


Sharen Wilson

Fort Worth, Texas 76102

January 15, 2014

Steve Raborn
Elections Administrator
Tarrant County Elections Center
2700 Premier Street
Fort Worth, Texas 76111

FILED
TARRANT COUNTY
2014 JAN 15 PM 2:19
STEVE RABORN
ELECTIONS ADMINISTRATOR
BY: 

Re: Sharen Wilson JC/OH campaign finance report

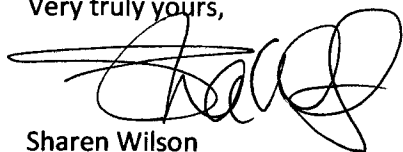
Dear Mr. Raborn;

I have been advised by a lawyer with the Texas Ethics Commission to file this, my judicial candidate /officeholder campaign finance report, locally with you because I have an active treasurer appointment on file with you. I no longer have a treasurer appointment on file with the Texas Ethics Commission. My treasurer appointment was transferred on September 4, 2013 to Tarrant County for my campaign for Criminal District Attorney.

While this is my final judicial officeholder report and I no longer retain unexpended judicial contributions and no longer retain assets purchased with judicial political contributions, I was advised by a lawyer with the Texas Ethics Commission to not file form C/OH-FR; because that form is only proper when a person no longer has an active campaign treasurer.

I will not be filing any further judicial candidate / officeholder campaign finance reports.

Very truly yours,



Sharen Wilson

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00021006

2 PAGE #
1 of 22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Sharen
NICKNAME LAST SUFFIX
Wilson

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Date Hand-delivered or Date Postmarked

BY: *[Signature]*
ELECTORAL DIVISION
2013 JAN 15 11:21 AM
TARRANT COUNTY
FILED
Date Processed
Date Imaged

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mark
NICKNAME LAST SUFFIX
Walker

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year MONTH DAY YEAR
07/01/2013 THROUGH 12/31/2013

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Wilson, Sharen

14 ACCOUNT # (Ethics Commission filers)
00021006

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED
TARRANT COUNTY
2014 JAN 15 PM 3:05
STEVE BARCO
ELECTIONS ADMINISTRATOR

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 10,075.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 607.99

4. TOTAL POLITICAL EXPENDITURES \$ 59,888.45

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Handwritten Signature]

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 of January, 202014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

DIANE H. McALISTER
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/5 Report: 3/22 | |
| 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (Ethics Commission filers) 00021006 | |
| 4 Date 07/27/2013 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Scott (Mr.) 6 Contributor address; City; State; Zip Code One Museum Place 3100 W 7th Street Suite 420 Fort Worth, TX 76107 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) <input type="checkbox"/> |
| 9 Contributor's principal occupation Lawyer | | 10 Contributor's job title Lawyer | |
| 11 Contributor's employer / law firm Self | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 07/27/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calzada, Felipe (Mr.) Contributor address; City; State; Zip Code 2724 Kimbo Road Fort Worth, TX 76111 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) <input type="checkbox"/> |
| Contributor's principal occupation Lawyer | | Contributor's job title Lawyer | |
| Contributor's employer / law firm Self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 07/05/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conner, Paul (Mr.) Contributor address; City; State; Zip Code 307 W. 7th Street #1905 Fort Worth, TX 76102 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) <input type="checkbox"/> |
| Contributor's principal occupation Lawyer | | Contributor's job title Lawyer | |
| Contributor's employer / law firm Self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

FILED
 TARRANT COUNTY
 2013 JAN 15 PM 3:05
 STEVEN RAGOTZ
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| | | | |
|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/5 Report: 4/22 | |
| 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (Ethics Commission filers) 00021006 | |
| 4 Date 07/08/2013 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duffy, Jack (Mr.) 6 Contributor address; City; State; Zip Code 6220 Midway Road Haltom City, TX 76117 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Contributor's principal occupation Lawyer | | 10 Contributor's job title Lawyer | |
| 11 Contributor's employer / law firm Self | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 07/05/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunnivant, Catherine (Ms.) Contributor address; City; State; Zip Code P.O. Box 171464 Arlington, TX 76003 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor's principal occupation Lawyer | | Contributor's job title Lawyer | |
| Contributor's employer / law firm Self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 08/12/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Jennifer (Ms.) Contributor address; City; State; Zip Code Tarrant County Republican Party 2405 Gravel Drive Fort Worth, TX 76118 | Amount of contribution (\$) \$75.00 | In-kind contribution description (if applicable) |
| Contributor's principal occupation Tarrant County Republican Party Chairman | | Contributor's job title Tarrant County Republican Party Chairman | |
| Contributor's employer / law firm Tarrant County Republican Party | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

FILED
 TARRANT COUNTY
 2013 JAN 15 PM 3:15
 STEVE RABORN
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| | | | |
|--|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/5 Report: 5/22 | |
| 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (Ethics Commission filers) 00021006 | |
| 4 Date 07/24/2013 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heisch, Dale (Mr.) 6 Contributor address; City; State; Zip Code 402 Franklin Euless, TX 76040 | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| 9 Contributor's principal occupation Lawyer | | 10 Contributor's job title Lawyer | |
| 11 Contributor's employer / law firm Self | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 07/02/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isenberg, Randall (Mr.) Contributor address; City; State; Zip Code 4303 Central Expressway Dallas, TX 75205 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Contributor's principal occupation Lawyer | | Contributor's job title Lawyer | |
| Contributor's employer / law firm Self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 07/29/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Edward (Mr.) Contributor address; City; State; Zip Code 1319 Ballinger Fort Worth, TX 76102 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Contributor's principal occupation Lawyer | | Contributor's job title Lawyer | |
| Contributor's employer / law firm Self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

FILED
 TARRANT COUNTY
 2014 JAN 15 PM 3:00
 CLERK OF COURTS
 STATE OF TEXAS
 ELECTIONS ADMINISTRATION

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/5 Report: 6/22 | |
| 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (Ethics Commission filers) 00021006 | |
| 4 Date 07/15/2013 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Latham, Bill (Mr.) 6 Contributor address; City; State; Zip Code 3800 Lynncrest Drive Fort Worth, TX 76109 | 7 Amount of contribution (\$) \$5,000.00 | 8 In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| 9 Contributor's principal occupation Lawyer | | 10 Contributor's job title Lawyer | |
| 11 Contributor's employer / law firm Acme Brick | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 09/01/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodman, Lance (Mr.) Contributor address; City; State; Zip Code 2206 Wood Cliff Ct Arlington, TX 76012 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Contributor's principal occupation Deputy Sheriff | | Contributor's job title Deputy Sheriff | |
| Contributor's employer / law firm Tarrant County Sheriffs Office | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 07/02/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sparks, Justin (Mr.) Contributor address; City; State; Zip Code 4300 Ranch View Road Fort Worth, TX 76109 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Contributor's principal occupation Lawyer | | Contributor's job title Lawyer | |
| Contributor's employer / law firm Kearney Wynn Law Firm | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

FILED
 TARRANT COUNTY
 JAN 15 PM 3:05
 STEVE RABORN
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/5 Report: 7/22 | |
| 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (Ethics Commission filers) 00021006 | |
| 4 Date 07/15/2013 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stickels, John (Mr.) 6 Contributor address; City; State; Zip Code 1011 Wayland Drive Arlington, TX 76012 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Contributor's principal occupation Lawyer | | 10 Contributor's job title Lawyer | |
| 11 Contributor's employer / law firm Self | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 07/05/2013 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tolbert, Maureen (Ms.) Contributor address; City; State; Zip Code 1407 Texas Street Fort Worth, TX 76102 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Contributor's principal occupation Lawyer | | Contributor's job title Lawyer | |
| Contributor's employer / law firm Self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| FILED TARRANT COUNTY 2014 JAN 15 PM 3:05 STEVE RADDEN ELECTIONS ADMINISTRATOR BY: | | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 1/15 Report: 8/22 | 2 FILER NAME Wilson, Sharen | 3 ACCOUNT # (TEC filers) 00021006 |
|--|---------------------------------------|---|

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|-----------------------------|--------------------------------------|
| 4 Date 09/02/2013 | 5 Payee name Alband, Navid |
|-----------------------------|--------------------------------------|

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|------------------------------------|--|
| 6 Amount (\$) \$1,000.00 | 7 Payee address City; State; Zip Code 3616 Brighton Road Fort Worth, TX 76109 |
|------------------------------------|--|

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|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution recieved on 5/23/13 |
|---|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--------------------------------|
| Date 12/23/2013 | Payee name Allen, Dorsalean |
|--------------------|--------------------------------|

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|-------------------------|--|
| Amount (\$) \$100.00 | Payee address City; State; Zip Code 6120 Sharo Road Fort Worth, TX 76116 |
|-------------------------|--|

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|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution recieved on 6/29/13 |
|-------------------------------|--|--|

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

| | |
|--------------------|----------------------------------|
| Date 09/02/2013 | Payee name Andrews, Christina |
|--------------------|----------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 1175 Roaring Springs Road Fort Worth, TX 76114 |
|---------------------------|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution recieved on 6/26/13 |
|-------------------------------|---|--|

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

| | |
|--------------------|------------------------------|
| Date 09/02/2013 | Payee name Audet, Michele |
|--------------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$300.00 | Payee address City; State; Zip Code 5009 S Hulen Suite 100 Fort Worth, TX 76132 |
|-------------------------|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution recieved on 6/17/13 |
|-------------------------------|---|--|

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

FILED
 TARRANT COUNTY
 2011 JAN 15 3:00
 STEVE R. HARRIS
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 2/15 Report: 9/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 09/02/2013 | 5 Payee name Buchanan, Bryan | | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code 103 S Woodrow Lane Suite 1 Denton, TX 76248 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution recieved on 6/20/13 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 11/25/2013 | Payee name Burney, Adam | | | | |
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 3000 E Loop 820 Fort Worth, TX 76112 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution recieved on 6/28/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 11/25/2013 | Payee name Cofer, Cody | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 111 N Houston Street Suite 222 Fort Worth, TX 76102 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution recieved on 5/30/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 08/23/2013 | Payee name Colleyville Lions Club | | | | |
| Amount (\$) \$157.00 | Payee address City; State; Zip Code 5301 Riverwalk Colleyville, TX 76034 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 3/15 Report: 10/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 08/23/2013 | 5 Payee name Colleyville Lions Club | | | | |
| 6 Amount (\$) \$106.00 | 7 Payee address City; State; Zip Code 5301 Riverwalk Colleyville, TX 76034 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/01/2013 | Payee name Community Hospice | | | | |
| Amount (\$) \$100.00 | Payee address City; State; Zip Code 6100 Wester Place Suite 105 Fort Worth, TX 76107 | | | | |
| 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) <input type="checkbox"/> Donation | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Cook, Barbara | | | | |
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 6728 Crooked Stick Drive Fort Worth, TX 76132 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/30/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 08/14/2013 | Payee name Cornerstone Assistance Network | | | | |
| Amount (\$) \$112.00 | Payee address City; State; Zip Code 3500 Noble Ave Fort Worth, TX 76111 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Judges Lunch criminal district | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

FILED
 TARRANT COUNTY
 JAN 15 5 11 PM '05
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 4/15 Report: 11/22 | 2 FILER NAME Wilson, Sharen | 3 ACCOUNT # (TEC filers) 00021006 |
|---|---------------------------------------|---|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 09/02/2013 | 5 Payee name Cox, Kathy |
|-----------------------------|-----------------------------------|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$3,000.00 | 7 Payee address City; State; Zip Code P.O. Box 5327 Granbury, TX 76049 |
|------------------------------------|---|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/7/18 |
|---------------------------------|---|---|

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|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|-------------------------------|
| Date 07/03/2013 | Payee name Engle, Caroline |
|--------------------|-------------------------------|

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|-------------------------|--|
| Amount (\$) \$144.00 | Payee address City; State; Zip Code 6204 White Tail Trail Fort Worth, TX 76132 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data Input for contested CDC No.1 Election |
|-------------------------------|---|--|

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

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|--------------------|-------------------------------|
| Date 08/15/2013 | Payee name Engle, Caroline |
|--------------------|-------------------------------|

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|-------------------------|--|
| Amount (\$) \$120.00 | Payee address City; State; Zip Code 6204 White Tail Trail Fort Worth, TX 76132 |
|-------------------------|--|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data Input for contested CDC No. 1 election |
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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|--------------------|---------------------------|
| Date 09/02/2013 | Payee name Gilpin, Tim |
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|-------------------------|--|
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 1316 Bluebonnet Drive Fort Worth, TX 76111 |
|-------------------------|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/20/13 |
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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|---------------------------------------|---|
| 1 PAGE # Schedule: 5/15 Report: 12/22 | 2 FILER NAME Wilson, Sharen | 3 ACCOUNT # (TEC filers) 00021006 |
|---|---------------------------------------|---|

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| 4 Date 10/17/2013 | 5 Payee name Haddock, Gerald |
|-----------------------------|--|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$1,000.00 | 7 Payee address City; State; Zip Code 500 Main Street Suite 1015 Fort Worth, TX 76102 |
|------------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/26/13 |
|---|--|---|

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|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|-------------------------|
| Date 09/02/2013 | Payee name Hall, Tom |
|--------------------|-------------------------|

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|---------------------------|---|
| Amount (\$) \$2,000.00 | Payee address City; State; Zip Code 1700 Thames Trail Colleyville, TX 76034 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/23/13 |
|-------------------------------|---|--|

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

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|--------------------|------------------------------|
| Date 09/02/2013 | Payee name Heiskell, Mike |
|--------------------|------------------------------|

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|-------------------------|--|
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 5601 Bridge Street Suite 220 Fort Worth, TX 76112 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/30/13 |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|--------------------|------------------------------|
| Date 09/02/2013 | Payee name Henry, Michael |
|--------------------|------------------------------|

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|---------------------------|--|
| Amount (\$) \$2,000.00 | Payee address City; State; Zip Code 675 N Henderson Fort Worth, TX 76107 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/5/13 |
|-------------------------------|---|---|

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

FILED
 TARRANT COUNTY
 2014 JAN 15 PM 3:05
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 6/15 Report: 13/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 09/02/2013 | 5 Payee name Isenberg, Randall | | | | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address City; State; Zip Code 4303 Central Expressway Dallas, TX 75205 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 7/2/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Johnson, Sheila | | | | |
| Amount (\$) \$1,500.00 | Payee address City; State; Zip Code 4636 Harley Ave Fort Worth, TX 76107 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/29/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 12/23/2013 | Payee name Kapp, Lois | | | | |
| Amount (\$) \$250.00 | Payee address City; State; Zip Code 550 Bailey Suite 220 Fort Worth, TX 76107 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contributions received on 6/29/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/21/2013 | Payee name Keene, Joetta | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 204 S Mesquite St Arlington, TX 76010 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/20/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 7/15 Report: 14/22 | 2 FILER NAME Wilson, Sharen | 3 ACCOUNT # (TEC filers) 00021006 |
|---|---------------------------------------|---|

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|------------------------------------|---|
| 4 Date 09/17/2013 | 5 Payee name Killion, Tracey |
| 6 Amount (\$) \$5,000.00 | 7 Payee address City; State; Zip Code 170 Aparil Water Dr N Montgomery, TX 77356 |

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/22/13 |
|---------------------------------|---|--|

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|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|---------------------------|---|
| Date 09/02/2013 | Payee name Latham, Bill |
| Amount (\$) \$5,000.00 | Payee address City; State; Zip Code 3800 Lynncrest Drive Fort Worth, TX 76109 |

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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received 7/15/2013 |
|---------------------------------|---|---|

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

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|---------------------------|---|
| Date 10/08/2013 | Payee name Leonard, Ben |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 916 W. Belknap Fort Worth, TX 76102 |

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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/18/13 |
|---------------------------------|---|--|

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

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|---------------------------|--|
| Date 09/02/2013 | Payee name Leonard, Stacy Emerson |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 3301 Rivermoor Ct Fort Worth, TX 76116 |

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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/18/13 |
|---------------------------------|---|--|

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

FILED
 TARRANT COUNTY
 JAN 15 PM 5:05
 STEVE TABORN
 ELECTIONS ADMINISTRATION
 BY:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 8/15 Report: 15/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 07/29/2013 | 5 Payee name Lili's | | | | |
| 6 Amount (\$) \$102.00 | 7 Payee address City; State; Zip Code 1310 W. Magnolia Fort Worth, TX 76104 | | | | |
| 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) <input type="checkbox"/> Intern Lunch | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Lyons, Anthony | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 320 R. L. Thornton Fwy Suite 300 Dallas, TX 75203 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 8/7/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Malanga, John | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 3116 W 5th Street Suite 212 Fort Worth, TX 76107 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/17/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Meyer, Michael | | | | |
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 103 S Woodrow Lane Suite 1 Denton, TX 76248 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/20/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 9/15 Report: 16/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 09/02/2013 | 5 Payee name Moore, Larry | | | | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address City; State; Zip Code 4210 W Vickery Blvd Fort Worth, TX 76107 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/23/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Mullen, Lisa | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 125 Copperwood Drive Lakeside, TX 76198 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return Contribution | | Description (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> Return of contribution received on 5/30/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 07/04/2013 | Payee name Murphy Nasica | | | | |
| Amount (\$) \$5,000.00 | Payee address City; State; Zip Code 815- A Brazos Street #304 Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 1/2 Signing Fee for contested CDC No. 1 election | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 07/25/2013 | Payee name Murphy Nasica | | | | |
| Amount (\$) \$354.00 | Payee address City; State; Zip Code 815- A Brazos Street #304 Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photo Shoot for contested CDC No. 1 Election | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 10/15 Report: 17/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 08/19/2013 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) \$5,000.00 | 7 Payee address City; State; Zip Code 815- A Brazos Street #304 Austin, TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 1/2 signing fee for contested CDC No.1 Election | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 08/28/2013 | Payee name Murphy Nasica | | | | |
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 815- A Brazos Street #304 Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Research for contested CDC No.1 Election | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 07/25/2013 | Payee name Office Depot | | | | |
| Amount (\$) \$95.22 | Payee address City; State; Zip Code 4613 Hulen Suite B Fort Worth, TX 76132 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for contested CDC No. 1 Election | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 08/27/2013 | Payee name Office Depot | | | | |
| Amount (\$) \$138.26 | Payee address City; State; Zip Code 4613 Hulen Suite B Fort Worth, TX 76132 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for contested CDC No.1 Election | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

FILED
 TARRANT COUNTY
 2013 JAN 15 PM 3:06
 CLERK OF COURTS
 ELECTIONS ADMIN.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 11/15 Report: 18/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 09/02/2013 | | 5 Payee name Pamplin, Lesa | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address City; State; Zip Code 2821 E Lancaster Fort Worth, TX 76103 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/23/13 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 08/23/2013 | | Payee name Plan A & B | | | |
| Amount (\$) \$400.00 | | Payee address City; State; Zip Code 850 Cotton Depot Lane 225 Fort Worth, TX 76102 | | | |
| 8 PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook for contested CDC No. 1 election | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 07/25/2013 | | Payee name Reata Restaurant | | | |
| Amount (\$) \$575.00 | | Payee address City; State; Zip Code 310 Houston Street Fort Worth, TX 76102 | | | |
| 8 PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dinner Harris County Judges | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 09/02/2013 | | Payee name Reynolds, Don | | | |
| Amount (\$) \$1,000.00 | | Payee address City; State; Zip Code 5912 Kittansett Ct Fort Worth, TX 76132 | | | |
| 8 PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/13/13 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

FILED
 TARRANT COUNTY
 2014 JAN 15 PM 5:06
 CLERK OF COUNTY CLERK
 ELECTIONS ADMINISTRATION

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 12/15 Report: 19/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 09/02/2013 | 5 Payee name Richardson, Jean | | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code P.O. Box 586 Haskell, TX 79521 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/23/13 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Rodman, Lance | | | | |
| Amount (\$) \$250.00 | Payee address City; State; Zip Code 2206 Wood Cliff Ct Arlington, TX 76012 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 9/1/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 10/03/2013 | Payee name Safe Haven | | | | |
| Amount (\$) \$125.00 | Payee address City; State; Zip Code 8701 Bedford Eules Road Suite 600 Hurst, TX 76053 | | | | |
| 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) <input type="checkbox"/> Donation | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Salinas, Rose Anna | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 2016 Valley View Drive Burleson, TX 76028 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/25/13 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

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 TARRANT COUNTY
 2014 JAN 15 PM 3:06
 STEVE ARBIT
 ELECTIONS ADMIN
 CLERK

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

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| 1 PAGE # Schedule: 13/15 Report: 20/22 | 2 FILER NAME Wilson, Sharen | 3 ACCOUNT # (TEC filers) 00021006 |
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| 4 Date 11/25/2013 | 5 Payee name Scott, Mark |
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| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code 3000 E. Loop 820 Fort Worth, TX 76112 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/28/13 |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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| Date 09/02/2013 | Payee name Selim, Karen |
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| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 7609 Bon Soir Corpus Christi, TX 78414 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/13/13 |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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| Date 11/04/2013 | Payee name Shaw, Jim |
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| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 916 W. Belknap Fort Worth, TX 76102 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/16/13 |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
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|--------------------|---------------------------|
| Date 09/02/2013 | Payee name Smith, Beth |
|--------------------|---------------------------|

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|---------------------------|--|
| Amount (\$) \$1,500.00 | Payee address City; State; Zip Code 4333 El Campo Fort Worth, TX 76107 |
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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 5/13/13 |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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 TARRANT COUNTY
 2014 JAN 15 PM 6:06
 STACY SABOR
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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: 14/15 Report: 21/22 | | 2 FILER NAME Wilson, Sharen | | 3 ACCOUNT # (TEC filers) 00021006 | |
| 4 Date 09/02/2013 | 5 Payee name Stickels, John | | | | |
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code 1011 Wayland Drive Arlington, TX 76012 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 7/15/13 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 07/20/2013 | Payee name Tarrant County Republican Party | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 2405 Gravel Drive Fort Worth, TX 76118 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lincoln Council Dues | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 09/02/2013 | Payee name Wilson, Laura | | | | |
| Amount (\$) \$1,000.00 | Payee address City; State; Zip Code 1729 Martel Ave Fort Worth, TX 76103 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Return of contribution | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Return of contribution received on 6/29/13 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |
| Date 08/26/2013 | Payee name Wilson, Sharen | | | | |
| Amount (\$) \$1,531.96 | Payee address City; State; Zip Code P.O. Box 282 Fort Worth, TX 76101 | | | | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Made from Personal Funds | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Schedule G, JC/OH Reports dated January 2013 & July 2012 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | Office held: | |

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 TARRANT COUNTY
 2014 JAN 15 PM 3:06
 STEVE RABIN
 ELECTIONS ADMIN
 CLERK

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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.

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| 1 PAGE # Schedule: 15/15 Report: 22/22 | 2 FILER NAME Wilson, Sharen | 3 ACCOUNT # (TEC filers) 00021006 |
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| 4 Date 12/31/2013 | 5 Payee name Wilson, Sharen |
|-----------------------------|---------------------------------------|

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| 6 Amount (\$) \$820.02 | 7 Payee address City; State; Zip Code P.O. Box 282 Fort Worth, TX 76101 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER - Reimbursement-Political expense from personal funds | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Schedule G, JC/OH Reports dated January 2012 & July 2011 |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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 TARRANT COUNTY
 2014 JAN 15 PM 3:06
 STEVE FARROW
 ELECTIONS ADMINISTRATOR
 RY: