# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

4 400019174							
The C/OH Instruction Guid	E explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 21				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Sharen	MI	OFFICE USE ONLY				
NAME	Sharen		Date Received				
	NICKNAME LAST Wilson	SUFFIX	70 20 ELE BY:				
·	············						
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	TARR STEELING				
OFFICEHOLDER MAILING			TANK B ST				
ADDRESS			Date Hand-delivered of Date Postmarked				
Change of Address							
			Receipt # Amount				
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Processed				
NAME	Mark		Date Imaged				
	NICKNAME LAST	SUFFIX					
	Walker						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE				
TREASURER ADDRESS							
(Residence or business)							
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
TREASURER PHONE							
8 REPORT TYPE	January 15 X 30th day before elec	tion Runoff	15th day after campaign treasurer				
		Ь	appointment (officeholder only)				
	July 15 Sth day before electi	on Exceeded \$500 limit	Final report (Attach C/OH - FR)				
9 PERIOD	Month Day Year	Month Day	Year				
COVERED	THRO	DUGH					
	01/01/2014	01/23/20	14				
10 ELECTION	ELECTION DATE ELECTION TY	PE	, <u>, , , , , , , , , , , , , , , , , , </u>				
	Month Day Year Primai	· – –	General Special				
	03/04/2014						
44.055105		Tan Tan					
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	)				
		District Attorney					
			, , , , , , , , , , , , , , , , , , ,				
	GO TO	PAGE 2					

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

### FORM C/OH COVER SHEET BG 2

IOIALS		OUVER	SHEET PG Z			
n, Sharen		14 ACCOUNT # 00000001	(Ethics Commission filers)			
have been made with	out the candidate's or officeholder's knowledge or consent. Candidate					
COMMITTEE TYPE	COMMITTEE NAME					
GENERAL	COMMITTEE ADDRESS	ELECT	70 N FE			
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	<del>- 3√√2</del>	. <del>α</del> >π			
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
		\$	2,130.00			
		\$	38,905.00			
3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	165.00			
4. TOTAL	POLITICAL EXPENDITURES	\$	63,805.64			
		\$	159,760.44			
		\$	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.  Signature of Candidate or Officeholder						
STAMP / SEAL ABOV	<b>α</b> \ ,		3 <sup>nd</sup>			
111	· · · · · · · · · · · · · · · · · · ·	, this the	day day			
inistering cath	U Natalie Marie McDonald	Notary Pu	blie			
	This box is for no have been made with information only if the COMMITTEE TYPE  GENERAL  SPECIFIC  1. TOTAL F PLEDGE 2. TOTAL F (OTHER 3. TOTAL F LAST D  6. TOTAL F LAST D  ARV ARV ARV Ded before me, by to be ded before me, by to be deduced before me, by the before me, by th	n, Sharen  This box is for notice of political expenditures by political committees to support the can have been made without the candidate's or officeholder's knowledge or consent. Candidate information only if they roceive notice of such expenditures  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  GENERAL  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE NAME  COM	I. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEGGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEGGES, LOANS, OR GUARANTEES OF LOANS)  5. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEGGES, LOANS, OR GUARANTEES OF LOANS)  6. TOTAL POLITICAL CONTRIBUTIONS PRINCIPLES  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE SITURE AND CONTRIBUTIONS PRINCIPLES  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE SITURE AND CONTRIBUTIONS PRINCIPLES			

F	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#		
L	THE MOTROCILE			Schedule: 1/	15 Report: 3/21	
2	FILER NAME	Wilson, Sharen		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ansley, Joseph	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	01/17/2014	6 Contributor address; City; State; Zip Code 6812 Meadows West Dr S Fort Worth, TX 76132		\$100.00	   	
				(If travel outside of	Texas, complete Schedule-T)	
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In	structions)	TSTEB RRA	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	01/07/2014	Contributor address; City; State; Zip Code 1309 Byron Nelson Parkway Southlake, TX 76092		\$500.00		
				(If travel outside of	f Texas, complete Schedule T)	
	Principal occup President	ation / Job title (See Instructions)	Employer (See In Associated Tim	structions)	and the second s	
	Date	Full name of contributor	<u>‡)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/21/2014	Contributor address; City; State; Zip Code 2017 Teakwood Trace Fort Worth, TX 76112		\$100.00		
	····· <u>·</u> ······			<u> </u>	f Texas, complete Schedule T)	
	Principal occup Owner	eation / Job title (See Instructions)	Employer (See In Austin Compan			
	Date	Full name of contributor	<del>'</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/15/2014	Contributor address; City; State; Zip Code 1117 Nighthawk Rd Fort Worth, TX 76108		\$500.00	I I I	
				<u> </u>	f Texas, complete Schedule T)	
	Principal occup Lawyer	eation / Job title (See Instructions)	Employer (See Ir Dunham & Jon			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
:	01/13/2014	Contributor address; City; State; Zip Code 6504 River Bend Rd Fort Worth, TX 76132	· · · · · · · · · · · · · · · · · · ·	\$500.00	 	
			<u> </u>	<u>. L. i </u>	f Texas, complete Schedule T)	
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 2/1	15 Report: 4/21
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Benda, Robert	ŧ)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/14/2014	6 Contributor address; City; State; Zip Code 608 Paint Pony Tr N Fort Worth, TX 76108		\$500.00	Texas, complete selectual L
					rexas, opiniplete Sollectries
9	Principal occup Executive	ation / Job title (See Instructions)	10 Employer (See In Westwood Con		35 d 35
	Date	Full name of contributor  ut-of-state PAC (ID#	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/13/2014	Contributor address; City; State; Zip Code 7305 Century Dr North Richland Hills, TX 76182		\$200.00	Tyr Ct
				(If travel outside of	Texas, complete Schedule T)
	Dringing agour	eties / Jah title (Coe Instructions)	Employer/Cools		, <u> </u>
	Lawyer	ation / Job title (See Instructions)	Employer (See In Self	istructions)	
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/17/2014	Contributor address; City; State; Zip Code 11 N. Main St Cleburne, TX 76033		\$500.00	 
l				(If travel outside of	Texas, complete Schedule T)
⊢	Dringing agen	estion / Joh title (Coe Instructions)	Employer (See In	<u> </u>	
	Lawyer	eation / Job title (See Instructions)	MacLean & Boo		
	Date	Full name of contributor	<b>#</b> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/08/2014	Contributor address; City; State; Zip Code 4912 Shadowood Trail Colleyville, TX 76034		\$100.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Sales Associa	vation / Job title (See Instructions) ate	Employer (See In IBM	nstructions)	
F				T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Date	Full name of contributor ☐ out-of-state PAC (ID# Cottam, John	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/17/2014	Contributor address; City; State; Zip Code 4512 Lakeside Dr Colleyville, TX 76034		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
$\vdash$	Principal accur	Dation / Job title (See Instructions)	Employer (See In		
	Dir Int'l Opera		Lockheed Mart		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/15	Report: 5/21		
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# (E 00000001	Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cravens, Tom	)	7 Amount of   8 contribution (\$)	In-kind contribution description (if applicable)		
	01/21/2014	6 Contributor address; City; State; Zip Code 501 S. Fielder Rd Arlington, TX 76013		\$250.00 p	TARRA 2014 FEB		
				(If travel outside of Te	xas, complete Schedule 7)		
9	Principal occup Chairman	ation / Job title (See Instructions)	10 Employer (See In Fleetwood Mem	structions) norial Foundation Inc			
	Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	in-kind contribution description (if applicable)		
	01/21/2014	Contributor address; City; State; Zip Code 505 S. Fielder Rd Arlington, TX 76013		\$250.00			
				<u> </u>	xas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Curnutt & Hafer				
	Date	Full name of contributor ☐ out-of-state PAC (ID# Davis, Leigh W.	)	Amount of   contribution (\$)	In-kind contribution description (if applicable)		
	01/17/2014	Contributor address; City; State; Zip Code 1901 Central St, Ste 708 Bedford, TX 76021		\$250.00			
				(If travel outside of Te	xas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	estructions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/22/2014	Contributor address; City; State; Zip Code 2813 Hartwood Fort Worth, TX 76109		\$500.00   			
				(If travel outside of Te	xas, complete Schedule T)		
	Principal occup Homemaker	Dation / Job title (See Instructions)	Employer (See In	nstructions)			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/17/2014	Contributor address; City; State; Zip Code 5306 Mansfield Dr Arlington, TX 76017		\$200.00   			
1				(If travel outside of Te	exas, complete Schedule T)		
$\vdash$	Principal occur	Loation / Job title (See Instructions)	Employer (See In	<u> </u>	,, , ,		
	President	section 7 555 title (Gee modululus)	Fortress Prope				

	The Instruction	אס GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/	15 Report: 6/21		
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Driskell, Craig	)	7 Amount of contribution (\$)	8		
	01/06/2014	6 Contributor address; City; State; Zip Code 2903 Burlwood Dr Arlington, TX 76016		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T		
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Combined Law	structions) Enforcement Ass	oc of Texas		
	Date	Full name of contributor  ut-of-state PAC (ID# Farris, Lou	<u>:</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/22/2014	Contributor address; City; State; Zip Code 1020 Cavender Dr Hurst, TX 76053		\$100.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID#Foster, John	)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event expense		
	01/17/2014	Contributor address; City; State; Zip Code 1201 N. Watson Rd, Ste 145 Arlington, TX 76006		\$1,500.00	 		
				(Managed autoide at	·		
L	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	Investments	auon 7 300 uue (3ee mstrucuons)	Self	istructions)			
	Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/22/2014	Contributor address; City; State; Zip Code 1201 N. Watson Rd, Ste 145 Arlington, TX 76006		\$15,000.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Investments	pation / Job title (See Instructions)	Employer (See In Self	istructions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/13/2014	Contributor address; City; State; Zip Code 4516 Vista Ridge Circle Fort Worth, TX 76179		\$1,000.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
-	Principal occur Bondsman	Pation / Job title (See Instructions)	Employer (See In Self	<u> 1 :</u>			
1							

	The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/1	15 Report: 7/21
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Gonzalez, Raul	)	7 Amount of contribution (\$)	# In-kind contribution description (if applicable)
	01/21/2014	6 Contributor address; City; State; Zip Code 2211 Woodmont Ct Arlington, TX 76017		\$100.00	TENERO PER
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Ľ	Director of Op		Passman & Jon		\$ 8 ×
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/22/2014	Contributor address; City; State; Zip Code 1608 Ashland Fort Worth, TX 76107	•••••	\$500.00	 
				<u> </u>	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Haynes & Boon		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/17/2014	Contributor address; City; State; Zip Code 1200 Chatsworth Dr Colleyville, TX 76034		\$500.00	 
				<u> </u>	Texas, complete Schedule T)
	Principal occup Community V	ation / Job title (See Instructions) olunteer	Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Haddad, Mojy	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/21/2014	Contributor address; City; State; Zip Code 2500 NE Green Oaks Blvd, Ste 200 Arlington, TX 76006		\$500.00	! 
				/If travel outside of	Texas, complete Schedule T)
	Principal occup Principal	ation / Job title (See Instructions)	Employer (See In CHS Architects	structions)	iske, compare concern in
_	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/22/2014	Contributor address; City; State; Zip Code 900 Monroe St, Ste 300 Fort Worth, TX 76102		\$500.00	   
				(If travel outside of	Texas, complete Schedule T)
$\vdash$	Principal occur	eation / Job title (See Instructions)	Employer (See In	<u>l.                                    </u>	
	Lawyer	industrial and (edge interdediction)	Self	20110110)	

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	The Instruction	N GUIDE explains how to complete this	form.		1 PAGE# Schedule: 6/1	5 Report: 8/21	
2	FILER NAME	Wilson, Sharen			3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor	f-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	01/22/2014	6 Contributor address; City; Sta 8060 Eagle Mountain Dr Fort Worth, TX 76135	ite; Zip Code		\$100.00	Texas, complete Schedule 1)	
9	Principal occur	ation / Job title (See Instructions)	<u>1</u>	10 Employer (See Ins		ο ω ω - ii	
a	CPA	anon i von une (see manucuons)		Biggs & Shipma			
	Date	Full name of contributor	f-state PAC (ID#_		Amount of contribution (\$)	in-kind contribution description (if applicable)	
	01/17/2014	Contributor address; City; Sta 306 W. 7th St, Ste 701 Fort Worth, TX 76102	ite; Zip Code		\$500.00 		
					(If travel outside of	Texas, complete Schedule T)	
Т	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)		
	Lawyer			The Hodges Co			
	Date	Full name of contributor ☐ out-o Huseman, Ronald	f-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/22/2014	Contributor address; City; Sta 1100 W. 5th St, Apt 920 Fort Worth, TX 76102	ate; Zip Code		\$300.00		
L	*					Texas, complete Schedule T)	
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In: Tarrant County			
	Date	Full name of contributor	f-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/04/2014	Contributor address; City; Sta 2300 Carleton Ave Fort Worth, TX 76107	ate; Zip Code		\$100.00	 	
				•	(If travel outside of	Texas, complete Schedule T)	
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In Foundation Mar	structions) nagement Service	s	
	Date	Full name of contributor	f-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/21/2014	Contributor address; City; Sta 4421 El Campo Ave Fort Worth, TX 76107	ate; Zip Code		\$200.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Homemaker	nation / Job title (See Instructions)		Employer (See In	structions)		
1							

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#	15 Report: 9/21		
2	FILER NAME	Wilson, Sharen		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Johnston, Mike	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	01/17/2014	6 Contributor address; City; State; Zip Code 6095 Autumn Breeze Cir Fort Worth, TX 76140		\$500.00			
				(If travel outside of	Texas, complete Schedule 1		
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In	structions)	RRAN FEB: STEY TIONS		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In kind contribution description (if applicable)		
	01/23/2014	Contributor address; City; State; Zip Code 4920 Westbriar Dr Fort Worth, TX 76109		\$500.00	MAN OF AN OF		
		Fort Worth, 12 76109			9 0		
<u> </u>				1.`	Texas, complete Schedule T)		
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Slack & Davis	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/10/2014	Contributor address; City; State; Zip Code 550 Bailey, Ste 220 Fort Worth, TX 76107		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup CPA	ation / Job title (See Instructions)	Employer (See In Kapp & Miller	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/13/2014	Contributor address; City; State; Zip Code 6155 White Tail Trail Fort Worth, TX 76132		\$100.00	   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In	estructions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/13/2014	Contributor address; City; State; Zip Code 1215 Elizabeth Blvd Fort Worth, TX 76110		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Real Estate	l ation / Job title (See Instructions)	Employer (See Ir Kline & Co	<u></u>	, , , . , . , . , . , . , .		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/1	15 Report: 10/21	
2	FILER NAME	Wilson, Sharen		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC Lager, Paul	(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	01/22/2014	6 Contributor address; City; State; Zip Co 4000 Edgehill Dr Fort Worth, TX 76116	ode	\$250.00	T 201	
				(If travel outside of	Texas, complete Schedule 1)	
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	87 B 27	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In kind contribution description (If applicable)	
	01/23/2014	Contributor address; City; State; Zip Co 2501 Parkview Dr, Ste 500 Fort Worth, TX 76102	ode	\$100.00	AT OF	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In Self	nstructions)		
	Date	Full name of contributor  ut-of-state PAC Laster, Joe	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/02/2014	Contributor address; City; State; Zip Co 3261 Stadium Dr Fort Worth, TX 76109	ode	\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Admin	ation / Job title (See Instructions)	Employer (See In Texas Christian		1,11,11	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/20/2014	Contributor address; City; State; Zip Co 1411 Shady Oaks Ln Fort Worth, TX 76107	ode	\$500.00	 	
		Fort Worth, 12 70107		(If travel outside of	Texas, complete Schedule T)	
	Principal occup Business Ow	ation / Job title (See Instructions) ner	Employer (See In Self		Total, compete concern (	
	Date	Full name of contributor	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/13/2014	Contributor address; City; State; Zip Co 201 Main St, Ste 801 Fort Worth, TX 76102	ode	\$500.00	 	
		,		(If travel outside of	Texas, complete Schedule T)	
$\vdash$	Principal occur	ation / Job title (See Instructions)	Employer (See Ir			
	Lawyer	,	Self	···-,		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/	15 Report: 11/21
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Liu, Herman	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/20/2014	6 Contributor address; City; State; Zip Code 3724 Briarhaven Rd Fort Worth, TX 76109		\$200.00	 
		Total Hotal, 17470100		/If travel extends of	Texas, complete Schedule T
					( -11
9	Principal occup Owner	ation / Job title (See Instructions)	10 Employer (See In Szechuan Rest		RANI BB-(
	Date	Full name of contributor  uut-of-state PAC (ID# McKeen, Jr., Chet	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/17/2014	Contributor address; City; State; Zip Code 2501 Museum Way, #702 Fort Worth, TX 76107		\$100.00	F F F F F F F F F F F F F F F F F F F
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/17/2014	Contributor address; City; State; Zip Code 2233 Farrington Lane Hurst, TX 76054		\$100.00	! 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Moore, Bill J.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/17/2014	Contributor address; City; State; Zip Code 216 Meandering Lane Burleson, TX 76028		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Johnson Count		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/17/2014	Contributor address; City; State; Zip Code 5700 Colleyville Blvd Colleyville, TX 76034		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Dentist	pation / Job title (See Instructions)	Employer (See In Self		33103310 1,

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	/15 Report: 12/21		
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Owen, Walter	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	01/13/2014	6 Contributor address; City; State; Zip Code 3709 Mockingbird Ln		\$150.00			
		Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T		
┢	Principal accur	ation / Job title (See Instructions)	10 Employer (See In		=		
9	Real Estate	auon / 300 uue (3ee msuucuons)	Self	suddions)	SITE OF RATE		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/17/2014	Contributor address; City; State; Zip Code 3700 W. 7th St		\$250.00			
		Fort Worth, TX 76107		(If travel outside of	Texas, complete Schedule T)		
⊢	Principal occur	pation / Job title (See Instructions)	Employer (See In	etructions)			
	Lawyer	audit 7 300 title (See Instructions)	Bruner & Pappa				
	Date	Full name of contributor ☐ out-of-state PAC (ID# Patel, Jagdip	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/21/2014	Contributor address; City; State; Zip Code 2625 Johnson Rd		\$500.00	<u> </u>		
		Southlake, TX 76092		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Chairman	ation / Job title (See Instructions)	Employer (See In QHotels LLC	nstructions)			
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/21/2014	Contributor address; City; State; Zip Code 2310 W. Interstate 20, Ste 100 Arlington, TX 76017		\$500.00	 		
				<u> </u>	Texas, complete Schedule T)		
L	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Self	nstructions)			
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/23/2014	Contributor address; City; State; Zip Code 7913 Blenheim Pl Fort Worth, TX 76120		\$500.00	 		
				(If traval autaids of	Texas, complete Schedule T)		
<b>—</b>	<u> </u>		F		Texas, complete Schedule 1)		
	Principal occup Medical Exar	pation / Job title (See Instructions) niner	Employer (See Ir Tarrant County				
1			1				

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 11/	15 Report: 13/21
ILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)
Date	5 Full name of contributor ☐ out-of-state PAC (ID# Pempsell, John	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/17/2014	6 Contributor address; City; State; Zip Code 4709 Holiday Lane West North Richland Hills, TX 76180		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
rincipal occup Retired	ation / Job title (See Instructions)	10 Employer (See In:	structions)	20 20 ELS
Date	Full name of contributor	!)	Amount of contribution (\$)	Inckind contribution description (if applicable)
1/22/2014	Contributor address; City; State; Zip Code 3850 Bellaire Cir Fort Worth, TX 76109		\$250.00	S PM
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Joh title (See Instructions)	Employer (See In		9 C
Owner	valion / Job title (See Instructions)		•	
			<del></del>	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/2014	Contributor address; City; State; Zip Code 1130 Redbud Lane		\$100.00	 
				l Texas, complete Schedule T)
rincipal occup awyer	pation / Job title (See Instructions)			
Date	Full name of contributor □ out-of-state PAC (ID#Rainey, Robert	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/14/2014	Contributor address; City; State; Zip Code 5502 Summit Ridge Trail Arlington, TX 76017		\$100.00	   
			(If travel outside of	Texas, complete Schedule T)
Principal occup Counselor	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date 1/22/2014	Ramsey, George  Contributor address; City; State; Zip Code 4205 Plantation Dr	<u> </u>	Amount of contribution (\$) \$100.00	
	Ramsey, George  Contributor address; City; State; Zip Code	)	contribution (\$)	
	Ramsey, George  Contributor address; City; State; Zip Code 4205 Plantation Dr		contribution (\$) \$100.00	
	Date  //17/2014  rincipal occupetired  Date  //22/2014  rincipal occupewner  Date  //16/2014  rincipal occupewner  Date  //16/2014	Date   5 Full name of contributor   out-of-state PAC (ID# Pempsell, John    /17/2014   6 Contributor address; City; State; Zip Code 4709 Holiday Lane West North Richland Hills, TX 76180	Date   5 Full name of contributor   out-of-state PAC (ID#	Schedule: 11/2

	The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 12/15 Report: 14/21				
2	FILER NAME	Wilson, Sharen		3 ACCOUNT#	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Rattikin, Jr., Jack	)	7 Amount of contribution (\$)	8 In-kind contribution description (frapplicable)		
	01/17/2014	6 Contributor address; City; State; Zip Code 201 Main St, Ste 800 Fort Worth, TX 76102		\$100.00	ADMINISTR		
L				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Rattikin Title Co		10g 05		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/13/2014	Contributor address; City; State; Zip Code 314 Main Street, Suite 202 Fort Worth, TX 76102		\$100.00	 		
				<u> </u>	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)		
	01/11/2014	Contributor address; City; State; Zip Code 2206 Wood Cliff Ct Arlington, TX 76012		\$400.00	 		
				(If travel outside of	Texas, complete Schedule T)		
-	Dringie al agent	potion / Joh title (See Instructions)	Employer (See In	L	Toxas, complete conedule 1/		
	Principal occup Deputy Sheri	eation / Job title (See Instructions)  ff	Tarrant County				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/17/2014	Contributor address; City; State; Zip Code 7413 Windswept Trl Colleyville, TX 76034		\$100.00	!   		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Real Estate	pation / Job title (See Instructions)	Employer (See In Rutherford Rea				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/23/2014	Contributor address; City; State; Zip Code 777 Main St, Ste 590 Fort Worth, TX 76102		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occupation / Job title (See Instructions) CFO		Employer (See Ir AFS/IBEX Fina				

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 13	3/15 Report: 15/21	
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Selim, Karen	#)	7 Amount of contribution (\$)	In-kind contribution description (if-applicable)	
	01/22/2014	6 Contributor address; City; State; Zip Code 7609 Bon Soir Corpus Christi, TX 78414		\$500.00	RRANT FIEB -3	
_				<u> </u>	Texas, complete Schedule T)	
9	Principal occup Lawyer	ation / Job title (See Instructions)	10 Employer (See In Coastal Bend F			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In kind contribution description (if applicable)	
	01/23/2014	Contributor address; City; State; Zip Code 2705 5th Ave Fort Worth, TX 76110		\$100.00	 	
				(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)	
	01/23/2014	Contributor address; City; State; Zip Code 3763 Hollow Creek Rd Benbrook, TX 76116		\$100.00	   	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup Accountant	ation / Job title (See Instructions)	Employer (See In Texas Christian			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/23/2014	Contributor address; City; State; Zip Code 2111 N. Collins, Ste 323 Arlington, TX 76011		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Moritz Interests		We will be a second of the sec	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/21/2014	Contributor address; City; State; Zip Code 1005 Springfield St Mansfield, TX 76063		\$200.00	 	
				/If traval outside -	Tavas complete Schedule T\	
<u> </u>				(If travel outside of Texas, complete Schedule T)		
	Principal occupation / Job title (See Instructions) Retired		Employer (See In	istructions)		

<b>—</b>							
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/15 Report: 16/21			
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Strzinek, Judy	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	01/17/2014	6 Contributor address; City; State; Zip Code 4814 Fairway Ct North Richland Hills, TX 76180		\$1,000.00	    2		
		,		(If travel outside of	Texas, complete Semedule 1		
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In	structions)	PRANTEB - RANTEB - RA		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/03/2014	Contributor address; City; State; Zip Code 2608 Sandcherry Dr Fort Worth, TX 76244	• • • • • • • • • • • • • • • • • • • •	\$100.00	4: 05 4: 05		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/13/2014	Contributor address; City; State; Zip Code 2 East Chambers St Cleburne, TX 76031		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In Self	nstructions)			
	Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/13/2014	Contributor address; City; State; Zip Code 1505 Precinct Line Rd Hurst, TX 76054		\$75.00	1 		
					f Texas, complete Schedule T)		
	Principal occup Mayor	pation / Job title (See Instructions)	Employer (See In City of Hurst	nstructions)			
	Date	Full name of contributor	<del>'</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/13/2014	Contributor address; City; State; Zip Code 1000 Ballpark Way, #300 Arlington, TX 76011		\$100.00	 		
				(If travel outside of	f Texas, complete Schedule T)		
$\vdash$	Dringing accom	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
	Lawyer	pation / Job title (See Instituctions)	Shannon Grace				

SCHEDULE A

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

	The Instruction	א Guide explains how to complete this form.		1 PAGE # Schedule: 15	/15 Report: 17	7/21	
2	FILER NAME	Wilson, Sharen		3 ACCOUNT# 00000001	(Ethics Commi	ssion file	ers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Williams, Robert M.	)	7 Amount of contribution (\$)	8 In-kind of description	ontributi (if applic	
	01/23/2014	6 Contributor address; City; State; Zip Code 3500 Park Hill Dr Fort Worth, TX 76109		\$1,000.00	Tevas complete	Schedule	
9	Principal occup Executive	ation / Job title (See Instructions)	10 Employer (See In: RIEX Co., LP		ONS AC	<u>.</u>	
	Date	Full name of contributor	)	Amount of contribution (\$)	In kind of description	contributi (if applic	on Cable)
	01/22/2014	Contributor address; City; State; Zip Code 5228 Estrella Ln Benbrook, TX 76126		\$250.00	A Do	3	
				(If travel outside of	Texas, complete	Schedule	•т) □
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind of description	contributi (if applic	
	01/22/2014	Contributor address; City; State; Zip Code 4901 Ranch View Dr Fort Worth, TX 76109		\$250.00	   		
				(If travel outside of	Texas, complete	Schedule	е Т)
	Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See In Self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind of description	contributi (if appli	
	01/21/2014	Contributor address; City; State; Zip Code 5502 Hidden Trails Dr Arlington, TX 76017		\$100.00	   		
				(If travel outside of	Texas, complete	Schedul	e T)
	Principal occup State Repres	eation / Job title (See Instructions) entative	Employer (See In State of Texas	structions)			

## **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Fees	nse Food/Beverage Expense I ravel in District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains hov	trict Candidat Rental Expense OTHER (en	is/Donations Made By ie/Officeholder/Political Committee ter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/4 Re	1 Mm Ob		00000001 (TECHIEIS)
4 Date	5 Payee name		20 EL
01/19/2014	Alphagrapics		
6 Amount (\$)	7 Payee address City; State; Zip Code		= 10 m 20
\$131.07	5836 Camp Bowie Blvd		The second secon
Ψ151.07	Fort Worth, TX 76107		
			ို့် ယ် 📶
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outs	ide of Texas, complete Schedule T)
PURPOSE	Printing Expense	Printing	
OF		l '''iiii	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office héld!
direct expenditure	Candidate / Cincertoider Harne	Office sought.	punice nerd:
to benefit C/OH			PE CONTRACTOR OF THE CONTRACTO
Date	Payee name		
01/07/2014	City Club		
Amount (\$)	Payee address City; State; Zip Code		
. ` '	1		
\$661.30	301 Commerce St, #400 Fort Worth, TX 76102		
	1 011 1101111, 177 10102		
	Catarana (C. C. C	Describes (6)	
PURPOSE	Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF	Event Expense	Lawyer Coffee	
EXPENDITURE			
	0 114 / 05 144		0.6
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
01/08/2014	Grapevine Golf Cars		
Amount (\$)	Payee address City; State; Zip Code		
	l		
\$515.09	1380 W. NW Hwy Grapevine, TX 76051		
:	Olapovillo, 17770001		
	Cotomore (Con Cotomore a Part of all the form of the	Describes (6)	
PURPOSE	Category (See Categories listed at the top of this schedule)		ide of Texas, complete Schedule T)
OF	Event Expense	Rental	
EXPENDITURE			
	0114-4-705-4-14-		Office health
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
01/06/2014	Heinzman, Sherri		
Amount (\$)	Payee address City; State; Zip Code		
1	· · · · · · · · · · · · · · · · · · ·		
\$1,263.65	1 Red Bluff Court Mansfield, TX 76063		
	manolicia, 177 / 0000		
			<u>.</u>
PURPOSE	Category (See Categories listed at the top of this schedule)	•	ide of Texas, complete Schedule T)
OF	Consulting Expense	Social media coordinati	on
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

### **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 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

Fees	Printing Expense Office Overhead  The Instruction Guide explains he		er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/4 Re	- Milaan Charan		00000001
4 Date	5 Payee name		
01/06/2014	J.P. Solutions		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$3,000.00	6421 Fershaw Place		
	Fort Worth, TX 76116		ZOI T
	(a) Cotogoni (Co. Cotogoni listed at the top of this cotogoni	(b) Description (If travel outsi	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Consulting	de of Texas complete Schedule 7)
OF EXPENDITURE	Containing Expones	Consuming	50 B 27
LAFENDITORE			Ca)
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		33 A
01/10/2014	Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Zip Code		200
\$162.27	5352 Wedgmont Cir N		<u>,</u>
• • • • • • • • • • • • • • • • • • • •	Fort Worth, TX 76133		
PURPOSE	Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF	Printing Expense	Printing	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name	F. W. Santana and Santana	
01/14/2014	Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Zip Code		
\$735.56	5352 Wedgmont Cir N		
	Fort Worth, TX 76133		
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outsi Printing	de of Texas, complete Schedule T)
OF	Tinuing Expense	1 mang	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
01/20/2014	Laser Graphic Press Co		
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$82.16	5352 Wedgmont Cir N		
, ==., •	Fort Worth, TX 76133		
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outsi Printing	de of Texas, complete Schedule T)
OF	Finding Expense	Filling	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure		_	

### **POLITICAL EXPENDITURES**

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
Office Overhead/Rental Expense

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

Fees	Printing Expense Office Overhead  The Instruction Guide explains ho	,	r a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 3/4 Re			00000001
4 Date	5 Payee name		
01/02/2014	Murphy Nasica		
6 Amount (\$)	7 Payee address City; State; Zip Code		TO 201 ELE ELE
\$18,625.00	815-A Brazos Street, #304 Austin, TX 78701		TARRA 2014 FEB ELECTIONS
	Addition of the second of the		25 B 3-
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Printing Expense	Signs	gg o
EXPENDITURE			3 3
	Condidate 10th and allow many	Office sought	Office held:
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	A o
to benefit C/OH			ं दें त
Date	Payee name		
01/06/2014	Murphy Nasica		*
Amount (\$)	Payee address City; State; Zip Code		
\$7,500.00	815-A Brazos Street, #304 Austin, TX 78701		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Consulting	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure	Candidate / Officeriolder frame	Office sought.	Office field.
to benefit C/OH			
Date	Payee name		
01/14/2014	Murphy Nasica		·····
Amount (\$)	Payee address City; State; Zip Code		
\$26,459.04	815-A Brazos Street, #304 Austin, TX 78701		
	·		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Mailings	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Caracita de la caraci	vorg	
		MV-11	
Date 01/14/2014	Payee name Murphy Nasica		
Amount (\$)	Payee address City; State; Zip Code	<u>, , , , , , , , , , , , , , , , , , , </u>	
\$1,500.00			
ψ1,500.00	Austin, TX 78701		
		γ	
PURPOSE	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Consulting Expense	Consulting	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure			

Date

01/07/2014 Amount (\$)

**PURPOSE** 

OF **EXPENDITURE** 

Complete ONLY if

direct expenditure to benefit C/OH

\$460.00

Payee name **USPS** 

Payee address

Cityview Station

Fort Worth, TX 76132

Solicitation/Fundraising Expense

Candidate / Officeholder name

City; State;

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

Zip Code

Description

Office sought:

Postage

#### (512)463-5800 TDD 1-800-735-2989 P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Transportation Equipment & Related Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a catteriory not listed above) Travel In District Consulting Expense Travel Out Of District Office Overhead/Rental Expense Event Expense Printing Expense The Instruction Guide explains how to complete this form. illi 2 FILER NAME (TEC filers) ACCOUNT# 1 PAGE# Wilson, Sharen 0000000 Schedule: 4/4 Report: 21/21 4 Date 5 Payee name 01/21/2014 Pierce, Chip State; Payee address City; Zip Code Amount (\$) +31 IISTRAI 1608 Steinburg Lane \$350.00 Fort Worth, TX 76134 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Photo shoots Advertising Expense OF EXPENDITURE 9 Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Piryx 01/23/2014 Amount (\$) Payee address City; State; Zip Code 144 2nd Street \$195.50 1st Floor San Francisco, CA 94105 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** online donation fees for 1/1/2014-1/23/2014 Fees OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Roberts, Gina 01/16/2014 Amount (\$) Payee address City; State; Zip Code 2934 5th Ave \$2,000.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Catering **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

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(If travel outside of Texas, complete Schedule T)