

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME

MS / (MRS) / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Tara M Maldonado-Wilson

OFFICE USE ONLY

Date Received

CSU REC'D APR 28 '23 PM4:19

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 24853

Fort Worth TX 76124

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

587-9492

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Tara M Wilson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

CITY;

STATE;

ZIP CODE

2309 San Jose Dr

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

Month Day Year

04 / 06 / 23

THROUGH

04 / 27 / 23

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 23

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 11

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5401.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7415.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2292.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4000.00

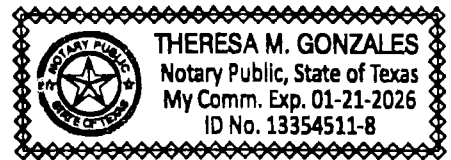
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by TARA WILSON this the 28 day of April, 2023 to certify which, witness my hand and seal of office.

[Handwritten Signature] Theresa Gonzales Personal Banker - Frost
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5401. ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1000 ⁰⁰
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 745. ⁹⁵
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/>	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: (4)
2 FILER NAME Tara Maldonado-Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catalina E Garcia MD	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address; City; State; Zip Code 104555 N. Central Expressway Dallas TX 75231		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Latina List	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code Po Box 64025 Fort Worth TX 76164		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrs Nettles Campaign	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 1121 E Bowie St. Fort Worth TX 76104		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 4/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Miles	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 1458 Warrington Ct. Fort Worth TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 4
2 FILER NAME <i>Tara Maldonado-Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sara Darwin</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5733 Monterrey Dr Fort Worth TX 76112</i>		

8 Principal occupation / Job title (See Instructions) <i>CRA</i>	9 Employer (See Instructions)
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Date <i>4/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Peralta</i>	Amount of contribution (\$) <i>\$400⁰⁰</i>
Contributor address; City; State; Zip Code <i>3812 Gordon Ave Fort Worth TX 76110</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Receipt ID	Date	Amount	Recurrence	Donor First	Donor Last	Donor Add	Donor City	Donor Stat	Donor Zip	Donor Coui
AB2556211	4/6/2023 13:39	18	1	Rachel	Gollay	1408 S Henderson St	FORT WOR TX		76104	United Stat
AB2556804	4/7/2023 10:56	500	1	Al	Saenz	621 Lillard Rd	Arlington TX		76012	United Stat
AB2557514	4/8/2023 12:27	100	1	Ralph	Wyman	154 Groveland Terr	Minneapolis MN		55403	United Stat
AB2558314	4/10/2023 17:21	50	1	Brendan	Roche	533 ELM ST	Mansfield MA		2048	United Stat
AB2558324	4/10/2023 17:34	100	1	Albert	Mata	105 S. Bishop Ave Apt.	Dallas TX		75208	United Stat
AB2558324	4/10/2023 17:34	25	1	Maryellen	Hicks	p o box 19185	Fort Worth TX		76119	United Stat
AB2558324	4/10/2023 17:38	100	1	MARQUET	CLAYTON	820 Nelson Pl	Fort Worth TX		76028	United Stat
AB2558424	4/10/2023 20:40	1000	1	Domingo	Garcia	1111 W Mockingbird L	dallas TX		75247	United Stat
AB2558524	4/11/2023 7:30	150	1	Tommy	Tisby	211 Stallion dr	Keller TX		76248	United Stat
AB2558534	4/11/2023 8:20	100	1	Bob	Bonilla	362 FOCH ST	FORT WOR TX		76107	United Stat
AB2558614	4/11/2023 12:27	35	1	Tristeza	Ordex	3415 Navajo Ct	Dallas TX		75224	United Stat
AB2560274	4/14/2023 17:30	25	1	Todd	Moye	1800 6th Ave	FORT WOR TX		76110	United Stat
AB2560694	4/15/2023 18:16	500	1	Adam	Madeiro	4300 Dunlavy St Apt. #	Houston TX		77006	United Stat
AB2545114	4/16/2023 4:15	10	2	Maryellen	Hicks	p o box 19185	Fort Worth TX		76119	United Stat
AB2561014	4/16/2023 17:20	50	1	Pablo	Calderon	4813 Kemble St.	Fort Worth TX		76103	United Stat
AB2561171	4/17/2023 9:42	25	1	John	MacFarlane	2104 Washington Ave	Fort Worth TX		76110-193	United Stat
AB2561764	4/18/2023 16:56	100	1	Sara J.	Darwin	5733 Monterrey Drive	Fort Worth TX		76112-390	United Stat
AB2561784	4/18/2023 17:23	100	1	Wesley	Taylor	1717 Weiler Blvd	Fort Worth TX		76112	United Stat
AB2561884	4/18/2023 20:43	100	1	Christi	Reynolds	1450 Warrington ct	Fort Worth TX		76112	United Stat
AB2562364	4/19/2023 21:33	100	1	Salvador	Carrillo	2408 Dalford	Fort Worth TX		76111	United Stat
AB2562577	4/20/2023 13:42	18	1	Rachel	Gollay	1408 S Henderson St	FORT WOR TX		76104	United Stat
AB2536397	4/22/2023 4:14	10	3	Emma	Preciado	27025 Daffodil Pl	Boerne TX		78015-509	United Stat
AB2563404	4/22/2023 12:25	15	1	Christine J	Voigt	2615 5th Avenue	Fort Worth TX		76110	United Stat
AB2564024	4/23/2023 23:12	50	1	edward	scarbrough	1900 Bluebird Ave	Fort Worth TX		76111	United Stat
AB2566044	4/26/2023 17:44	100	1	Lisa	Haines	5833 River Meadows F	Fort Worth TX		76112	United Stat
AB2566184	4/26/2023 21:23	50	1	Rosemary	Galdiano	2615 5th Ave	Fort Worth TX		76110	United Stat
AB2566304	4/27/2023 8:41	100	1	Anita	Horky	PO Box 17787	Fort Worth TX		76102	United Stat
AB2566524	4/27/2023 15:03	20	1	dora	silva	5507 Davis Boulevard	North Richl TX		76180	United Stat

