CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CRETARY FORM C/OH

				rs. wokir	I, IX	
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Tota	pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR	FIRST		M		OFFICE USE ONLY
	NICKNAME	WISON		SUFFIX	Date Rec	1891077
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO SHOY BO Furt V	x; APT/SUITE#; C DCA Agua Dn Vovth, TX 74	OITY; STATE; APT 110 el12	ZIP CODE	12348	RECEIVED JUL 15 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (46)	PHONE NUMBER 587 - 9492	EXTENS	SION	19	ded Wyor FORT WORTH CO
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	FIRST TAVA LAST		SUFFIX	Receipt #	essed
		Wilson			Date Imaç	ged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU OCA AGUA DO	·	+ WORLS	<	STATE, ZIP CODE TX 76012
(Residence or Business) 8 CAMPAIGN	AREA CODE	# (10	FYTENOL		<u> </u>	
TREASURER PHONE	(469)	587 - 9497	EXTENSI L	·	•	
9 REPORT TYPE	January 15	30th day before ele	tion Exc	eeded Modified	to	5th day after campaign easurer appointment Officeholder Only) inal Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	кер	orting Limit Month	Day	Year
COVERED	104	/13 / 2021	THROUGH	07/	15,	121
11 ELECTION	ELECTION DA	ATE	·	ELECTION TYPE		
	Month Day	Year Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	OUGHT (if known)	y Cor	uncil District 4
I4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	DE OF POLITICAL CONTRIBUTIONS ACCEPTION OF THE SERVICE OF THE SERV	WAY HAVE BEEN MADE W	VITHOUT THE CANDID	ATE'S OR O	FFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		_	
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	_ .		
		GO TO P	AGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · · ·					
15 C/OH NAME				16 File	er ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED P PLEDGES, LOANS, OR CONTRIBUTIONS MAD	R GUARANTEES OF	LOANS, OR	AN	\$	8
	2. TOTAL POLITICAL CONTROL (OTHER THAN PLEDGE		ARANTEES OF LOAN	S)	\$ 1,9	47,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	OLITICAL EXPEND	ITURE.		\$	Ø
	4. TOTAL POLITICAL EX	KPENDITURES			\$ 6,4	e34. <u>13</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO		ITAINED AS OF THE L	AST DAY	\$ 9	14.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP		STANDING LOANS AS	OF THE	\$	0
CRISTINA Notary Pub My Comm.	\$600 0000000000000000000000000000000000	MORENO State of Taxas State of Taxas State	CRIS Nota	.w: •••••• S∏NA R.	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	300 300
NOTARY STAMP/SEAL Sworn to and subscribed to certify to certify signature of officer administer	before me by Way Was	e of officer administe	<u> </u>	(5h erson	day of	Rever administering oath
(2) Unawara Daalaratia	-	OR				
(2) Unsworn Declaration	on	,				
My name is		, ;	and my date of birth i	s		
My address is	,	,		,		·
Executed in	(street) County, State of	, on the _	(city)	(state)	(zip code) , 20 (year)	(country)
			(mont	in)	(year)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1947.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6636.73
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	\$

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	14 (1 C	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/21	5 Full name of contributor out-of-state PAC (ID#:) Baybara McMahon 6 Contributor address; City; State; Zip Code 1505 Barron Ln. Fart Wary TX 76112	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 4/23/21	Full name of contributor out-of-state PAC (ID#:) State; Zip Code 119 N, 15 H St, Wallo TX 76707	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date 4/23/21	Full name of contributor out-of-state PAC (ID#:) Plana Mandrya Contributor address; City; State; Zip Code 5230 Lobello Pr. Dallas TX 75279	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date 4/23/21	Full name of contributor out-of-state PAC (ID#:) Valene Johnson Contributor address; City; State; Zip Code Worth Worth Hill T 76182	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	iions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

- In this roque			
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tan	a Wilson		
4 Date 4/13/1	5 Full name of contributor out-of-state PAC (Lawa Sanchez 6 Contributor address; City; 2601 La Frindera # 2432	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		ID#:)	Amount of contribution (\$)
4/23/21	Patricia Chisolm Contributor address; City; 8355 Denali Dr. Fut	State; Zip Code	\$ 1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
,	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME	Wilson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/25/21	Edy Lon May Held	d 2400
4/65/61	Edy Lon Mayfield 6 Contributor address; City; State; Zip Code 6 Contributor Address; Fut 6 Contributor address; Worth TX 76132	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
04/25/21	Gabrianna Saks Contributor address; City; State; Zip Code 3/13 Sandra Dr. # Jole With TX 76107 Destina (Joh title (See Instructions)) Employer (See Instructions)	\$ 2500
	3/13 Sendra Dr. # Jolo Wingh TX 76107	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
04/26/21	Harold Vasquez	\$ 2500
777	Contributor address; City; State; Zip Code 4233 Enchanted Lack Keller TX 76244	·
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/16/21	TSther Sevier Contributor address; City; State; Zip Code 5113 Mendian Un. Fort 1 76244	\$ 5000
4/5/	5113 Mendian Un. Fort 1X 76244	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
		-
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Wilson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/07/21	Celina Vasquez 6 Contributor address; City; State; Zip Code 703 Allen Frest Par Bryan 7 TW3	# 200 °C
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date .	Full name of contributor out-of-state PAC (ID#:) Lafino Vidry Fund	Amount of contribution (\$)
4/20/21	Latino Victry Fund Contributor address; City; State; Zip Code 100 14th St, NW Stc Washington 20005 DC-	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date 05/05/21	Full name of contributor out-of-state PAC (ID#:) Steffung Maldonado Contributor address; City; State; Zip Code 119 N, 15th St., Wals TX 76707	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date 05/07/21	Full name of contributor out-of-state PAC (ID#:) Whisten Oderberg Contributor address; City; State; Zip Code Well Nantucket Un. Alingtin TX 76001	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
		,
		·
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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		3 Filer ID (Ethics Commission Filers)
Tai	a Wilson	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
// 0/.	Healher Buen 6 Contributor address; City; State; Zip Code 9078 Fiver Falls Dr., Furt TX 76118	41 111100
105/01/21	City State Zin Code	\$ 4400
1 / / /	6 Contributor address; City; State; Zip Code	
	9078 fiver Falls Dr. Worsh TX 76118	
		<u> </u>
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Proce Mouna	- 20
5/14/21	1 Piper young	Q 2500
3/14 0	Contributor address; City; State; Zip Code	CH C
1	21.110 Manda March Dr FWT. N 210127	
I	Piper Young Contributor address; City; State; Zip Code 3614 Madwhwk Dr. Fut TX 7663	
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Pilitolpai occup	Dation / Job title (See instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
l	MIACAN CLEUIC	A 190
1/21/21	910/301 670-03	125°
5/21/21	Contributor address; City; State; Zip Code	
	2 124 MIN HII Rd YOUT. TX 3/0/32	
	Mysin Cvews Contributor address; City; State; Zip Code 2108 Oak Hill Pd, Fart TX -16132	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
•	,	
Data		Amount of contribution (\$)
Date	Full name of contributor	Amount of contribution (\$)
	I du lon Mankeld	110-
C/15/11	Contributor address: City; State; Zip Code	81240
3/6/10	Contributor address; City, State, Zip Code	-
′ /	Contributor address; City; State; Zip Code First TX	
·	allos morn il	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
-		
•		
		···
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

				1 Total pages Schedule A1:
The	Instruction Guide explains how	to complete this	s form.	1 lotal pages schedule AT. 5
2 FILER NAME	a Wilson			3 Filer ID (Ethics Commission Filers)
De/U/21	5 Full name of contributor AMSM CYEWS 6 Contributor address; 208 Oak HURA, spation / Job title (See Instructions)	Out-of-state PAGE	State; Zip Code TX 7W12 9 Employer (See Instruc	7 Amount of contribution (\$)
Date	Full name of contributor		.C (ID#:)	Amount of contribution (\$)
			State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor * Contributor address;	out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Contributor address;	out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	tions)
			OF THIS SCHEDULE AS NI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P y Gift/Awards/Memonals Expense P	pan Repayment/Reimbursement ffice Overhead/Rental Expense colling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		ow to complete and learning	2 Files ID (Ethics Commission Filese)		
1 Total pages Schedule F1:	Tava Wilson		3 Filer ID (Ethics Commission Filers)		
4/23/21	5 Payee name Sumo Co				
6 Amount (\$) 34. 43	7 Payee address; 1251 Wood hoven 131/d	city; Fort Word	State; Zip Code 7 7/2/12		
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description			
PURPOSE OF EXPENDITURE	Travel in District	Campaign	n Travel		
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/26/21	FEDEX KINKO'S	·			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$12.16	901 Housten St:	FUT WOVE	h 1x 7/2/02		
	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Campais	Campaisn Maderials		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/26/21	Ride Shave 2 Vote				
Amount (\$)	Payee address;	City;	State; Zip Code		
X (00 00	3323 Dathan	Dallas	TX 75229		
	Category (See Categories listed at the top of this sched	lule) Description	-		
PURPOSE OF EXPENDITURE	Transportation Expens	e	· · · · · · · · · · · · · · · · · · ·		
	Check if travel outside of Texas. Complete Sched	ule T. 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					

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to 0	Vages/Contract Labor	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	r - · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethic	s Commission Filers)	
4 Date 4/26/21	5 Payee name Albertson'S				
6 Amount (\$) \$ 34.39	7 Payee address; BSD E WUP 820	City; Furt Worth	State;	Zip Code 76112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food Expense	Volunteer	Food		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/26/21	Junoco				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 31.22	1251 Woodhaven Blvd.	FWY WUAH	18	76112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Tranel In District	Campaign Travel			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/26/21	fosais Cafe	, .			
Amount (\$)	Payee address;	City;	State;	Zip Code	
8.65	8432 Dentin thuy	Watanga	i 78 	76/48	
·	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Expense	volunteer	Food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

	•	EXPENDI	TURE CATE	GORIES	FOR BOX 8(a)			
	anking Fees kpense Food/Beverage Expense /Donations Made By Gift/Awards/Memorials Exp Officeholder/Political Committee 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)		
Credit Card Payment		The Instruction	n Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAM		n		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics	Commission Filers)	
4 Date 4/26/21	5 Payee nam	Zway -	#9	ī				
6 Amount (\$)"	7 Payee addr	ress; fandol	Mill 1	ed.	City: FWY WOAH	State;	Zip Code 1012	
8	(a) Category (See Categories list	ed at the top of this	schedule)	(b) Description		•	
PURPOSE OF EXPENDITURE	Trave	l In Di	strict		Campais	n Travel		
	(c) Ch	neck if travel outside o	of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH		e / Officeholde	r name		Office sought	(Office held	
Date	Payee name	e			<u>.</u>			
05/01/21	^	Trac						
Amount (\$)	Payee addr	ess,			City;	State;	Zip Code	
\$ 43.62	620 E	Bem	Str		TUST	1X	76110	
	Category (S	ee Categories liste	d at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Tran	el In	Distric	<i>t</i>	Campais	n Travel	·	
	Check if travel outside of Texas. Complete Schedule T.			Check if Austi	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder	name		Office sought	(Office held	
Date	Payee nam	e			<u> </u>		-	
05/01/21	•		sh'c Fa	etm -	Fut worth			
Amount (\$)	Payee addr	ess;			City;	State;	Zip Code	
A 18.48	७१५।	Bridge	.f2		FULL	$\frac{1}{1}$	16112	
	Category (S	ee Categories liste	d at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense			Campon	or Event			
	Ch	eck if travel outside o	f Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholde	r name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name City; Zip Code 7 Payee address; Brentwood Stair Rd. Furth TX J 32.42 7/6/12 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Foul Expense **PURPOSE** Frent Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Headher Bonen Zip Code 9078 River Falls Dr. JI 1,200 00 76119 Category (See Categories listed at the top of this schedule) Description Data Consultant **PURPOSE** Consultant OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Town Wilson 05/04/21 Payee address; Zip Code 5404 Boca Asna Pr \$ 2500 <u>60</u> 7/2/12 Category (See Categories listed at the top of this schedule) Description **PURPOSE**

Office held

Check if Austin, TX, officeholder living expense

Office sought

Loan

OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reimburge ment

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

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/Politica	Fees Office Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prince	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense aries/Wages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
Credit Card Payment	The instruction Guide explains how	w to complete this form.	·	
1 Total pages Schedule F1:	2 FILER NAME TOUG WILSON		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/06/21	5 Payee name Roog (C			
6 Amount (\$) 89. 84	7 Payee address; 1600 Amphitheathe PKW1	j. Kourtai View	State;	afo43
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description		
PURPOSE OF EXPENDITURE	office Expense/Compai	an Communaia	fin	
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/16/21	Progressive Change Cl	<u>^</u>	·	
Amount (\$)	Payee address;	City;	State;	Zip Code
25.00	1629 'K St. Ste. 309 N	l.w. Nashing	m	2000le
	Category (See Categories listed at the top of this schedul	le) Description		
PURPOSE OF EXPENDITURE	office expense/Solicited	ian Email	Email/Solicitation	
	Check if travel outside of Texas. Complete Schedule	Lile T. Check if Austin, TX, officeholder living expense		g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/17/21	Peoples 4 Mayor			
Amount (\$) \$ 250 00	Payee address; 1908 Giver Hollow Cfi	city; Fart Werth	State;	Žip Code 70116
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF EXPENDITURE	Campaign Contribution			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought FWA WIVAH	Mayor	Office held TCDP Chair
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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 JAVA WISH		3 Filer ID (Ethics	Commission Filers)
4 Date 05/17/21	5 Payee name Cautine AT	•		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1 2 le 500	BU W. Ath St.	Los Angeles	CA	90017
8	(a) Category (See Categories listed at the top of this schedul	(b) Description		
PURPOSE OF EXPENDITURE	Fundiaising Expense		·	·
	(c) Check if travel outside of Texas. Complete Schedule	nedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/18/21	Diana Saleh			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 10000	P.O. BOX 182537	Arlingtu	TX	76018
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Campaign Contribution			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Diang Saleh Atlin	office sought office sought		Office held
Date	Payee name		-	
06/06/21	progressive Change CC			
Amount (\$)	Payee address;	City;	State;	Zip Code
B 25 00	Payee address; St. 300 NIN) Wasun	gtn, DC	roode
	Category (See Categories listed at the top of this schedule			
PURPOSE OF EXPENDITURE	Soligitation Expense/Office	ce Email	Solicitation	<i>-</i>
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	ехрепѕе
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment			a category not listed above)	
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME TOWN WILSON	3 Filer ID	(Ethics Commission Filers)	
4 Date 06/06/2)	5 Payee name			
6 Amount (\$)	7 Payee address;	City; Sta		
\$ 69.54	1600 Amphitheathe Kuy.	Mountain C. View	A 94043	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	office Expense	Campaign Ena	ui)	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/16/21	Call Time Al			
Amount (\$)	Payee address;	City; Sta	te; Zip Code	
\$1265	GIL W. Hust	Angeles (A	90017	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expense			
	Check if travel outside of Texas. Complete Schedule T.	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	Payee name		· · · · · · · · · · · · · · · · · · ·	
6/18/21	U.S. P.S.			
Amount (\$)	Payee address;	City; Sta		
\$ 7.95	400 Na Retta St.	TWT WOVEN	(76111	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consultant Expense	Mail Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er 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				

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Tava WILSON		3 Filer ID (Ethic	es Commission Filers)	
4 Date 26/19/21	5 Payee name Act Blue				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
ayy, 24	PO BOX 44 1146	Someralle	MA	0444-031	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Transact	in Fees		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	-			
07/01/21	Michael Dooley				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1 1000 vo	246 Lenox St.	Norwood	MA	02062	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting	Campaign Consultar		wt	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
07/14/21	Barhara Chrk-Falup	·			
Amount (\$)	Payee address;	City;	State;	Zip Code	
91349.BB	1501 Satmy Rd.	WITH	TX	76114	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Furdiais	פרים		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC COVER SHEET PG 1

The C/OH-U	CInstruction Guide explains how to complete this form.	1 Filer ID (Ethlcs Commission Filers) N/A
2 CANDIDATE/	MS/MR FIRST MI	0551051105.01117
OFFICEHOLDER		OFFICE USE ONLY
NAME	Tara M	Date Received
	I	• • •
	Wilson	
	I NOTIZONI	
3 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COL	DE .
OFFICEHOLDER	about Boxa Amiable -1	Date Hand-delivered or Date Postmarked
ADDRESS	Stoy Boca Aguar. Fut 1x 7611	2
change of address	Stoy Boca Aguar. Fut 1x 7/ell	Receipt # Amount \$
change of address		
4 REPORT TYPE	Annual Final Disposition	Date Processed
5 PERIOD	Month Day Year Month Day Yea	ar Date Imaged
COVERED	05/02/2021 THROUGH 07/15/2021	Date images
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS O	F \$ 6710 37
	DECEMBER 31 OF THE PREVIOUS YEAR.	F \$ 974.37
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED C UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEA	
7 SIGNATURE Isw	ear, or affirm, under penalty of perjury, that the accompanying re	port is true and correct and includes al
info	rmation required to be reported by me under Title 15, Election Cod	didate/Officeholder
(1) Affidavit	CRISTINA A SM CREMOTE te either option belov Notary Public, State of Texas My Comm. Exp. 10-17-2023 ID No. 13221442-3	»:
NOTARY STAMP/SEAL	allen	10-1
Sworn to and subscribed be	efore me by Tan Wilson this the	day of July,
20 2 to certify wh	nich, witness my hand and seal of office.	sexpralle 1800
metinal//	yer () () men	sor our as paryeur
Signature of officer administering	g oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unawara Declaration		
(2) Unsworn Declaration		
	and an add a self-tule to	
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	, 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: EXPENDITURES			FORM C/OH-UC PG 2
8 C/OH NAME	ava Wilson		9 Filer ID (Ethics Commission Filers)
10 Date	11 Payee name Ploples & Mayor 12 Payee address; City; State; Zip Code 2908 River Furt TX 76/16 Hollow et Worth		13 Amount (\$) 8/ 250 00
14 Purpose of expe	Hollow the WIYHA nditure (See instructions regarding type of information required.)	15 Is expenditur	re a contribution Yes
Check if t	ravel outside of Texas. Complete Schedule T.	political com	mittee? No
Date 5/18/21	Payee name Diana Saleh Payee address; City; State; Zip Code P.O. BOX 182537 Anlington TX 7	6013	Amount (\$) \$ 100 00
	nditure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		re a contribution Yes e, officeholder, or No
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	nditure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes , officeholder, or No
Date	Payee name	ر ا	Amount (\$)
	Payee address; City; State; Zip Oode		
·	diture (See instructions regarding type of information required.) avel outside of Texas. Complete Schedule T.	Is expenditure to a candidate, political comm	e a contribution Yes officeholder, or No
	ATTACH ADDITIONAL COPIES OF THIS FO	RM AS NEED	ED