

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TX**

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Tara

M

NICKNAME

LAST

SUFFIX

Wilson

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX  
8772

Fort  
Worth

TX

76112

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

587-9492

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Tara

M

NICKNAME

LAST

SUFFIX

Wilson

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

5404 Boca Agua Dr.  
Apt 110

Fort  
Worth

TX

76112

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

587-9492

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

04 / 01 / 21

THROUGH

Month Day Year

04 / 23 / 21

11 ELECTION

ELECTION DATE

Month Day Year

05 / 01 / 21

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 4

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**GO TO PAGE 2**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,089.92</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1414.79</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6170.73</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2500.00</u>

18 SIGNATURE 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.

Tara Wilson  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Tara Wilson, and my date of birth is 06/13/84.  
My address is 5404 Boca Agua Dr. Apt 110, Ft Worth, TX, 76112, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Tarrant County, State of TX, on the 23 day of April, 2021.  
(month) (year)  
Tara Wilson  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Tara Wilson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,089.92</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>875<sup>00</sup></i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1414.79</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Tara Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Full name of contributor Piper Young <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3614 Meadowbrook Dr. Fort Worth TX 76103		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/21	Full name of contributor Jesse Herrera <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 169 Scenic Hill Dr #236 Fort Worth TX 76111		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/21	Full name of contributor Sandy Russell <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10336 Tammaron Fort Worth TX 76140		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/21	Full name of contributor Harold Vasquez <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 4233 Enchanted Rock Ln. Fort Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Tara Wilson</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/7/21</i>		5 Full name of contributor <i>Blake Moorman</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>\$25<sup>00</sup></i>	
		6 Contributor address; City; State; Zip Code <i>701 High Woods Trl. Fort Worth TX 76112</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>4/8/21</i>		Full name of contributor <i>Roxanne Martinez</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$100<sup>00</sup></i>	
		Contributor address; City; State; Zip Code <i>135 NE 37th St. Fort Worth TX 76106</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/8/21</i>		Full name of contributor <i>Esther Sevier</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$100<sup>00</sup></i>	
		Contributor address; City; State; Zip Code <i>513 Meridian Ln. Fort Worth TX 76244</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/8/21</i>		Full name of contributor <i>Mary Eline</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$25<sup>00</sup></i>	
		Contributor address; City; State; Zip Code <i>5613 Boca Paton Blvd Fort Worth TX 76112</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					





# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Tara Wilson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8/21</b>	<div style="display: flex; justify-content: space-between;"> <div>5 Full name of contributor <b>Iris Garcia</b></div> <div>out-of-state PAC (ID#: _____)</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>6 Contributor address; <b>4720 Grainger Trail</b></div> <div>City; <b>Fort Worth</b></div> <div>State; <b>TX</b></div> <div>Zip Code <b>76137</b></div> </div>	7 Amount of contribution (\$) <b>\$ 10<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

  

Date <b>4/8/21</b>	<div style="display: flex; justify-content: space-between;"> <div>Full name of contributor <b>Roy Treadway</b></div> <div>out-of-state PAC (ID#: _____)</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contributor address; <b>505 Bleins St.</b></div> <div>City; <b>Fort Worth</b></div> <div>State; <b>TX</b></div> <div>Zip Code <b>76111</b></div> </div>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>4/9/21</b>	<div style="display: flex; justify-content: space-between;"> <div>Full name of contributor <b>Emily Herzig</b></div> <div>out-of-state PAC (ID#: _____)</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contributor address; <b>3075 Bellare Ranch Dr. #125</b></div> <div>City; <b>Fort Worth</b></div> <div>State; <b>TX</b></div> <div>Zip Code <b>76109</b></div> </div>	Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>4/10/21</b>	<div style="display: flex; justify-content: space-between;"> <div>Full name of contributor <b>Harold Vasquez</b></div> <div>out-of-state PAC (ID#: _____)</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contributor address; <b>4233 Enchanted Rock Ln.</b></div> <div>City; <b>Fort Worth</b></div> <div>State; <b>TX</b></div> <div>Zip Code <b>76244</b></div> </div>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

Total pages Schedule A2:

*enjoy*

2 FILER NAME

*Tara Wilson*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

*4/13/21*

6 Full name of contributor

*Lindsay James*

☐ out-of-state PAC (ID#)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address;

*5510 Willow Cir*

City;

*Fort Worth*

State;

*TX*

Zip Code

*76112*

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of Contribution \$

In-kind contribution description

Contributor address;

City;

State;

Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Tara Wilson</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/13/21</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Lindsay James</i>			7 Amount of contribution (\$) <i>\$ 10<sup>00</sup></i>	
	6 Contributor address; City; State; Zip Code <i>5510 Willow Cir Fort Worth TX 76112</i>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>4/13/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jonathan Brice</i>			Amount of contribution (\$) <i>\$ 25<sup>00</sup></i>	
	Contributor address; City; State; Zip Code <i>2204 Crestview Dr. Fort Worth TX 76103</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/14/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tracy Georges</i>			Amount of contribution (\$) <i>\$ 50<sup>00</sup></i>	
	Contributor address; City; State; Zip Code <i>7300 Yolanda Dr. Fort Worth TX 76112</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/14/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Piper Young</i>			Amount of contribution (\$) <i>\$ 50<sup>00</sup></i>	
	Contributor address; City; State; Zip Code <i>3614 Meadowbrook Dr. Fort Worth TX 76103</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Tara Wilson</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/15/21</i>	5 Full name of contributor <i>Amanda Arizola</i> out-of-state PAC (ID#: _____)			7 Amount of contribution (\$) <i>\$150.00</i>	
	6 Contributor address; City; State; Zip Code <i>PO BOX 430 Hurst TX 76053</i>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>4/17/21</i>	Full name of contributor <i>Rita Vinson</i> out-of-state PAC (ID#: _____)			Amount of contribution (\$) <i>\$25.00</i>	
	Contributor address; City; State; Zip Code <i>6216 Dovenshire Terrace Fort Worth TX 76112</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/20/21</i>	Full name of contributor <i>Julius Panjatan</i> out-of-state PAC (ID#: _____)			Amount of contribution (\$) <i>\$24.00</i>	
	Contributor address; City; State; Zip Code <i>9377 Shovelers Trail Fort Worth TX 76113</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4/20/21</i>	Full name of contributor <i>Victoria Adams</i> out-of-state PAC (ID#: _____)			Amount of contribution (\$) <i>\$104.00</i>	
	Contributor address; City; State; Zip Code <i>2330 Medford Court East Fort Worth TX 76109</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <u>Tara Wilson</u>				3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/21/21</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Allison Crews</u>			7 Amount of contribution (\$) <u>\$25<sup>00</sup></u>	
	6 Contributor address; City; State; Zip Code <u>2103 Oak Hill Rd. Fort Worth TX 76112</u>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <u>4/21/21</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Cindy Fountain</u>			Amount of contribution (\$) <u>\$24<sup>00</sup></u>	
	Contributor address; City; State; Zip Code <u>406 W Smith St Cleburne TX 76033</u>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <u>4/21/21</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>John H Smith</u>			Amount of contribution (\$) <u>\$25<sup>00</sup></u>	
	Contributor address; City; State; Zip Code <u>2104 Fountain Square Dr. Fort Worth TX 76167</u>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <u>4/21/21</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Barbara McMahon</u>			Amount of contribution (\$) <u>\$50<sup>00</sup></u>	
	Contributor address; City; State; Zip Code <u>1905 Barron Ln. Fort Worth TX 76112</u>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					





# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Tara Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/21	5 Full name of contributor Javad Montafared out-of-state PAC (ID#: _____) 6 Contributor address; 5360 Kingsknowe Pkwy City: Fort Worth State: TX Zip Code: 76135	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/21/21	Full name of contributor Bed Basul out-of-state PAC (ID#: _____) Contributor address; 3937 Brookmill Ln City: Fort Worth State: TX Zip Code: 76244	Amount of contribution (\$) \$101.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/21	Full name of contributor Samantha German out-of-state PAC (ID#: _____) Contributor address; 9856 Broiles Ln City: Fort Worth State: TX Zip Code: 76244	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/21	Full name of contributor Stephany Maldonado out-of-state PAC (ID#: _____) Contributor address; 719 N 15th St. Waco City: Waco State: TX Zip Code: _____	Amount of contribution (\$) <del>\$300.00</del> \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2:	
2 FILER NAME <i>Tara Wilson</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ <i>0</i>	
5 Date <i>4/5/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Romero</i>			8 Amount of Contribution \$ <i>\$875.00</i>	9 In-kind contribution description <i>Campaign sign</i>
7 Contributor address; City; State; Zip Code <i>P.O. Box 181 Fort Worth TX 76101</i>			Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

  

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/8/21</i>		5 Payee name <i>U.S.P.S.</i>			
6 Amount (\$) <i>\$ 703.20</i>		7 Payee address; <i>4650 E. Rosedale St.</i>		City; <i>Fort Worth</i>	State; <i>TX</i>
				Zip Code <i>76105</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation/Voter Outreach</i>		(b) Description <i>Voter Outreach mail</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>4/5/21</i>		Payee name <i>Sunoco</i>			
Amount (\$) <i>\$32.29</i>		Payee address; <i>1251 Woodhaven Blvd</i>		City; <i>Fort Worth</i>	State; <i>TX</i>
				Zip Code <i>76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel In-District</i>		Description <i>Gas - Canvassing</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>4/12/21</i>		Payee name <i>Daylight Donuts</i>			
Amount (\$) <i>\$15.27</i>		Payee address; <i>1213 Woodhaven Blvd</i>		City; <i>Fort Worth</i>	State; <i>TX</i>
				Zip Code <i>76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>Volunteer Canvassers</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/12/21</i>	5 Payee name <i>FLIPS Patio Grill</i>
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6 Amount (\$) <i>\$44.81</i>	7 Payee address; <i>1613 Fossil Bluff</i>	City; <i>Fort Worth</i>	State; <i>TX</i>	Zip Code <i>76137</i>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/16/21</i>	Payee name <i>Call Time AI</i>
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Amount (\$) <i>\$265.00</i>	Payee address; <i>2627 E College Ave</i>	City; <i>Visalia</i>	State; <i>CA</i>	Zip Code <i>93292</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising</i>	Description <i>Phone</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/19/21</i>	Payee name <i>Nail Chimp</i>
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Amount (\$) <i>\$259.04</i>	Payee address; <i>675 Ponce De Leon Ave NE Ste. 900</i>	City; <i>Atlanta</i>	State; <i>GA</i>	Zip Code <i>30308</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising</i>	Description <i>Email</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/19/21</i>		5 Payee name <i>Sunoco</i>			
6 Amount (\$) <i>\$ 32.25</i>		7 Payee address; <i>1251 Woodhaven Blvd</i>		City; <i>Fort Worth</i>	State; <i>TX</i>
				Zip Code <i>76112</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel - In District</i>		(b) Description <i>Voter Outreach</i>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <i>4/22/21</i>		Payee name <i>Sunoco</i>			
Amount (\$) <i>\$ 31.72</i>		Payee address; <i>1251 Woodhaven Blvd</i>		City; <i>Fort Worth</i>	State; <i>TX</i>
				Zip Code <i>76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel - In District</i>		Description <i>Voter Outreach</i>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date		Payee name <i>ActBlue</i>			
Amount (\$) <i>\$ 31.17</i>		Payee address; <i>PO Box 441146</i>		City; <i>Somerville</i>	State; <i>MA</i>
				Zip Code <i>02144</i>	<i>0051</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Transaction Fees</i>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
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