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME <i>Tara Maldonado-Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>4/26/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tara M. Wilson</i>	9 Loan Amount (\$) <i>\$ 1000⁰⁰</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>P.O. Box 48523 Fort Worth TX 76124</i>	10 Interest rate <i>0</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>RN</i>		13 Employer (See Instructions) <i>Contract</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | 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: 4	2 FILER NAME Tara Maldonado-Wilson	3 Filer ID (Ethics Commission Filers)
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4 Date 4/10/23	5 Payee name APH Digital LLC
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6 Amount (\$) \$ 322⁵⁰	7 Payee address: 18710 Rogers Aven	City: San Antonio	State: TX	Zip Code 78253
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media
	(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
--	-------------------------------	---------------	-------------

Date 04/10/23	Payee name Goodman Campaign
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Amount (\$) \$ 633⁰⁰	Payee address: 1211 E. 7th Ste 620	City: Austin	State: TX	Zip Code 76701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation	Description Text/Email
	<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 04/14/23	Payee name MAS Strategy Group LLC
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Amount (\$) \$ 3923⁴⁰	Payee address: 3700 Cole Ave. #231	City: Dallas	State: TX	Zip Code 75204
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mail
	<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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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 Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/23</i>	5 Payee name <i>APT Digital LLC</i>	
6 Amount (\$) <i>\$ 322⁰⁰</i>	7 Payee address; City; State; Zip Code <i>10710 Rogers Glen San Antonio TX 78258</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Social Media</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	Candidate / Officeholder name	Office sought Office held
Date <i>4/19/23</i>	Payee name <i>Bankem Printing</i>	
Amount (\$) <i>\$ 120⁰⁰</i>	Payee address; City; State; Zip Code <i>2357 S. Collins St. Arlington TX 76014</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Campaign Lit</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
Date <i>04/19/23</i>	Payee name <i>MAS Strategy Group LLC</i>	
Amount (\$) <i>\$ 1408⁰⁰</i>	Payee address; City; State; Zip Code <i>3700 Cole Ave. #231 Dallas TX 75204</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>Postage</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 Maldonado - Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/23</i>	5 Payee name <i>MailChimp</i>	
6 Amount (\$) <i>\$ 57.50</i>	7 Payee address; <i>675 Ponce de Leon Ave. NE # 5000</i>	City; State; Zip Code <i>Atlanta GA</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	(b) Description <i>Email</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>04/25/23</i>	Payee name <i>Switch board</i>	
Amount (\$) <i>\$ 56.⁰⁹</i>	Payee address; <i>110 Grogas Ave. Ste A4-700</i>	City; State; Zip Code <i>San Francisco CA 94129</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising</i>	Description <i>Communications</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/26/23</i>	Payee name <i>Grassroots Analytics</i>	
Amount (\$) <i>\$ 250.00</i>	Payee address; <i>700 K St. NW 3rd Floor</i>	City; State; Zip Code <i>Washington DC 20001</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising</i>	Description <i>Rental expense</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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 Maldonado Wilson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/27/23</i>	5 Payee name <i>APH Digital LLC</i>
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6 Amount (\$) <i>\$ 322.00</i>	7 Payee address; <i>10710 Rogers Glen</i>	City; <i>San Antonio</i>	State; <i>TX</i>	Zip Code <i>78258</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Social Media</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	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED