, complete Schedule T)				
	, ,	pation / Job title (See Instructions)	Employer (See Ir						
	Lawyer		Tarrant County	DA					

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI		SCHEDULE A	
	· ·				EFF
	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 6/2	TRRA JAN O REPORTE 8/40
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In And contribution description (it applicable)
	07/28/2014	6 Contributor address; City; State; Zip Code PO Box 470823 Fort Worth, TX 76147		\$500.00   	40 ATOR
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Tarrant County		
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
-	08/29/2014	Contributor address; City; State; Zip Code PO Box 171464 Arlington, TX 76003	• • • • • • • • • • • • • • • • • • • •	\$500.00	 
	-				Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	<b>#</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/24/2014	Contributor address; City; State; Zip Code 115 W. Second St, Ste 202 Fort Worth, TX 76102		\$500.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 5719 Airport Freeway Haltom City, TX 76117		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 1408 Washington Terr Fort Worth, TX 76107		\$75.00	 
				(If travel outside of	Texas, complete Schedule T)
$\vdash$	Principal occur	l pation / Job title (See Instructions)	Employer (See In	structions)	, =
	Probate Judg		Tarrant County		

	Gilpin, Tim	,	contribution (\$)	description (if applicable)
07/31/2014	Contributor address; City; State; Zip Code 1316 Bluebonnet Dr Fort Worth, TX 76111		\$250.00	] ] 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Lone Star Land		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/30/2014	Contributor address; City; State; Zip Code 505 Pecan St, Ste #101 Fort Worth, TX 76102		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Lawyer	pation / Job title (See Instructions)	Employer (See In Murphy Mahon		
				Electronic Filing Version 3.4

		CAL CONTRIBUTIONS THAN PLEDGES OR LOA!	NS		SCHEDULE A TA
F	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE#	Report 30/40
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	Ethics commission filers
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gordon, Stephen	<u> </u>	7 Amount of contribution (\$)	8 In⊈ima contribution description (if epplicable)
	07/15/2014	6 Contributor address; City; State; Zip Code 5501 Aspen Lane Fort Worth, TX 76112		\$500.00   	OR O
9	Principal occup Lawyer	nation / Job title (See Instructions)	10 Employer (See In Self		Texas, complete Schedule T)
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 715 Jones St, Ste 101 Fort Worth, TX 76101		\$500.00   	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup US Congress	ation / Job title (See Instructions) woman	Employer (See In US House of Re		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/07/2014	Contributor address; City; State; Zip Code 1608 Ashland Fort Worth, TX 76107		\$300.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Haynes & Boon		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/30/2014	Contributor address; City; State; Zip Code 5833 River Meadows Place Fort Worth, TX 76112		\$250.00	 
				(If travel outside of	Texas, complete Schedule T)
-	Principal occur Lawyer	pation / Job title (See Instructions)	Employer (See In Self		
Ī	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 555 S. Summit		\$250.00	
		Fort Worth, TX 76104			_
-	Principal occup	pation / Job title (See Instructions)	Employer (See In Haslam & Galla	structions)	Texas, complete Schedule T)

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 9/20	0 Report: 11/49		
2	FILER NAME	Wilson, Sharen		3 ACCOUNT # 2 00000001 \	(Ethics Commission files)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In find contribution description (Capplicable)		
	07/31/2014	6 Contributor address; City; State; Zip Code 1300 S. University Dr, Ste 602 Fort Worth, TX 76107		\$500.00   	PH 3: 40 Allihistrat		
l				(If travel outside of T	Texas, complete Schedule T)		
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Hill & Woodard	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Hodnett, Camille	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/20/2014	Contributor address; City; State; Zip Code 403 N. Sylvania Ave, #2 Fort Worth, TX 76111		\$200.00			
				(If travel outside of T	Texas, complete Schedule T)		
Г	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Bailbonds		Bail Bonds by C	Camille			
	Date	Full name of contributor	<u>‡</u> )	Amount of   contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; State; Zip Code 2812 Broadacres Ln Arlington, TX 76016		\$200.00			
L				`	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Tarrant County				
	Date	Full name of contributor	<u>+</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; State; Zip Code 103 Silver Ridge Ln Aledo, TX 76008		\$100.00			
l		71000		'	-		
_	Dringing aggre	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
L	Lawyer	auon7 Job uue (See mstructions)	Tarrant County				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; State; Zip Code 4058 Devon Ct Fort Worth, TX 76109		\$250.00   			
		•		(If travel outside of 3	Texas, complete Schedule T)		
-	Dringing Lagres	potion / Joh titlo (Soo Instructions)	Employer (See In	<u> </u>	The state of the s		
	Lawyer	eation / Job title (See Instructions)	Tarrant County				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/	/20 Report: 12/40		
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Huseman, Ronald W.	<u> </u>	7 Amount of contribution (\$)	8 Parind carribution description (if applicable)		
	07/31/2014	6 Contributor address; City; State; Zip Code 1100 W. 5th St, Apt 920 Fort Worth, TX 76102		\$300.00	T COUNTY  S PM 3: Godule TY  DHILLIPS  DEPARTMENT TEXAS, CARRIED		
9		ation / Job title (See Instructions)	10 Employer (See In	structions)	8 0		
L	Lawyer		Tarrant County	DA	1		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/06/2014	Contributor address; City; State; Zip Code 2917 Alton Rd Fort Worth, TX 76109		\$500.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Tarrant County				
_							
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/31/2014	Contributor address; City; State; Zip Code 123 W. Houston St Sherman, TX 75090		\$300.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)	· · · · · · · · · · · · · · · · · · ·		
	Date	Full name of contributor  ut-of-state PAC (ID# Johns, Leslie	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/04/2014	Contributor address; City; State; Zip Code 3313 Heritage Lane Forest Hill, TX 76140	· · · · · · · · · · · · · · · · · · ·	\$250.00     			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/22/2014	Contributor address; City; State; Zip Code 2900 Airport Freeway Fort Worth, TX 76111		\$100.00   			
		•		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In The King Firm	structions)			

Тех	as Ethics Com	mission P.O.Box	12070 Austin,	Texas 78711-2070	(512)463-5800	TDD 1-800-735-2989
		CAL CONTRIB		NS		ARRA EBS JAN ESTIONS
	The Instruction	พ Guide explains how to com	plete this form.		1 PAGE # Schedule: 11	20 Report: 13440 OM
2	FILER NAME	Wilson, Sharen			3 ACCOUNT# 00000001	(Ethics Commission files)
4	Date	5 Full name of contributor Loftin, Jerry	out-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 ⊈n-kind contribution description (if applicable) Fundraiser event
	07/30/2014	6 Contributor address; 113 N. Houston St Fort Worth, TX 76102	City; State; Zip Code		\$1,000.00	l I
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instruction	ns)	10 Employer (See Ins Jerry Loftin & As		
	Date	Full name of contributor Loftin, Stacy	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/20/2014	Contributor address; 3950 Highway 360 Grapevine, TX 76051	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$500.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instruction	ns)	Employer (See In: Adams Lynch &		
	Date	Full name of contributor Loftin, Trent	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Fundraiser event
	07/30/2014	Contributor address; 113 N. Houston St Fort Worth, TX 76102	City; State; Zip Code		\$2,500.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	eation / Job title (See Instruction	ns)	Employer (See In: Jerry Loftin & A		
	Date	Full name of contributor Loftin, Trent	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; 113 N. Houston St Fort Worth, TX 76102	City; State; Zip Code		\$500.00	I I I
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instruction	ns)	Employer (See In: Jerry Loftin & A		
	Date	Full name of contributor Long, Ronnie	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/30/2014	Contributor address; 6004 Airport Freeway Fort Worth, TX 76117	City; State; Zip Code		\$300.00	I I I
					(If travel outside of	Texas, complete Schedule T)
_	Principal occup Bail Bondsma	pation / Job title (See Instruction	ns)	Employer (See In Self	structions)	

Texas Ethics Commission

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 12	2/29 Report: 14/40	
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission file R R R A R R	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lynch, IV, John T.	#)	7 Amount of contribution (\$)	8 In find contribution description (Fapplicate)	
	08/20/2014	<b>6</b> Contributor address; City; State; Zip Code 5301 Miramar Ln Colleyville, TX 76034		\$500.00	PM 3: LOUNTY TO TEXAS Remplete Schedule T)	
9	Principal occup Lawyer	pation / Job title (See Instructions)	10 Employer (See In Adams Lynch 8	structions)	rexas, an inplete scriedule 1)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/01/2014	Contributor address; City; State; Zip Code 2825 Scott Mill Estate Dr Jacksonville, FL 32257		\$100.00	] 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Self	structions)		
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/31/2014	Contributor address; City; State; Zip Code 2209 Forest Park Blvd Fort Worth, TX 76110		\$300.00	1 	
		•		(If travel outside of	f Texas, complete Schedule T)	
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Tarrant County			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/31/2014	Contributor address; City; State; Zip Code 1300 S. University Dr, Ste 602 Fort Worth, TX 76107		\$500.00	 	
				(If travel outside of	f Texas, complete Schedule T)	
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Hill & Woodard			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/07/2014	Contributor address; City; State; Zip Code 1022 Texan Trail Grapevine, TX 76051		\$100.00	 	
				(If travel outside o	f Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See In			
	Lawyer		Tarrant County	DA		

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	The Instruction	ON GUIDE explains how to con	plete this form.		1 PAGE#	3/20 Report: 15/40
2	FILER NAME	Wilson, Sharen			3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Minick, Kim	out-of-state PAC (ID	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/31/2014	6 Contributor address; 132 Aledo Pointe Dr Aledo, TX 76008	City; State; Zip Code		\$300.00	I I
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	pation / Job title (See Instruction	ns)	10 Employer (See In Self	structions)	
	Date	Full name of contributor Mitchell, Stephen	out-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; PO Box 310 Fort Worth, TX 76101	City; State; Zip Code		\$200.00	 
		Ton Word, 12 Tolor			(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instruction	ns)	Employer (See In Self	structions)	
F	Dete	Full name of contributor	☐ out-of-state PAC (ID:	# \	Amount of	In-kind contribution
	Date	Moore, Larry	U out-oi-state PAC (ID)	)	contribution (\$)	description (if applicable)
	07/31/2014	Contributor address; 4210 W. Vickery Blvd Fort Worth, TX 76107	City; State; Zip Code		\$500.00	!   
l					(If travel outside of	Texas, complete Schedule T)
⊢	Principal occur	Loation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	Texas, complete ochedule 1)
	Lawyer			Self	,	
-	Date	Full name of contributor Moore, Randall D.	out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; 3701 S. University Dr Fort Worth, TX 76109	City; State; Zip Code		\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	pation / Job title (See Instruction	ns)	Employer (See In Self	structions)	
	Date	Full name of contributor Nguyen, Taylor	out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; 3248 W. 7th St., #217 Fort Worth, TX 76107	City; State; Zip Code		\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
Г		pation / Job title (See Instruction	ns)	Employer (See In		
	Lawyer			Tarrant County	DA	

	Y.,	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
					20
	The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/	20 Rep 6/4
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Continuission filers
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ortiz, Daniel	ŧ)	7 Amount of contribution (\$)	In Mind contribution Contribution (if applicable)
	07/28/2014	6 Contributor address; City; State; Zip Code 1304 W. Abram Arlington, TX 76013		\$100.00	TY: 40
				`	Texas, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; City; State; Zip Code PO Box 847 Arlington, TX 76004		\$250.00     	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Bail bonds	ation / Job title (See Instructions)	Employer (See In Freedom Bail B		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; City; State; Zip Code 3700 W. 7th St Fort Worth, TX 76107		\$250.00     	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Bruner & Pappa		
	Date	Full name of contributor	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/30/2014	Contributor address; City; State; Zip Code 2310 W. Interstate 20, Ste 100 Arlington, TX 76017		\$1,000.00   	
				(If travel outside of 1	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
-	07/28/2014	Contributor address; City; State; Zip Code 1914B E. Vickery Blvd Fort Worth, TX 76104		\$500.00   	
				(If travel outside of 1	Texas, complete Schedule T)
	Principal occup Bail Bond	ation / Job title (See Instructions)	Employer (See In Self	<u> </u>	,,, <u>_</u>

L	OTHER	THAN PLEDG	ES OR LOAI	<b>1</b> 3		<u>m</u>
	The INSTRUCTION	ON GUIDE explains how to con	plete this form.		1 PAGE # Schedule: 15	20 Report: 17(40 R
2	FILER NAME	Wilson, Sharen			3 ACCOUNT# 00000001	(Ethics of file of T
4	Date	5 Full name of contributor Price, Danny R.	□ out-of-state PAC (ID#	)	7 Amount of contribution (\$)	desemption (if population
	08/20/2014	6 Contributor address; 3617 Indian Wells Dr Arlington, TX 76017	City; State; Zip Code		\$300.00	TY 3: 40 SATOR
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instruction	ns)	10 Employer (See In Tarrant County		
	Date	Full name of contributor Ray, Marla	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; 3033 Ryan Place Dr Fort Worth, TX 76110	City; State; Zip Code		\$100.00	 
		Tok Word, 1270110			(If travel outside of	Texas, complete Schedule T)
	Principal occup Homemaker	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Ray, William H.	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; 512 Main St., Ste 308 Fort Worth, TX 76102	City; State; Zip Code		\$250.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instruction	ns)	Employer (See In Self	structions)	
	Date	Full name of contributor Richards, David	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; 1011 Switchyard, #334 Fort Worth, TX 76107	City; State; Zip Code		\$250.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instruction	ns)	Employer (See In Self	structions)	
	Date	Full name of contributor Roper, III, Richard	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; 11816 River View Way Aledo, TX 76008	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	nation / Job title (See Instruction	ns)	Employer (See In Thompson & Ki		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	20 Report 18/49
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	Ethics commission filers
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Rousseau, Richard	<u> </u>	7 Amount of contribution (\$)	In End contribution description (if applicable)
	07/31/2014	6 Contributor address; City; State; Zip Code 1447 Claiborne Ln Aledo, TX 76008		\$250.00   	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Tarrant County		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/11/2014	Contributor address; City; State; Zip Code 601 University Dr, Ste 101 Fort Worth, TX 76107	· · · · · · · · · · · · · · · · · · ·	\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self		, —
	Date	Full name of contributor	<u>‡</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 3816 Wharton Dr Fort Worth, TX 76133		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
	Bondsman		PCS Bail Bonds		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Scott, Mark	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/28/2014	Contributor address; City; State; Zip Code 3000 East Loop 820 Fort Worth, TX 76112		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)	
•	Date	Full name of contributor  ut-of-state PAC (ID# Shaw, James	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/04/2014	Contributor address; City; State; Zip Code 1414 Mistletoe Dr Fort Worth, TX 76110		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup Lawyer	eation / Job title (See Instructions)	Employer (See In Self	<u> </u>	,

Texa	as Ethics Con	mission P.O.Box	12070 Austin,	Texas 78711-2070	(512)463-5800	TDD 1-800-735-2989
		CAL CONTRIB		NS		SCHEDULE A
	O III LIV					R E &
	The Instruction	อง Guide explains how to com	nplete this form.		1 PAGE# Schedule: 17	720 Report: 19440 RF
2	FILER NAME	Wilson, Sharen			3 ACCOUNT# 00000001	(Ethiosogrammission files)
4	Date	5 Full name of contributor Sisemore, Justin	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In Rind cooributies description (Fapplicable)
(	07/31/2014	6 Contributor address; 603 E. Belknap St Fort Worth, TX 76102	City; State; Zip Code		\$500.00	3: 41
					(If travel outside of	Texas, complete Schedule T)
_	Principal occup Lawyer	ation / Job title (See Instruction	ns)	10 Employer (See In: Self	structions)	
	Date	Full name of contributor Sparks, Steve	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	07/31/2014	Contributor address; 6933 Canyon Springs Rd Fort Worth, TX 76132	City; State; Zip Code		\$200.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instruction	ns)	Employer (See In: Tarrant County		
	Date	Full name of contributor Stanley, James M.	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	08/04/2014	Contributor address; 2200 Hemphill Fort Worth, TX 76110	City; State; Zip Code		\$1,000.00	
			•		(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instruction	ns)	Employer (See In: Self	structions)	
	Date	Full name of contributor Terrell, Clifton Matthew	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
•	11/30/2014	Contributor address; 2704 Brittany Lane Grapevile, TX 76051	City; State; Zip Code		\$200.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instruction	ns)	Employer (See In Phelps Dunbar	structions)	
	Date	Full name of contributor Thornton, Mary B.	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(	07/30/2014		City; State; Zip Code		\$250.00	[
		Fort Worth, TX 76111			· -	
	Deinoinal	otion / Joh 4:41a /Con Instanction	na)	Employer/Cas !=		Texas, complete Schedule T)
	Lawyer	eation / Job title (See Instruction	nis)	Employer (See In Self	suucuons)	

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	OTTLK	THAN I LEDGES SK ESAK		O	° E 20 ±
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	20 R
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Germmission files)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Valverde, Alfredo	)	7 Amount of contribution (\$)	8 forkind contribution description (if applicable)
	07/31/2014	6 Contributor address; City; State; Zip Code 1000 Rio Grande Dr Benbrook, TX 76126		\$100.00	3: 41
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Tarrant County		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/24/2014	Contributor address; City; State; Zip Code 1416 Westover Lane Fort Worth, TX 76107		\$1,400.00	l 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	eation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 420 Throckmorton, Ste 200 Fort Worth, TX 76102		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occur Lawyer	pation / Job title (See Instructions)	Employer (See In Varghese & Sm		
	Date	Full name of contributor  ut-of-state PAC (ID# Wade, Jeanie M.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; City; State; Zip Code 633 West Division St		\$250.00	 
		Arlington, TX 76011		(If travel outside of	Texas, complete Schedule T)
	Principal occup Bail bonds	pation / Job title (See Instructions)	Employer (See In A Way Out Bail	structions)	Total, complete contents i,
	Date	Full name of contributor  ut-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/22/2014	Contributor address; City; State; Zip Code PO Box 847		\$250.00	 
		Arlington, TX 76004			_
L	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
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Texas Ethics Con	nmission P.O.Box 12070 Austin,	Texas 78711-2070	(512)463-580	TDD=800-735-2989		
1	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS					
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1	9/20 Report: 21/40 Z		
2 FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Walton, Roger	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
08/11/2014	6 Contributor address; City; State; Zip Code 2310 W. Interstate 20, Sutie 200 Arlington, TX 76017		\$100.00			
			(If travel outside o	f Texas, complete Schedule T)		
9 Principal occur Lawyer	ation / Job title (See Instructions)	10 Employer (See Ins Self	structions)			
Date	Full name of contributor  ut-of-state PAC (ID# Wilkinson, Melody	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/31/2014	Contributor address; City; State; Zip Code 6721 Glen Meadow Dr Fort Worth, TX 76132		\$125.00	 		
			(If travel outside o	f Texas, complete Schedule T)		
Principal occup Judge	ation / Job title (See Instructions)	Employer (See Ins State of Texas	structions)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Willett, Brian			1		
07/28/2014	Contributor address; City; State; Zip Code 1113 Bedford Rd., Ste B Bedford, TX 76022		\$200.00	! !		
07/28/2014	Contributor address; City; State; Zip Code 1113 Bedford Rd., Ste B			 		
	Contributor address; City; State; Zip Code 1113 Bedford Rd., Ste B	Employer (See In: Self	(If travel outside o	 		
Principal occup	Contributor address; City; State; Zip Code 1113 Bedford Rd., Ste B Bedford, TX 76022	Self	(If travel outside o	f Texas, complete Schedule T)  In-kind contribution description (if applicable)		
Principal occup Lawyer	Contributor address; City; State; Zip Code 1113 Bedford Rd., Ste B Bedford, TX 76022  ation / Job title (See Instructions)  Full name of contributor  ut-of-state PAC (ID#	Self	(If travel outside or structions)  Amount of	In-kind contribution		
Principal occup Lawyer Date	Contributor address; City; State; Zip Code  1113 Bedford Rd., Ste B Bedford, TX 76022  Pation / Job title (See Instructions)  Full name of contributor Williams, Barbara  Contributor address; City; State; Zip Code 2826 E. Rosedale St., Ste B	Self	(If travel outside of structions)  Amount of contribution (\$)  \$500.00	In-kind contribution		
Principal occup Lawyer  Date  07/30/2014	Contributor address; City; State; Zip Code  1113 Bedford Rd., Ste B Bedford, TX 76022  ation / Job title (See Instructions)  Full name of contributor Williams, Barbara  Contributor address; City; State; Zip Code 2826 E. Rosedale St., Ste B Fort Worth, TX 76105	Self	(If travel outside of structions)  Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)		
Principal occup Lawyer  Date  07/30/2014  Principal occup	Contributor address; City; State; Zip Code  1113 Bedford Rd., Ste B Bedford, TX 76022  ation / Job title (See Instructions)  Full name of contributor Williams, Barbara  Contributor address; City; State; Zip Code 2826 E. Rosedale St., Ste B Fort Worth, TX 76105	Self  Employer (See In:	(If travel outside of structions)  Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)		
Principal occup Lawyer  Date  07/30/2014  Principal occup Bail Bondsma	Contributor address; City; State; Zip Code  1113 Bedford Rd., Ste B Bedford, TX 76022  ation / Job title (See Instructions)  Full name of contributor Williams, Barbara  Contributor address; City; State; Zip Code 2826 E. Rosedale St., Ste B Fort Worth, TX 76105  ation / Job title (See Instructions)  Tull name of contributor	Self  Employer (See In:	(If travel outside of structions)  Amount of contribution (\$)  \$500.00  (If travel outside of structions)	In-kind contribution description (if applicable)		
Principal occup Lawyer  Date  07/30/2014  Principal occup Bail Bondsma	Contributor address; City; State; Zip Code  1113 Bedford Rd., Ste B Bedford, TX 76022  ation / Job title (See Instructions)  Full name of contributor Williams, Barbara  Contributor address; City; State; Zip Code 2826 E. Rosedale St., Ste B Fort Worth, TX 76105  ation / Job title (See Instructions)  Full name of contributor Williams, Barbara M.  Contributor address; City; State; Zip Code 100 Throckmorton, Ste 300	Self  Employer (See In:	(If travel outside of structions)  Amount of contribution (\$)  \$500.00  (If travel outside of structions)  Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)		

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	The Instruction	Guide explains how to complete this form.		1 PAGE# Schedule: 20	/20 R 22/4b
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics formmission file of STP)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wilson, James	)	7 Amount of contribution (\$)	8 hkind contribution( description (if applicable)
	08/29/2014	6 Contributor address; City; State; Zip Code 933 W. Weatherford, #212 Fort Worth, TX 76102		\$100.00	) 
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	,	Texas, complete Schedule T)
	Lawyer		Self		
	Date	Full name of contributor  ut-of-state PAC (ID# Windsor, Debra	<b>)</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code PO Box 100609 Fort Worth, TX 76185		\$200.00	 
				`	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Tarrant County		
	Date	Full name of contributor  ut-of-state PAC (ID# Wood, Jerry		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 912 W. Belknap St Fort Worth, TX 76102		\$500.00	 
					Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/16/2014	Contributor address; City; State; Zip Code 1398 W. Mayfield Rd, #200 Arlington, TX 76060		\$100.00	! 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/31/2014	Contributor address; City; State; Zip Code 3901 Race St		\$75.00	 
		Fort Worth, TX 76111		//6 trough sutaids = f	Toyon complete Schodule T\
_		pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Lawyer		Self		

**Texas Ethics Commission** 

POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundr	Contract Labor Loan Repaym aising Expense Transportation Contributions/ trict Candidate/ Rental Expense OTHER (ente	ent/Rembursement Application Services Project Services Pr
1 PAGE#	2 FILER NAME Wilson, Sharen		3 AGCOUNT# (TEOTILES)
Schedule: 1/18 F	5 Payee name		
08/01/2014	Angelo's BBQ		RA ITY
6 Amount (\$) \$131.04	7 Payee address City; State; Zip Code 2533 White Settlement Rd Fort Worth, TX 76107		3: 41
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside Luncheon	e of Texas, complete Schedule T)
EXICIDITORE		Check if Austin, TX, officehold	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
09/16/2014	Arlington Chamber of Commerce		
Amount (\$) \$185.00	Payee address City; State; Zip Code 505 East Border Arlington, TX 76010		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside Membership Dues	e of Texas, complete Schedule T)
EXPENDITURE		Charles Assets TV officebole	las Balan annan
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check If Austin, TX, officehold Office sought:	Office held:
Date	Payee name		
08/12/2014	Arlington Republican Club		
Amount (\$) \$150.00	Payee address City; State; Zip Code PO Box 14095 Arlington, TX 76094		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside Sponsorship ARC Classic	e of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officehold Office sought:	der living expense Office held:
Date	Payee name		
12/09/2014	Arlington Republican Club		
Amount (\$) \$20.00	Payee address City; State; Zip Code PO Box 14095 Arlington, TX 76094		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Dues	e of Texas, complete Schedule T)
Complete ONLY if	Candidate / Officeholder name	Office sought:	der living expense Office held:
direct expenditure	Sandrate / Onlogiologi Hame	Onice sought,	Onice neig.

P.O.Box 12070

POLITIC	AL EXPENDITURES	SCHEDULE F
		B E 22 H
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	nse Gifts/Awards/Memorial Expense Salari ing Legal Services Solicit nse Food/Beverage Expense Trave Polling Expense Office Printing Expense Office	E CATEGORIES es/Wages/Contract Labor attion/Fundraising Expense In District I Out Of District Overhead/Rental Expense Dialns how to complete this form.
1 PAGE#	2 FILER NAME	3 AGEQUINT # (TECTIONS)
Schedule: 2/18 F	Report: 24/40 Wilson, Sharen	000000 to Z
4 Date 10/25/2014	5 Payee name Bird Cafe	AATO
6 Amount (\$) \$240.00	7 Payee address City; State; Zip Co 155 E. 4th St Fort Worth, TX 76102	de
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Chiefs meeting
		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	Payee name	
12/31/2014	Catering by Julies	
Amount (\$) \$900.00	Payee address City; State; Zip Co 700 W. Bedford Euless Rd Hurst, TX 76053	de
PURPOSE OF	Category (See Categories listed at the top of this sche Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Oath reception
EXPENDITURE	•	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	
07/01/2014	Colleyville Lions Club	
Amount (\$) \$75.00	Payee address City; State; Zip Co PO Box 536 Colleyville, TX 76034	de
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho Fees	Tickets, Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
10/01/2014	Colleyville Lions Club	
Amount (\$) \$182.00	Payee address City; State; Zip Co PO Box 536 Colleyville, TX 76034	de
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees	Dues
	Odidek (Office to 1)	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment Reimburse stent Transportation Etippment Reillated pense Contributions/Donations Made By Candidate/OfficeInsider/Political Committee OTHER (enter a Cosson na Tisted and e) n. Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services Food/Beverage Expense Polling Expense Consulting Expense Event Expense Travel In District Travel Out Of District Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME ACCOUNT# Wilson, Sharen 00000001 Schedule: 3/18 Report: 25/40 4 Date 5 Payee name S Colleyville Lions Club 11/01/2014 Payee address City; State; Zip Code 6 Amount (\$) PO Box 536 \$80.00 Colleyville, TX 76034 (b) Description Contribution 8 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Corner Bakery 09/09/2014 Payee address State; Zip Code Amount (\$) City; 615 Main St \$204.00 Fort Worth, TX 76102 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Luncheon Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Payee name Cowtown Charters 11/17/2014 Amount (\$) Payee address City; State; Zip Code 5504 Forest Hill Dr \$1,072.18 Fort Worth, TX 76119 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Oath ceremony **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Dell, Inc 11/24/2014 Amount (\$) Pavee address City; State; Zip Code One Dell Way, Mail Stop 8129 Round Rock, TX 78682 \$281.45 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Computer equipment Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 78711-2	2070 (512	)463-5800 TDD 1-800-73	5-2989
POLITIC	AL EXPENDITURES		SCHEDULE	F 70
	EVDENDITUDE CATEO	ODIEC	62 C	D .
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services Solicitation/Fundra nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/R The Instruction Guide explains how	ontract Labor Loan Repaising Expense Transport contribution Candida lental Expense OTHER (e	ayment/Reingungemen ation Equipment Related Experi ate/Officehotger/Political Commit nter a category political commit nter a category political above	
1 PAGE#	2 FILER NAME		3 AGCOUNT (TE	Filers)
Schedule: 4/18 F	Report: 26/40 Wilson, Sharen		06000001	4
4 Date	5 Payee name			-
07/31/2014	FedEx Office		8 -	
6 Amount (\$)	7 Payee address City; State; Zip Code		1	
\$263.91				
8	(a) Category (See Categories listed at the top of this schedule)		side of Texas, complete Schedul	e T)
PURPOSE	Advertising Expense	Advertising		_
OF EXPENDITURE		1		
		Check if Austin, TX, officeh	older living expense	
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:	
direct expenditure		- · · · · · · · · · · · · · · · · · · ·		
to benefit C/OH				
Date	Payee name			
08/07/2014	Fort Worth Chamber of Commerce			
Amount (\$)	Payee address City; State; Zip Code			
\$448.00				
\$440.00	Fort Worth, TX 76102			
	Category (See Categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedul	TV
PURPOSE	Fees	Dues	side of Texas, complete schedul	, ., <b>L</b>
OF	1 663	1		
EXPENDITURE		<u> </u>	1	
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeh Office sought:	Office held:	
Complete ONLY if direct expenditure	Candidate / Officeriolder frame	Office sought.	Office field.	
to benefit C/OH				
Date	Payee name			
08/09/2014	Fort Worth Chamber of Commerce			
Amount (\$)	Payee address City; State; Zip Code			
1				
\$60.00	Fort Worth, TX 76102			
	1.000			
	Catagony (See Catagories listed at the top of this school of	Description (If travel out	side of Texas, complete Schedule	T)
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	State of County registr	ation	יין פי
OF	Lydii Lypeiise	1		
EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeh Office sought:	Office held:	+
Complete ONLY if direct expenditure	Candidate / Officeriolder name	Office sought.	Office field.	
to benefit C/OH				
Date	Payee name			
09/10/2014	Fort Worth Chamber of Commerce			
				-
Amount (\$)	1			
\$80.00	777 Taylor St, #900 Fort Worth, TX 76102			
	TOIL WORLIN, TA 70 TOZ			
		1 5		
DUBBOSE	Category (See Categories listed at the top of this schedule)	Description (If travel out Luncheon ticket	side of Texas, complete Schedul	e T) 📙
PURPOSE OF	Event Expense	Luncheon ticket		
EXPENDITURE				
		Check if Austin, TX, officeh		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:	
direct expenditure to benefit C/OH				

Electronic Filing Version 3.4.6

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 78711-20	070 (512	2)463-5800 TDD 1-800-735-2989
POLITIC	AL EXPENDITURES		SCHEDULE F
I OLITIO	AL EXI ENDITORES		· m
			20 BY
Advantinta a Fina	EXPENDITURE CATEGO	RIES	J = 55 €
Advertising Expe	ing Legal Services Solicitation/Fundrais	ing Expense Transport	ayment/Reintburgemen ation Equipments Related Expense ons/Donation Made By
Consulting Exper Event Expense	Polling Expense Travel Out Of District	Contribution Contribution Candid	ons/Donations Made By ate/Officehoide/Rolitical Committee enter a category not lister above
Fees	Printing Expense Office Overhead/Re The Instruction Guide explains how t	ntal Expense OTHER (e	enter a category not lister above
1 PAGE#	2 FILER NAME		3 ACCOUNTY (TED (ters)
Schedule: 5/18 F	l o.		€990001 €
4 Date	5 Payee name		I A F
12/25/2014	Fort Worth Chamber of Commerce		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$45.00	777 Taylor St, #900 Fort Worth, TX 76102		
	7 57. 77. 77. 75. 75.		
8	(a) Category (See Categories listed at the top of this schedule)		tside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Luncheon ticket	-
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	older living expense Office held:
direct expenditure	Oandidate / Officeriolde Hame	Office 30ugiti.	Office field.
to benefit C/OH			
Date	Payee name		
08/12/2014 Amount (\$)	Hancock, Senator Kelly Payee address City; State; Zip Code		
\$150.00	PO Box 821349		
\$150.00	North Richland Hills, TX 76182		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel our Donation	tside of Texas, complete Schedule T)
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation	
EXPENDITURE		Check if Austin, TX, officel	nolder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
07/13/2014	Heinzman, Sherri		·
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	1 Red Bluff Court Mansfield, TX 76063		
	Mananala, 170, 70000		~
	Category (See Categories listed at the top of this schedule)	Description (If travel ou	tside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Contract Labor	_
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	holder living expense Office held:
direct expenditure to benefit C/OH	Sandada / Sindandad Harie	Office bought.	Since ridia.
Date 08/06/2014	Payee name Heinzman, Sherri		·
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	1	y	
φ230.00	Mansfield, TX 76063		
100			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel ou Contract Labor	tside of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor		
EXPENDITURE		Check if Austin, TX, office	holder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			

Electronic Filing Version 3.4.6

City; State; Zip Code

Description

Transition retreat

Office sought:

Check if Austin, TX, officeholder living expense

Category (See Categories listed at the top of this schedule)

Amount (\$)

**PURPOSE** 

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

\$277.98

Payee address

635 E. Pearl St

Granbury, TX 76048

Travel Out Of District

Candidate / Officeholder name

(If travel outside of Texas, complete Schedule T)

Office held:

direct expenditure to benefit C/OH

#### P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Event Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Wilson, Sharen Schedule: 7/18 Report: 29/40 00000001 4 Date 5 Payee name Keller Business Connections 08/07/2014 6 Amount (\$) Payee address City; State: Zip Code \$250.00 131 Taylor St Kellery, TX 76248 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Dues OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 08/25/2014 Keller Business Connections Amount (\$) Payee address City; State; Zip Code 131 Taylor St Keller, TX 76248 \$15.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Ticket lunch **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Konni Burton Campaign 10/22/2014 Amount (\$) Pavee address City: State: Zip Code PO Box 1246 \$200.00 Colleyville, TX 76034 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Election night event expense **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH G RAN Date Payee name 12/02/2014 Ladies on the Lamb Amount (\$) Payee address City; State; Zip Code PO Box 470860 \$200.00 Fort Worth, TX 76147 Sonedu Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, **PURPOSE** Contribution Contributions/Donations Made By Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder riame Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Event Expense Fees	Polling Expense Travel Out Of	f District Candidat	e/Officeholder/Political Committee
rees	The Instruction Guide explains	•	ter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 8/18 F	Report: 30/40 Wilson, Sharen		0000001
4 Date	5 Payee name		
07/10/2014	Laser Graphic Press Co		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1,954.19	5352 Wedgmont Cir N Fort Worth, TX 76133		
	,		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outsi	ide of Texas, complete Schedule T)
PURPOSE	Printing Expense	Printing	
EXPENDITURE			
		Check if Austin, TX, officeho	
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
11/08/2014	Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Zip Code		
\$167.79	5352 Wedgmont Cir N Fort Worth, TX 76133		
	Fort Worth, 12 70133		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE	Printing Expense	printing	de di Texas, complete ochedule 1)
OF EXPENDITURE			
		Check if Austin, TX, officeho	lder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
11/17/2014	Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Zip Code		
\$81.19	5352 Wedgmont Cir N		
·	Fort Worth, TX 76133		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE	Printing Expense	Printing	
OF EXPENDITURE			77 2011 פרבכ
EXI ENDITORIZ		Check if Austin, TX, officeho	lder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	ORIGO HER RA
to benefit C/OH			
Date	Payee name		LED T COUNTY 5 PM 3: 41 PHILLIPS DMINISTRATOR
11/25/2014	Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Zip Code		PH 3: I
\$539.63	5352 Wedgmont Cir N		₹S S X
	Fort Worth, TX 76133		10 OLY
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	de of Texas, complete Schedule T)
PURPOSE	Printing Expense	Printing	Toxas, complete conecule 1)
OF EXPENDITURE			
EXPERIMENT		Check if Austin, TX, officeho	older living expense
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			

## Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 **POLITICAL EXPENDITURES** SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Experi Event Expense	nse Food/Beverage Expense Polling Expense	Solicitation/Fundraising Expense Travel In District Travel Out Of District	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense The Instruction Gui	Office Overhead/Rental Expense DE explains how to complete this for	OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	• • • • • • • • • • • • • • • • • • • •	3 ACCOUNT# (TEC filers)
Schedule: 9/18 F	Report: 31/40 Wilson, Sharen		0000001
4 Date	5 Payee name		
12/03/2014	Laser Graphic Press Co		
6 Amount (\$)	7 Payee address City; State;	Zip Code	
\$161.03	5352 Wedgmont Cir N		
	Fort Worth, TX 76133		
	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	(Managed outside of Tours according Colonty In T
8 PURPOSE	Printing Expense	Printing	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
EXI ENDITORE		☐ Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sou	
direct expenditure to benefit C/OH			
Date	Payee name		
12/29/2014	Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Z	Zip Code	
\$156.42	5352 Wedgmont Cir N		
,	Fort Worth, TX 76133		
PURPOSE	Category (See Categories listed at the top of the	nis schedule) Description Printing	(If travel outside of Texas, complete Schedule T)
OF	Printing Expense		
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sou	
direct expenditure to benefit C/OH			
Date	Payee name		
12/29/2014	Lucile's Bistro		
Amount (\$)	Payee address City; State;	Zip Code	
\$246.00	4700 Camp Bowie Blvd		
	Fort Worth, TX 76107		
	0-1		
PURPOSE	Category (See Categories listed at the top of the Food/Beverage Expense	nis schedule) Description Staff meetin	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1 Ood/Deverage Expense		~ <b>m</b> .,
EXPENDITURE		Check if Austii	n, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sou	
direct expenditure to benefit C/OH			
Date	Payee name		A 5 5
08/11/2014	Menger Hotel		22 0 5m
Amount (\$)	Payee address City; State; 2	Zip Code	W.S. S. OU
\$290.91	204 Alamo Plaza		97₹ ω <b>Z</b>
,	San Antonio, TX 78205		RA RA
·	**************************************		
PURPOSE	Category (See Categories listed at the top of the	nis schedule) Description Bexar Count	(If travel outside of Texas, complete Schedule T)
OF	Travel Out Of District	Bezai Gouili	
EXPENDITURE		Chack if Assets	n, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sou	
direct expenditure			

SCHEDULE F

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeolder/Political Committee

Fees Fees	Polling Expense I ravel Out Of L Printing Expense Office Overhea The Instruction Guide explains h	d/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
1 PAGE# Schedule: 10/18	AGILLAN Channe	00000001 (TEC IIIels)
4 Date	5 Payee name	0000001
08/22/2014	Menger Hotel	
6 Amount (\$)	7 Payee address City; State; Zip Code	
	204 Alamo Plaza	
\$108.45	San Antonio, TX 78205	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Bexar County DA visit
OF	Travel Out Of District	Bexai County BA Visit
EXPENDITURE		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	Payee name	
09/30/2014 Amount (\$)	Murphy Nasica Payee address City; State; Zip Code	
	815-A Brazos Street, #304	
\$586.30	Austin, TX 78701	
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Email contact subscription
OF	1 000	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
08/07/2014	Nelson, Senator Jane	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	PO Box 608	
Ψ200.00	Grapevine, TX 76099	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Host Committee sponsorspip
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living thense
Complete ONLY if direct expenditure	Candidate / Officeholder name	
to benefit C/OH		OP S TI
Date	Payee name	7 00
08/25/2014	Northeast Leadership Forum	
Amount (\$)	Payee address City; State; Zip Code	70 <b>3:</b> -1
\$100.00	PO Drawer 969	TY: 42
<b>\$ 100.00</b>	Bedford, TX 76095	OR .
BUBBBBB	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Fees	Dues
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees	Polling Expense Travel Out	Of District Candidate/Officeholder/Political Committee head/Rental Expense OTHER (enter a category not listed above)
	-	
1 PAGE # Schedule: 11/18		3 ACCOUNT# (TEC filers) 00000001
4 Date 12/03/2014	5 Payee name Northeast Leadership Forum	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$45.00	PO Drawer 969 Bedford, TX 76095	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Luncheon
OF EXPENDITURE	, source age imposses	
EXPENDITORE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
	I Pausa nama	
Date 08/01/2014	Payee name Nothing Bundt Cakes Fort Worth	
Amount (\$)	Payee address City; State; Zip Code	
\$18.50	4603 Camp Bowie Blvd	
\$ 10.50	Fort Worth, TX 76107	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Luncheon
EXPENDITURE		<u> _</u>
		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	
09/17/2014	Nothing Bundt Cakes Fort Worth	
Amount (\$)	Payee address City; State; Zip Code	
\$40.99	4603 Camp Bowie Blvd	
	Fort Worth, TX 76107	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texts complete chedule T)
OF	Food/Beverage Expense	를 그 꼭
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought:
direct expenditure	Candidate / Officeriologi Hairie	Office sought:
to benefit C/OH		<u> </u>
Date	Payee name	JNTY 1 3: 42 IPS ISTRATOR
11/24/2014	Nothing Bundt Cakes Fort Worth	TRUS SHE
Amount (\$)	Payee address City; State; Zip Code	No 52
\$404.31	4603 Camp Bowie Blvd Fort Worth, TX 76107	<b>₽</b>
	Tota vvoidi, 12 /010/	:
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Oath ceremony reception
OF	E TOIL EXPONSO	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense	Polling Expense Travel Out Of D	istrict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead The Instruction Guide explains ho	d/Rental Expense OTHER (enter a category not listed above) ow to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers
Schedule: 12/18	- Wilson Charan	0000001
4 Date	5 Payee name	
07/27/2014	Office Depot	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$25.19		
,		
8 BURDOCE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
PURPOSE OF	Office Overhead/Rental Expense	Supplies
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought: Office held:
direct expenditure	Candidate / Officeroider frame	Office Sought.
to benefit C/OH		
Date	Payee name	
12/05/2014	Office Depot	
Amount (\$)	Payee address City; State; Zip Code	
\$170.79	4613 Hulen, Ste B	
	Fort Worth, TX 76132	
		Description ((Standard Target Annual Cohodula T)
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Supplies
OF	Office Overflead/Remail Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		<u>-</u>
Date	Payee name	
11/24/2014	Party Warehouse	
Amount (\$)	Payee address City; State; Zip Code	
\$104.42	6550 Camp Bowie Blvd 11 Fort Worth, TX 76116	
	, , , , , , , , , , , , , , , , , , , ,	·
	Category (See Categories listed at the top of this schedule)	Description (If travel outside Texas complemental Chedule T)
PURPOSE	Event Expense	Oath ceremony reception:
OF EXPENDITURE	·	
2/4 2/13/13/14		Oath ceremony reception:
Complete ONLY if	Candidate / Officeholder name	Office sought:
direct expenditure to benefit C/OH		PH COM
Date	Payee name	
11/25/2014	Party Warehouse	H 3:
Amount (\$)	Payee address City; State; Zip Code	
\$27.60	6550 Camp Bowie Blvd 11	L2
Ψ27.00	Fort Worth, TX 76116	27
		:
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Oath ceremony reception
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Exper Event Expense Fees	nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	contributions/D strict Candidate/O Rental Expense OTHER (enter	Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)
	The Instruction Guide explains how	w to complete this form.	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 13/18	Report: 35/40 Wilson, Sharen		0000001
4 Date 11/28/2014	5 Payee name Party Warehouse		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$9.71	6550 Camp Bowie Blvd 11 Fort Worth, TX 76116		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Oath ceremony reception	of Texas, complete Schedule T)
EXPENDITURE			
	Condidate (Office holder a second	Check if Austin, TX, officeholde	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
11/17/2014	Pierce, Chip		
Amount (\$)	Payee address City; State; Zip Code		
\$775.00	1608 Steinburg Lane Fort Worth, TX 76134		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of photography	of Texas, complete Schedule T)
EXPENDITURE	•		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	r living expense Office held:
Date	Payee name	-	
12/31/2014	Piryx		
Amount (\$)	Payee address City; State; Zip Code		
\$228.59	144 2nd Street 1st Floor San Francisco, CA 94105	84:	TAF 2015 ELEC
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside Online donation fees	of Texas pomple schedule T)
EXPENDITURE		Check if Austin, TX, officeholde	r living sweense OM
Complete ONLY if	Candidate / Officeholder name	Office sought:	Diffice held?
direct expenditure to benefit C/OH	Surface of the state of the sta	U.1100 00-13-11.	LIP W
Date	Payee name		5 - 4
11/08/2014	Raising the Standard Foundation		4101 ATO
Amount (\$)	Payee address City; State; Zip Code		
\$125.00	3852 Oak Haven Dr Forest Hill, TX 76119		•
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Advertising	of Texas, complete Schedule T)
Complete ONLY	Candidate / Officeholder name	Check if Austin, TX, officeholde	r living expense Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office field:

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial 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 ho	w to complete this form.	,,,
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 14/18	Report: 36/40	Wilson, Sharen		00000001
4 Date	5 Payee name			
11/24/2014	Rotary Club	of Fort Worth		
6 Amount (\$)	7 Payee address	s City; State; Zip Code		
\$300.00	306 W. 7th 9			
	Fort Worth,	TX 76102		
8 PURPOSE	1	e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Fees		Dues	
EXPENDITURE			(m	
O Complete ONLY if	Candidate / O	fficabeldes name	Check if Austin, TX, officeholde	
9 Complete ONLY if direct expenditure	Candidate / C	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
12/03/2014	Southlake E	xecutive Forum		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$150.00	PO Box 930	91		
4.00.00	Southlake,	TX 76092		
	Category (Se	e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Contribution	s/Donations Made By	Contribution	
EXPENDITURE	Candidate/C	officeholder/Political Committee	<u> </u>	
			Check if Austin, TX, officeholde	
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
08/06/2014	Staples			
Amount (\$)	Payee addres	s City; State; Zip Code		<u> </u>
\$34.89			8	
ψ34.03	Fort Worth,	TX		FARR 015 JA Ection
			1	
	Category (Se	e Categories listed at the top of this schedule)		of Texas, complete Schedul (1)
PURPOSE OF	Office Overh	nead/Rental Expense	Supplies	86 5 TH
EXPENDITURE				PHE CO
			Check if Austin, TX, officeholde	r living Expense
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Strong heles
to benefit C/OH				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Date	Payee name			2
11/01/2014	Staples			1 ~
Amount (\$)	Payee addres	s City; State; Zip Code		
\$2,045.92				
φ <b>2,045.92</b>	Mansfield,	TX 76063		
	Category (Se	e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE	Advertising	_	Promotional mugs	
OF EXPENDITURE				
2/1 2/10/10/12			Check if Austin, TX, officeholde	r living expense
Complete ONLY if	Candidate / C	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME 2 Wilson, Sharen 0000001 Schedule: 15/18 Report: 37/40 4 Date 5 Payee name **Tarrant County Bar Association** 07/08/2014 City; State; Zip Code 6 Amount (\$) Payee address 1315 Calhoun St \$79.00 Fort Worth, TX 76102 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Tickets **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Complete ONLY if Office held: direct expenditure to benefit C/OH Date Payee name 09/17/2014 **Tarrant County Bar Association** Amount (\$) Payee address City; State; Zip Code 1315 Calhoun St \$35.00 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Room rental luncheon **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 11/01/2014 Tarrant County GOP Amount (\$) Payee address City; State; Zip Code 2405 Gravel Dr \$1,000.00 Fort Worth, TX 76118 Category (See Categories listed at the top of this schedule) Description (If travel outside **PURPOSE** Lincoln Day tickets **Event Expense EXPENDITURE** -0 Check if Austin, TX, officeholde living axpense Complete ONLY if Candidate / Officeholder name Office sought: Office held direct expenditure S Z to benefit C/OH Date Pavee name 0 11/24/2014 **Taylor Rentals** City; Amount (\$) Payee address State; Zip Code 220 University Dr Fort Worth, TX 76107 \$838.94 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Oath ceremony **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Experience Event Expense Fees	Polling Expense Travel Out Of	District Candidate/ ad/Rental Expense OTHER (enter	Donations Made By Officeholder/Political Committee r a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 16/18	- Milesa Obsess		00000001
4 Date	5 Payee name		
10/12/2014	Texans for Greg Abbott		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$200.00	504 Lavaca St Austin, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Contributions/Donations Made By	Contribution	_
OF EXPENDITURE	Candidate/Officeholder/Political Committee		
EXPERIDITORE		Check if Austin, TX, officehold	er living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	
to beliefft C/OH			
Date	Payee name		
08/29/2014	Texas Asian Republican Assembly		
Amount (\$)	Payee address City, State; Zip Code		
\$150.00	PO Box 632255		
,	Irving, TX 75063		
	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Contribution	
EXPENDITURE	Candidate/Officeholder/Political Committee		
		Check if Austin, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
10/16/2014	Texas District & County Attorneys Association		
Amount (\$)	Payee address City; State; Zip Code		
. 117	l		
\$350.00	Austin, TX 76701		
,	,		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	Texas, complete chedule T)
PURPOSE	Fees	Conference fee	Y rexist complete Echedule 1)
OF			
EXPENDITURE		Check if Austin, TX, officehold	P P
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		S.Med dodgine	5 5 AL
to benefit C/OH			TE OM
Date	Payee name		
12/06/2014	Texas District & County Attorneys Association		1
Amount (\$)	Payee address City; State; Zip Code		8 -
\$75.00	505 W. 12th St, Ste 100		FAIOR
ψ, σ.σσ	Austin, TX 76701		, D
	1		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside Dues	e of Texas, complete Schedule T)
OF			e of Texas, complete Schedule T)
		Dues	, , , , , , , , , , , , , , , , , , ,
OF			, , , , , , , , , , , , , , , , , , ,

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

### **POLITICAL EXPENDITURES**

SCHEDULE F

EXPENDITURE CATEGORIES  Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Event Expense Fees  Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expen				
1 PAGE # Schedule: 17/18	Report: 39/40 Z FILER NAME Wilson, Sharen	3 ACCOUNT # (TEC filers) 00000001		
4 Date	5 Payee name			
09/28/2014 6 Amount (\$)	Texas for Life Coalition 7 Payee address City; State; Zip Code			
\$80.00	1			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Tickets  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	Payee name			
10/16/2014	Texas For Life Coalition			
Amount (\$)	Payee address City; State; Zip Code			
\$45.00	5616 Forest Bend Dr Arlington, TX 76017			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Contribution Auction  Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:		
Date 07/08/2014	Payee name USPS			
Amount (\$)	Payee address City; State; Zip Code			
\$2,254.00	Fort Worth, TX 76101	TAR 2015, ELECT BY:-		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Text complete Schedule T) Stamps  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:		
Date 07/30/2014	Payee name USPS	L'2		
Amount (\$)	Payee address City; State; Zip Code			
\$107.80	Downtown Station Fort Worth, TX 76101			
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Postage		
EXPENDITURE		Check if Austin TX officeholder living expense		

Office held:

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 18/18 Report: 40/40  2 FILER NAME Wilson, Sharen				3 ACCOUNT# (TEC filers) 00000001
0000001				
4 Date	5 Payee name USPS			
11/26/2014		0''0'		
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$441.00	CityView Station Fort Worth, TX 76101			
	Tolt Worth, 1X 70101			
	(a) Catagoriu (0)		In Description	
8 PURPOSE	Event Exper	e Categories listed at the top of this schedule)	(b) Description (If travel outside Postage Oath ceremony	e of Texas, complete Schedule T)
OF	L voin Experise			
EXPENDITURE	☐ Check if Austin, TX, officeholder living expe			lor living avenue
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure	ure			Office field.
to benefit C/OH				
Date	Payee name			
12/08/2014	Westin Hotel Austin			
Amount (\$)	Payee address City; State; Zip Code			
\$542.82	11301 Domain Dr			
	Austin, TX 7	78758		
PURPOSE		e Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) TDCAA Conference	
OF	Travel Out Of District			
EXPENDITURE			ln	
Complete ONLY if	Candidate / O	fficeholder name	Check if Austin, TX, officehold Office sought:	ler living expense Office held:
Complete ONLY if direct expenditure	Candidate / O	incerioider name	Office sought.	Office field.
to benefit C/OH				
Date	Payee name			
08/11/2014	Woodruff, Constable David			
Amount (\$)	Payee address City; State, Zip Code			
\$200.00	0 700 E. Abram St, Ste 202			
	Arlington, T.	X 76010		
PURPOSE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) Donation	
OF	Contribution:	s/Donations Made By officeholder/Political Committee	Donation	
EXPENDITURE	Carialdato/C		П	
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	
direct expenditure	Candidate / O	miceriolaer name	Office sought.	EC S
to benefit C/OH				=
				FILED RANT COUNTY JAN 15 PM 3: 42 RANK PHILLIPS IDNS ADMINISTRATOR
				A
				FE OF TIME
				SIP C
				2° % 7
				<b>₹ ₹ 1</b>
				<b>5</b>