

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:

37

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Tara	MI M	OFFICE USE ONLY	
	NICKNAME	LAST Wilson	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; PO BOX 8772	APT / SUITE #; Fort Worth	CITY; TX	STATE; TX	ZIP CODE 76124
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 587-9492	EXTENSION	Date Hand Delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Lee	MI	Receipt #	Amount \$
	NICKNAME	LAST Henderson	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1428 Virginia Place		APT / SUITE #;	CITY; Fort Worth	STATE; TX
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 896-4900	EXTENSION	ZIP CODE 76107	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit		
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 22		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS



GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

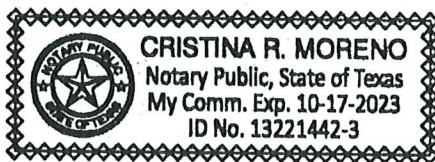
15 C/OH NAME <u>Tara M Wilson</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11,115⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,378⁶⁸</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,354⁴⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2350⁰⁰</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 M Wilson
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 7th day of April

2022 to certify which, witness my hand and seal of office.
Cristina Moreno Printed name of officer administering oath
Personal Banker 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 <i>Tara M. 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	\$ 10,265 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 850 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,550 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,378. ⁰⁴
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: <u>18</u>
2 FILER NAME <u>Tara Wilson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/24/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Women Win PAC</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>PO Box 1263 Mineral Wells TX 76068</u>		
8 Principal occupation / Job title (See Instructions) <u>Unemployed</u>		9 Employer (See Instructions)
Date <u>1/24/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Heather Buen</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>9078 River Falls Dr. FW TX 76118</u>		
Principal occupation / Job title (See Instructions) <u>Senior Analyst</u>		Employer (See Instructions)
Date <u>1/24/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harold Vasquez</u>	Amount of contribution (\$) <u>30⁰⁰</u>
Contributor address; City; State; Zip Code <u>4233 Enchanted Rock Ln. Keller, TX 76244</u>		
Principal occupation / Job title (See Instructions) <u>Aircraft Mechanic</u>		Employer (See Instructions)
Date <u>1/25/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Aracely Chavez</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Contributor address; City; State; Zip Code <u>6920 Wicks Trail FW TX 76133</u>		
Principal occupation / Job title (See Instructions) <u>Director</u>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/26/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eva Borilla</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>362 Foch St. FW TX 76107</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>1/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Lee</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>624 Winterwood Dr. Kennedale TX 76060</i>		
Principal occupation / Job title (See Instructions) <i>Constable</i>		Employer (See Instructions)
Date <i>1/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ryan Ray</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1120 N. Beach St. FW TX 76111</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>1/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gwen Burch</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>9408 Smiths Park Ln. FW TX 76177</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		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:
2 FILER NAME <i>Tara M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dennis Novak</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5109 Merced Dr FW TX 76137</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Hughes</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>3408 View St, FW TX 76103</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions)
Date <i>1/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandy Russell</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1468 Pine Ln. FW TX 76140</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions)
Date <i>1/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Meghna Nagabhushan</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>3709 Rothschild Blvd, Colleyville TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>Doctor</i>		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.

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 M. Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skyler Korgel	7 Amount of contribution (\$) 25 ⁰⁰
6 Contributor address; City; State; Zip Code 2537 Elk Holton Ln. Weatherford TX 76085		
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelia Posalez	Amount of contribution (\$) 25 ⁰⁰
Contributor address; City; State; Zip Code 5225 Sabelle Ln Haltom City TX 76117		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan LaBarrie	Amount of contribution (\$) 25 ⁰⁰
Contributor address; City; State; Zip Code 2413 Vista Ridge Dr. Mansfield TX 76063		
Principal occupation / Job title (See Instructions) DFW Airport		Employer (See Instructions)
Date 1/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scioscia Flowers	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 6731 Trail Cliff Way FW TX 76132		
Principal occupation / Job title (See Instructions) Engineer		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.

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 M Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terrell McCoy</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2032 Granbury St. Cleburne TX 76033</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Garcia</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>3315 N. 25th St. FW TX 76106</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Vasquez</i>	Amount of contribution (\$) <i>150⁰⁰</i>
Contributor address; City; State; Zip Code <i>2703 Allen Forest Dr. Bryan TX 77803</i>		
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions)
Date <i>2/1/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Breg Hughes</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>3408 View St. FW TX 76103</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		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.

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		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Helms	7 Amount of contribution (\$) 10 ⁰⁰
6 Contributor address; City; State; Zip Code 1470 Cinegas Cir. FW TX 7612		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions)
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lady Session - Chance	Amount of contribution (\$) 25 ⁰⁰
Contributor address; City; State; Zip Code 5900 Yolanda Dr. FW TX 7612		
Principal occupation / Job title (See Instructions) ATT		Employer (See Instructions)
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Prilliman	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 3724 Hamilton Ave. FW TX 76107		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 2/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Bowen	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 9076 River Falls Dr. FW TX 76118		
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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catalina Garcia</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>10455 N. Central Expressway Dallas, TX 75231</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>02/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Luce</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1850 Hunters Creek Dr. Southlake TX 76092</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions)
Date <i>2/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eva Bonilla</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>362 Foch St. FW TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3/1/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Hughes</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>3408 View St. FW TX 76603</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mindia Whittier</i>	7 Amount of contribution (\$) <i>25⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4204 Anita Ave, FW TX 76109</i>		
8 Principal occupation / Job title (See Instructions) <i>Professor</i>		9 Employer (See Instructions)
Date <i>3/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debrah Peoples</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>613 Green River Trl. FW TX 76003</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>03/09/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Buen</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>9076 River Falls Dr. FW TX 76118</i>		
Principal occupation / Job title (See Instructions) <i>Sr. Analyst</i>		Employer (See Instructions)
Date <i>03/09/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elena Greer</i>	Amount of contribution (\$) <i>25⁰⁰</i>
Contributor address; City; State; Zip Code <i>4018 Curzon Ave FW TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>Manager</i>		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.

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 M Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosa Navejar</i>	7 Amount of contribution (\$) <i>1,000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2701 Calder Ct. FW TX 76107</i>		
8 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		9 Employer (See Instructions)
Date <i>3/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Domingo Garcia</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>1111 W Mackinbird Ln. Dallas, TX 75247</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>03/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blake Norman</i>	Amount of contribution (\$) <i>700⁰⁰</i>
Contributor address; City; State; Zip Code <i>701 High Woods Trl. FW TX 76112</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Peoples</i>	Amount of contribution (\$) <i>35⁰⁰</i>
Contributor address; City; State; Zip Code <i>1613 Green River Trl. FW TX 76103</i>		
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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/15/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charlotte Pisinger</i>	7 Amount of contribution (\$) <i>15⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>7308 Layland Place FW TX 76137</i>		
8 Principal occupation / Job title (See Instructions) <i>Unemployed</i>		9 Employer (See Instructions)
Date <i>03/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mario Perez</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>2744 5th Ave FW TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>3/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosa Berdeja</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>4200 S. Freeway Ste 602 FW, TX 76115</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions)
Date <i>03/20/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catrina Bonilla</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>302 Foch St FW TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>Nurse</i>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/21/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Helms</i>	7 Amount of contribution (\$) <i>15⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1470 Cinegas Cir. FW TX 76012</i>		
8 Principal occupation / Job title (See Instructions) <i>Unemployed</i>		9 Employer (See Instructions)
Date <i>03/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catalina Garcia</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>10455 N. Central Expwy. Dallas, TX 75231</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions)
Date <i>03/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Breen</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>9078 River Falls Dr. FW TX 76048</i>		
Principal occupation / Job title (See Instructions) <i>Sr. Analyst</i>		Employer (See Instructions)
Date <i>03/23/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandy Russell</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>10336 Tammaron FW TX 76140</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/15/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alfred Saez</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>407 Throckmorton St. FW TX 76102</i>		
8 Principal occupation / Job title (See Instructions) <i>CEO</i>		9 Employer (See Instructions)
Date <i>3/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eva Bonilla</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>362 Fox St. FW TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter Martinez</i>	Amount of contribution (\$) <i>25⁰⁰</i>
Contributor address; City; State; Zip Code <i>13205 Tencerow Rd. FW TX 76244</i>		
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Garcia</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>3315 N. Nichols St. FW TX 76105</i>		
Principal occupation / Job title (See Instructions) <i>Budget Analyst</i>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ivene Ross</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2304 English Oak Dr. Arlington TX 76016</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosalinda Martinez</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>2907 Ellis Ave. FW TX 76106</i>		
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wilma Lopez</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>6033 Portridge Dr. FW TX 76135</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leticia Gomez</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1136 Hidden Lake Dr. Burleson TX 76028</i>		
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.

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Weeks - Reyes</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
<i>03/27/22</i>	6 Contributor address; City; State; Zip Code <i>7020 Greenview Cir S. FW TX 76120</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Natalia Dominguez</i>	Amount of contribution (\$) <i>40⁰⁰</i>
<i>3/27/22</i>	Contributor address; City; State; Zip Code <i>3012 Green Ridge St, FW TX 76133</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea Garcia</i>	Amount of contribution (\$) <i>100⁰⁰</i>
<i>3/21/22</i>	Contributor address; City; State; Zip Code <i>1505 Elizabeth Blvd, FW TX 76110</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jodi Valenciano Gonzales</i>	Amount of contribution (\$) <i>100⁰⁰</i>
<i>3/21/22</i>	Contributor address; City; State; Zip Code <i>1111 Trail Cliff Way FW TX 76132</i>	
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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesse Sandoval</i>	7 Amount of contribution (\$) <i>65⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>362 Foch St. FW TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irma Perez</i>	Amount of contribution (\$) <i>\$ 350⁰⁰</i>
Contributor address; City; State; Zip Code <i>2600 W. 7th St. FW TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Saldivar</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>1409 Ellis Ave. FW TX 76164</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Camille Rodriguez</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>2005 Clifton Ave. FW TX 76164</i>		
Principal occupation / Job title (See Instructions) <i>Self employed</i>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nick & Carol Withrow</i>	7 Amount of contribution (\$) <i>90⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>PO BOX 330505 FW TX 76140</i>		
8 Principal occupation / Job title (See Instructions) <i>UPS</i>		9 Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Valerie Martinez-Eders</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code <i>2700 Cedar Creek Ln #3214 Denton 76210 TX</i>		
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emenico Perez</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>7425 Ewing Ave. FW TX 76116</i>		
Principal occupation / Job title (See Instructions) <i>Photographer</i>		Employer (See Instructions)
Date <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christina & Nehme Elhitar</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>1622 Park Place FW TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mohammad Hussain</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5433 Caine Rd Richardson TX 75082</i>		
8 Principal occupation / Job title (See Instructions) <i>Self Employed</i>		9 Employer (See Instructions)
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abe Jackson</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>5901 Tulays Creek Dr. FW TX 76137</i>		
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions)
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marjellen Hicks</i>	Amount of contribution (\$) <i>40⁰⁰</i>
Contributor address; City; State; Zip Code <i>Po Box 19165 FW TX 76119</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/1/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Hughes</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>3408 View St. FW TX 76103</i>		
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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harold Vasquez</i>	7 Amount of contribution (\$) <i>25⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4233 Enchanted Rock Ln. FW TX 76244</i>		
8 Principal occupation / Job title (See Instructions) <i>Mechanic</i>		9 Employer (See Instructions)
Date <i>4/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Horky</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>1107 7th Ave #405 FW TX 76604</i>		
Principal occupation / Job title (See Instructions) <i>Program Analyst</i>		Employer (See Instructions)
Date <i>4/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mindia Whittier</i>	Amount of contribution (\$) <i>25⁰⁰</i>
Contributor address; City; State; Zip Code <i>4204 Anita Ave. FW TX 76609</i>		
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)

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.		1 Total pages Schedule A2: 3	
2 FILER NAME Tara M. Wilson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 350⁰⁰	
5 Date 3/27/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Eva Bonilla	8 Amount of Contribution \$ 250⁰⁰	9 In-kind contribution description Food/wine
7 Contributor address; City; State; Zip Code 302 Foch St. FW TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions) Retired	
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 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Perez	Amount of Contribution \$ 100⁰⁰	In-kind contribution description Event Planning
Contributor address; City; State; Zip Code 807 The Heights Dr FW TX 76112		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Insurance Agent		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>400⁰⁰</i>	
5 Date <i>3/27/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Florence Bruner</i>	8 Amount of Contribution \$ <i>100⁰⁰</i>	9 In-kind contribution description <i>Event Planning</i>
7 Contributor address; City; State; Zip Code <i>4900 NE 28th St. Haltom City TX 76117</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Self Employed</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Self Employed</i>	
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 <i>3/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Latina List</i>	Amount of Contribution \$ <i>300⁰⁰</i>	In-kind contribution description <i>Food</i>
Contributor address; City; State; Zip Code <i>PO Box 64025 FW TX 76164</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>State PAC</i>		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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>100⁰⁰</i>	
5 Date <i>3/27/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emma Preciado</i>	8 Amount of Contribution \$ <i>100⁰⁰</i>	9 In-kind contribution description <i>DESSERT/FOOD</i>
7 Contributor address; City; State; Zip Code <i>27025 Daffodil Pl. Boerne TX 78005</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> 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.

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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1550⁰⁰</i>
5 Date of loan <i>02/08/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tara Wilson</i>	9 Loan Amount (\$) <i>1550⁰⁰</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>5404 Boca Aquada #110 FW TX 76112</i>	10 Interest rate <input checked="" type="checkbox"/>
		11 Maturity date <input checked="" type="checkbox"/>
12 Principal occupation / Job title (See Instructions) <i>RN</i>		13 Employer (See Instructions) <i>HCA Corporation</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 <i>Tara Wilson</i>	19 Amount Guaranteed (\$) <i>1550⁰⁰</i>
	18 Guarantor address; City; State; Zip Code <i>same as above</i>	
20 Principal Occupation (See Instructions) <i>RN</i>		21 Employer (See Instructions) <i>HCA Corporation</i>
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: <i>12</i>	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/18/22</i>	5 Payee name <i>CallTime AI</i>	
6 Amount (\$) <i>\$ 265⁰⁰</i>	7 Payee address; <i>811 W. 7th St.</i>	City; State; Zip Code <i>Los Angeles CA 90017</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraising 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 ONLY if direct expenditure to benefit C/OH		
Date <i>1/14/22</i>	Candidate / Officeholder name <i>Progressive Change CC</i>	
Amount (\$) <i>25⁰⁰</i>	Payee address; <i>1629 K St. Ste 300 NW</i>	City; State; Zip Code <i>Washington DC 20006</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	Description
	<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		
Date <i>1/31/22</i>	Candidate / Officeholder name <i>Frost Bank</i>	
Amount (\$) <i>\$ 5⁰⁰</i>	Payee address; <i>PO BOX 1600</i>	City; State; Zip Code <i>San Antonio TX 78296</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank Fee</i>	Description
	<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 <i>Office sought</i> <i>Office held</i>		

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)
----------------------------	------------------------------------	---------------------------------------

4 Date <i>2/3/22</i>	5 Payee name <i>Art Blue</i>
-------------------------	---------------------------------

6 Amount (\$) <i>27.09</i>	7 Payee address; <i>PO BOX 441146</i>	City; <i>Somerville</i>	State; <i>IA</i>	Zip Code <i>02144-0031</i>
-------------------------------	--	----------------------------	---------------------	-------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transaction Fee</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
--	-------------------------------	---------------	-------------

Date <i>2/3/22</i>	Payee name <i>google</i>
-----------------------	-----------------------------

Amount (\$) <i>89.54</i>	Payee address; <i>1600 Amphitheatre Pkwy</i>	City; <i>Mountain View</i>	State; <i>CA</i>	Zip Code <i>92017</i>
-----------------------------	---	-------------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	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
--	-------------------------------	---------------	-------------

Date <i>2/1/22</i>	Payee name <i>TDP VAN</i>
-----------------------	------------------------------

Amount (\$) <i>495.00</i>	Payee address; <i>PO BOX 15707</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78761</i>
------------------------------	---------------------------------------	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	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
--	-------------------------------	---------------	-------------

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)
----------------------------	------------------------------------	---------------------------------------

4 Date <i>2/9/22</i>	5 Payee name <i>Act Blue</i>
-------------------------	---------------------------------

6 Amount (\$) <i>42.48</i>	7 Payee address; <i>PO BOX 441146</i>	City; <i>Somerville</i>	State; <i>IA</i>	Zip Code <i>02144-0031</i>
-------------------------------	--	----------------------------	---------------------	-------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transaction Fees</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
--	-------------------------------	---------------	-------------

Date <i>2/11/22</i>	Payee name <i>Facebook</i>
------------------------	-------------------------------

Amount (\$) <i>20.00</i>	Payee address; <i>1 Hacker Way</i>	City; <i>Menlo Park</i>	State; <i>CA</i>	Zip Code <i>94025</i>
-----------------------------	---------------------------------------	----------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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
--	-------------------------------	---------------	-------------

Date <i>2/16/22</i>	Payee name <i>CallTime At</i>
------------------------	----------------------------------

Amount (\$) <i>265.00</i>	Payee address; <i>811 W. 14th St.</i>	City; <i>Los Angeles</i>	State; <i>CA</i>	Zip Code <i>90017</i>
------------------------------	--	-----------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>	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
--	-------------------------------	---------------	-------------

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 M. Wilson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date <i>2/16/22</i>	5 Payee name <i>Progressive Change CC</i>
--------------------------	--

6 Amount (\$) <i>25⁰⁰</i>	7 Payee address; <i>1629 K St. Ste 300 NW</i>	City; <i>Washington</i>	State; <i>DC</i>	Zip Code <i>20006</i>
---	--	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation 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
--	-------------------------------	---------------	-------------

Date <i>2/22/22</i>	Payee name <i>Dixie Hank Cafe</i>
------------------------	--------------------------------------

Amount (\$) <i>47.16</i>	Payee address; <i>6200 E Lancaster Ave</i>	City; <i>FW</i>	State; <i>TX</i>	Zip Code <i>76112</i>
-----------------------------	---	--------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Volunteer Food Expense</i>	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
--	-------------------------------	---------------	-------------

Date <i>2/26/22</i>	Payee name <i>Frost Bank</i>
------------------------	---------------------------------

Amount (\$) <i>5⁰⁰</i>	Payee address; <i>Po Box 1100</i>	City; <i>San Antonio</i>	State; <i>TX</i>	Zip Code <i>78296</i>
--------------------------------------	--------------------------------------	-----------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank Fee</i>	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
--	-------------------------------	---------------	-------------

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 M. Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/3/22</i>	5 Payee name <i>Act Blue</i>	
6 Amount (\$) <i>23⁰³</i>	7 Payee address; City; State; Zip Code <i>PO BOX 441146 Somerville IA 02144-031</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transaction Fee</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 ONLY if direct expenditure to benefit C/OH		
Date <i>3/4/22</i>	Candidate / Officeholder name <i>Google</i>	
Amount (\$) <i>95⁰³</i>	Office sought <i>Mountain View CA 90017</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	Description
	<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		
Date <i>3/7/22</i>	Candidate / Officeholder name <i>Wingo Foods</i>	
Amount (\$) <i>49⁵⁷</i>	Office sought <i>5152 Rufe Snow Dr. North Richland Hills TX 76180</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	Description
	<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 <i>Office sought</i>		
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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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 M. Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/22</i>	5 Payee name <i>Custom Print DFW</i>	
6 Amount (\$) <i>205.60</i>	7 Payee address; <i>806 S. St Paul St.</i>	City; State; Zip Code <i>Dallas TX 75201</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/10/22</i>	Payee name <i>Park Allen Neighborhood Assoc.</i>	
Amount (\$) <i>52.50</i>	Payee address; <i>5350 Basswood Blvd.</i>	City; State; Zip Code <i>Ft Worth TX 76137</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event/Solicitation Expense</i>	Description
	<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>03/15/22</i>	Payee name <i>Custom Print DFW</i>	
Amount (\$) <i>97.43</i>	Payee address; <i>806 S. St. Paul St.</i>	City; State; Zip Code <i>Dallas TX 75201</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description
	<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 M. Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/15/22</i>	5 Payee name <i>U.S.P.S</i>	
6 Amount (\$) <i>116⁰⁰</i>	7 Payee address; <i>1475 Handley Dr</i>	City; State; Zip Code <i>FW TX 76012</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office 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
Date <i>3/15/22</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>23⁰⁰</i>	Payee address; <i>410 Ferry Ave N.</i>	City; State; Zip Code <i>Seattle WA 98109</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office Expense</i>	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
Date <i>3/16/22</i>	Payee name <i>Progressive Change CC</i>	
Amount (\$) <i>25⁰⁰</i>	Payee address; <i>1629 K. St. Ste 300 NW</i>	City; State; Zip Code <i>Washington DC 20006</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	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

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 M. Wilson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date <i>3/18/22</i>	5 Payee name <i>Sunoco</i>
--------------------------	-------------------------------

6 Amount (\$) <i>65.68</i>	7 Payee address; <i>1251 Woodhaven Blvd.</i>	City; <i>FW</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
	(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>3/18/22</i>	Payee name <i>Zoom</i>
------------------------	---------------------------

Amount (\$) <i>15.92</i>	Payee address; <i>55 Almaden Blvd 4th Floor</i>	City; <i>San Jose</i>	State; <i>CA</i>	Zip Code <i>95113</i>
-----------------------------	--	--------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	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
--	-------------------------------	---------------	-------------

Date <i>3/21/22</i>	Payee name <i>Wmco Foods</i>
------------------------	---------------------------------

Amount (\$) <i>120.29</i>	Payee address; <i>5152 Pate Snow Dr.</i>	City; <i>North Richland Hills</i>	State; <i>TX</i>	Zip Code <i>76180</i>
------------------------------	---	--------------------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Event Expense</i>	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
--	-------------------------------	---------------	-------------

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 M Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/22</i>	5 Payee name <i>Reilly Echols Printing</i>	
6 Amount (\$) <i>1140⁷⁴</i>	7 Payee address; <i>1710 S. Harwood St.</i>	City; State; Zip Code <i>Dallas TX 75215</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/30/22</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>89.55</i>	Payee address; <i>410 Terry Ave. N.</i>	City; State; Zip Code <i>Seattle WA 98109</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event/Food/Candy Expense</i>	Description
	<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>3/30/22</i>	Payee name <i>Bankcom Printing</i>	
Amount (\$) <i>81.19</i>	Payee address; <i>2357 S. Collins St.</i>	City; State; Zip Code <i>Arlington TX 76014</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description
	<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 <u>Tara M. Wilson</u>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 Date <u>3/31/22</u>	5 Payee name <u>Frost Bank</u>
-----------------------	--------------------------------

6 Amount (\$) <u>5⁰⁰</u>	7 Payee address; <u>PO BOX 1600</u>	City; <u>San Antonio</u>	State; <u>TX</u>	Zip Code <u>78296</u>
-------------------------------------	-------------------------------------	--------------------------	------------------	-----------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Bank Fee</u>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <u>4/4/22</u>	Payee name <u>sunoco</u>
--------------------	--------------------------

Amount (\$) <u>71³³</u>	Payee address; <u>1251 woodhaven Blvd.</u>	City; <u>FW</u>	State; <u>TX</u>	Zip Code <u>76112</u>
------------------------------------	--	-----------------	------------------	-----------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel In-District</u>	Description
	<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 <u>4/4/22</u>	Payee name <u>Azt Blue</u>
--------------------	----------------------------

Amount (\$) <u>85⁰⁰</u>	Payee address; <u>PO BOX 441146</u>	City; <u>Somerille</u>	State; <u>IA</u>	Zip Code <u>02144-0031</u>
------------------------------------	-------------------------------------	------------------------	------------------	----------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Transaction Fees</u>	Description
	<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 M Wilson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/28/22</i>		5 Payee name <i>Campaign X Co</i>			
6 Amount (\$) <i>\$ 750⁰⁰</i>		7 Payee address; <i>3214 Wynford Dr.</i>		City; <i>Fairfax</i>	State; <i>VA</i>
				Zip Code <i>22031</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising 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
Date <i>4/4/22</i>	Payee name <i>Google</i>				
Amount (\$) <i>109.⁷⁵</i>	Payee address; <i>1600 Amphitheatre Pkwy.</i>		City; <i>Mountain View</i>	State; <i>CA</i>	Zip Code <i>90017</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office/Email Expense</i>		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
Date <i>4/5/22</i>	Payee name <i>Jeffery Maldonado</i>				
Amount (\$) <i>120⁰⁰</i>	Payee address; <i>5404 Boca Agua Dr.</i>		City; <i>FW</i>	State; <i>TX</i>	Zip Code <i>76112</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		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

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 M. Wilson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 Date <i>4/10/22</i>	5 Payee name <i>Jose Romero</i>
-----------------------	---------------------------------

6 Amount (\$) <i>725⁰⁰</i>	7 Payee address; City; State; Zip Code
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Labor</i>	(b) Description <i>Campaign Signs</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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED