

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 28

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR (M) FIRST Tara MI M
NICKNAME LAST Wilson SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JAN 1 2022
CITY OF FORT WORTH
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO BOX 8772 Fort Worth TX 76112

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 587-9492

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST Tara MI M
NICKNAME LAST Wilson SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 587-9492

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07 / 16 / 21 THROUGH 01 / 15 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 07 / 22 General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)
Fort Worth City Council District 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

Additional Pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

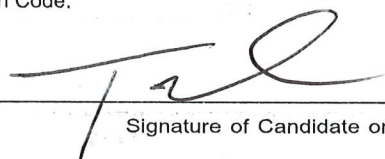
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,566.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,994.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4229.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 800.00

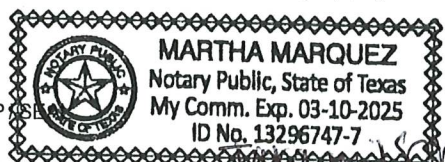
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP Sworn to and subscribed before me by Martha Marquez this the 31st day of January, 2020

Patricia Guzman, to certify which, witness my hand and seal of office.
 Signature of officer administering oath: Patricia Guzman Printed name of officer administering oath: Martha Marquez Title of officer administering oath: Personal Banker

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6560 ⁴¹
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 651 ⁵⁵
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 800 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2994. ⁶⁰
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: 13
2 FILER NAME Tara Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Clark - Halupi	7 Amount of contribution (\$) 349.86
6 Contributor address; City; State; Zip Code 1501 Saxony Rd. Fort Worth TX 76116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iris Garcia	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4720 Swainger Trl. FW TX 76137		
Principal occupation / Job title (See Instructions) Exec. Director		Employer (See Instructions)
Date 11/09/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Buen	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9078 River Falls Dr. FW TX 76118		
Principal occupation / Job title (See Instructions) Sr. Analyst		Employer (See Instructions)
Date 11/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwenn Burud	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9408 Smith Parks Ln. FW TX 76177		
Principal occupation / Job title (See Instructions) Teacher		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

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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>Salman Bhojani</i>	7 Amount of contribution (\$) <i>\$50⁰⁰</i>
<i>11/17/21</i>	6 Contributor address; City; State; Zip Code <i>900 Orange Hall Dr. #1317 Euless, TX 76039</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Barajas</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
<i>11/22/21</i>	Contributor address; City; State; Zip Code <i>2514 Dell St. Fort Worth TX 76111</i>	
Principal occupation / Job title (See Instructions) <i>Program Mgr.</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Russell</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
<i>11/22/21</i>	Contributor address; City; State; Zip Code <i>7000 Oakfield Corner Ct. North Richland Hills TX 76182</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Bowen</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
<i>11/23/21</i>	Contributor address; City; State; Zip Code <i>9078 River Falls Dr Fort Worth TX 76118</i>	
Principal occupation / Job title (See Instructions) <i>Sr. Analyst</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>Giovanni Outram</i>	7 Amount of contribution (\$) <i>\$5000</i>
<i>11/23/21</i>	6 Contributor address; City; State; Zip Code <i>2500 St 121 #923 Euless TX 76039</i>	
8 Principal occupation / Job title (See Instructions) <i>School Principal</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nydia Cardenas</i>	Amount of contribution (\$) <i>\$5000</i>
<i>11/24/21</i>	Contributor address; City; State; Zip Code <i>916 Lomo St. FW TX 76110</i>	
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tracy Cliburn</i>	Amount of contribution (\$) <i>\$10000</i>
<i>11/24/21</i>	Contributor address; City; State; Zip Code <i>7300 Yolanda, Dr. FW TX 76112</i>	
Principal occupation / Job title (See Instructions) <i>PR Director</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roxanne Martinez</i>	Amount of contribution (\$) <i>\$10000</i>
<i>11/24/21</i>	Contributor address; City; State; Zip Code <i>1315 NE 37th St. FW TX 76106</i>	
Principal occupation / Job title (See Instructions) <i>Marketing Consultant</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>Arch Mayfield</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
<i>11/25/21</i>	6 Contributor address; City; State; Zip Code <i>6140 Avery Dr #6103 FW TX 76132</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Mason</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
<i>11/25/21</i>	Contributor address; City; State; Zip Code <i>3812 Mays Creek Dr. FW TX 76114 Bensbrook</i>	
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Henderson</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
<i>11/29/21</i>	Contributor address; City; State; Zip Code <i>1428 Virginia Pl FW TX 76107</i>	
Principal occupation / Job title (See Instructions) <i>Public Strategist</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Valerie Johnson</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
<i>11/29/21</i>	Contributor address; City; State; Zip Code <i>6521 Massey Ct. NW Richard Hills TX 76182</i>	
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/29/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irene Boss</i>	7 Amount of contribution (\$) <i>\$5000</i>
6 Contributor address; City; State; Zip Code <i>2304 Englishcreek Dr. Arlington, TX 76016</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>11/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sara Fairley</i>	Amount of contribution (\$) <i>\$15000</i>
Contributor address; City; State; Zip Code <i>1909 Lipscomb St. FW TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>Program Director</i>		Employer (See Instructions)
Date <i>11/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catanna Bonilla</i>	Amount of contribution (\$) <i>10000</i>
Contributor address; City; State; Zip Code <i>3700 B W 6th St. FW TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>Registered Nurse</i>		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Catalina Garcia M.D.</i>	Amount of contribution (\$) <i>\$50000</i>
Contributor address; City; State; Zip Code <i>10455 N. Central Expressway Dallas TX 75231</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Moyer</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1400 W 6th Ave. FW TX 76110</i>		
8 Principal occupation / Job title (See Instructions) <i>Professor</i>		9 Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tristezza Ordex</i>	Amount of contribution (\$) <i>\$150⁰⁰</i>
Contributor address; City; State; Zip Code <i>5920 Maulser Dr. # B2 Orlando FL 32822</i>		
Principal occupation / Job title (See Instructions) <i>National Organizer</i>		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Saleh</i>	Amount of contribution (\$) <i>\$150⁰⁰</i>
Contributor address; City; State; Zip Code <i>1314 Byars Dr. Arlington TX 76002</i>		
Principal occupation / Job title (See Instructions) <i>Account Manager</i>		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah <i>Russell</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>10336 Tammann FW TX 76140</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>Sandy Russell</i>	7 Amount of contribution (\$) <i>\$ 500⁰⁰</i>
<i>11/30/21</i>	6 Contributor address; City; State; Zip Code <i>10336 Tammaron FW TX 76140</i>	
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elvira Munoz</i>	Amount of contribution (\$) <i>100⁰⁰</i>
<i>11/30/21</i>	Contributor address; City; State; Zip Code <i>5500 Oakmont Ln FW TX 76112</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob + Jessica Bonilla</i>	Amount of contribution (\$) <i>500⁰⁰</i>
<i>11/30/21</i>	Contributor address; City; State; Zip Code <i>362 Foch St. FW TX 76107</i>	
Principal occupation / Job title (See Instructions) <i>Retired / Business Owner</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Florence Salazar</i>	Amount of contribution (\$) <i>500⁰⁰</i>
<i>11/30/21</i>	Contributor address; City; State; Zip Code <i>4900 NE 20th St Haltom TX 76117</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christina Bartolotta</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>4941 Stadium Dr. FW TX 76133</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Albert Roberts</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>5555 Bridge St. Ste 102 FW TX 76112</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joshua Rivers</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>7020 Greenview Cir.S. FW TX 76120</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Prabhat Dixit</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>206 Colonial Ln. Euless TX 76040</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Garcia</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>3315 N. Nichols St FW TX 76106</i>	
8 Principal occupation / Job title (See Instructions) <i>Budget Analyst</i>		9 Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Peralta</i>	Amount of contribution (\$) <i>\$ 250⁰⁰</i>
	Contributor address; City; State; Zip Code <i>3812 Gordon Ave FW TX 76110</i>	
Principal occupation / Job title (See Instructions) <i>Tx. Army National Guard</i>		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maggie Peralta</i>	Amount of contribution (\$) <i>250⁰⁰</i>
	Contributor address; City; State; Zip Code <i>3812 Gordon Ave FW TX 76110</i>	
Principal occupation / Job title (See Instructions) <i>Registered Nurse</i>		Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arch Mayfield</i>	Amount of contribution (\$) <i>\$40⁰⁰</i>
	Contributor address; City; State; Zip Code <i>1040 Army Rd. #6103 FW TX 76132</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/30/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bed Basnet</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>8937 Brookhill Ln FW TX 76244</i>		
8 Principal occupation / Job title (See Instructions) <i>Self Employed</i>		9 Employer (See Instructions)
Date <i>11/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lamon Lomero</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>PO BOX 181 FORT WORTH TX 76101</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/01/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amanda Arizola</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>PO BOX 430 Hurst TX 76053</i>		
Principal occupation / Job title (See Instructions) <i>Admin Director</i>		Employer (See Instructions)
Date <i>12/01/21</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)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/03/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anra Recuero</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>10705 Braemoor Dr. Haslet TX 76052</i>		
8 Principal occupation / Job title (See Instructions) <i>Manager</i>		9 Employer (See Instructions)
Date <i>12/09/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Buen</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>9078 River Falls Dr. FW TX 76118</i>		
Principal occupation / Job title (See Instructions) <i>Sr. Analyst</i>		Employer (See Instructions)
Date <i>12/09/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Hubmer</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3912 Annels Ct. FW TX 76109</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions)
Date <i>12/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Hubmer</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3912 Annels Ct. FW TX 76109</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 Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/15/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jill Freer</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2916 Merrimac St. FW TX 76107</i>		
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions)
Date <i>01/01/22</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) <i>Engineer</i>		Employer (See Instructions)
Date <i>01/03/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Francisco Hernandez</i>	Amount of contribution (\$) <i>\$25⁰⁰</i>
Contributor address; City; State; Zip Code <i>8009 Summer Sun Dr. FW TX 76137</i>		
Principal occupation / Job title (See Instructions) <i>Analyst</i>		Employer (See Instructions)
Date <i>01/03/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vanessa Fuentes</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
Contributor address; City; State; Zip Code <i>1600 Ranchito Dr. Austin TX 78744</i>		
Principal occupation / Job title (See Instructions) <i>Strategist</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 Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>01/09/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Buen</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>9078 River Falls Dr. FW TX 76118</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Latina List</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>PO BOX 104025 FW TX 76164</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)
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: <u>1</u>	
2 FILER NAME <u>Tara Wilson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>651.55</u>	
5 Date <u>11/30/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christina Elbitar</u>	8 Amount of Contribution \$ <u>500.00</u>	9 In-kind contribution description <u>Campaign Event Host</u>
7 Contributor address; City; State; Zip Code <u>1122 Park Place Ave FW TX 76110</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Business Owner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Business Owner</u>	
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 <u>01/13/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steffany Maldonado</u>	Amount of Contribution \$ <u>151.55</u>	In-kind contribution description <u>Campaign Banner</u>
Contributor address; City; State; Zip Code <u>5404 Boca Aguada #110 Fort Worth TX 76112</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Customer Service Rep.</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>American Airlines</u>	
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: <u>1</u>
2 FILER NAME <u>Tara Wilson</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>10/01/21</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tara Wilson</u>	9 Loan Amount (\$) <u>\$ 800.00</u>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code	10 Interest rate <u>0</u>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>RN</u>		13 Employer (See Instructions) <u>HCA Corp.</u>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <u>Tara Wilson</u>	19 Amount Guaranteed (\$) <u>800.00</u>
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	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: 9	2 FILER NAME Tara Wilson	3 Filer ID (Ethics Commission Filers)
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4 Date 7/16/21	5 Payee name CallTime AI
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6 Amount (\$) \$265 ⁰⁰	7 Payee address; 811 W. 7th St. City; Los Angeles State; CA Zip Code 90017
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(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
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Date 7/30/21	Payee name Frost Bank
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Amount (\$) \$15 ⁰⁰	Payee address; P.O. Box 1600 City; San Antonio State; TX Zip Code 78296
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Fee	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
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Date 08/06/21	Payee name Google
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Amount (\$) \$89.54	Payee address; 1600 Amphitheatre Pkwy. City; Mountain View State; CA Zip Code 94043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description Email
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08/10/21</i>	5 Payee name <i>ActBlue</i>	
6 Amount (\$) <i>\$ 00.50</i>	7 Payee address; City; State; Zip Code <i>PO Box 441146 Somerville MA 02144-0031</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Transaction Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>08/16/21</i>	Payee name <i>Progressive Change CC</i>	
Amount (\$) <i>\$ 25.00</i>	Payee address; City; State; Zip Code <i>1629 K St. Ste 300 NW 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	
Candidate / Officeholder name Office sought Office held		
Date <i>08/16/21</i>	Payee name <i>Caution AI</i>	
Amount (\$) <i>\$ 265.00</i>	Payee address; City; State; Zip Code <i>811 W. 7th St. Los Angeles CA 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	
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>08/17/21</i>	5 Payee name <i>Leadership FSD</i>
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6 Amount (\$) <i>300⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1349 Empire Central Dr Ste 270 Dallas TX 75247</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</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
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Date <i>8/31/21</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>\$15⁰⁰</i>	Payee address; City; State; Zip Code <i>PO BOX 1600 San Antonio TX 78296</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank Fees</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
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Date <i>09/06/21</i>	Payee name <i>Boogle</i>
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Amount (\$) <i>\$89.54</i>	Payee address; City; State; Zip Code <i>1600 Amphitheatre Pkwy. Mountain View CA 94043</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	Description <i>Staff Email</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>09/16/21</i>	5 Payee name <i>Progressive Change CC</i>
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6 Amount (\$) <i>\$2500</i>	7 Payee address; <i>1629 K St. Ste 300 NW</i>	City; <i>Washington DC</i>	State; <i>DC</i>	Zip Code <i>20006</i>
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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
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Date <i>09/16/21</i>	Payee name <i>CallTime AI</i>
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Amount (\$) <i>\$26500</i>	Payee address; <i>811 W. 7th St.</i>	City; <i>Los Angeles</i>	State; <i>CA</i>	Zip Code <i>90017</i>
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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
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Date <i>9/30/21</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>\$1500</i>	Payee address; <i>PO Box 1600</i>	City; <i>San Antonio</i>	State; <i>TX</i>	Zip Code <i>78296</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank Fees</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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/06/21	5 Payee name Google	
6 Amount (\$) \$89.51	7 Payee address; 1600 Amphitheatre Pkwy. Mountain View CA 94043	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expense	(b) Description Staff Email
	<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 10/16/21	Payee name Progressive Change CC	
Amount (\$) \$25 ⁰⁰	Payee address; 1629 K. St. Ste 300 NW Washington DC 20006	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	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 10/16/21	Payee name CallTime AI	
Amount (\$) \$265 ⁰⁰	Payee address; 811 W. 7th St. Los Angeles CA 90017	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/17/21</i>	5 Payee name <i>Tara Wilson</i>	
6 Amount (\$) <i>\$114⁰⁰</i>	7 Payee address; <i>PO BOX 8772</i>	City; State; Zip Code <i>Fert Worth TX 76124</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Loan Reimbursement</i>	(b) Description <i>partial</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/29/21</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>\$15⁰⁰</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 Fees</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>11/06/21</i>	Payee name <i>Google</i>	
Amount (\$) <i>\$89.54</i>	Payee address; <i>1600 Amphitheatre Pkwy</i>	City; State; Zip Code <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	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>11/16/21</i>	5 Payee name <i>Progressive Change CC</i>	
6 Amount (\$) <i>\$125.00</i>	7 Payee address; <i>1629 K. St. Ste 300 NW</i>	City; State; Zip Code <i>Washington DC 20006</i>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	(b) Description
	<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>11/17/21</i>	Payee name <i>CallTime AI</i>	
Amount (\$) <i>\$265.00</i>	Payee address; <i>811 W. 7th St.</i>	City; State; Zip Code <i>Los Angeles CA 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
Date <i>11/30/21</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>\$15.00</i>	Payee address; <i>PO BOX 11600</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 Fees</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>12/01/21</i>	5 Payee name <i>WIX</i>	
6 Amount (\$) <i>\$ 233.⁰²</i>	7 Payee address; City; State; Zip Code <i>500 Terry A Francis Blvd, San Francisco CA 94158</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	(b) Description <i>Website</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/03/21</i>	Payee name <i>Act Blue</i>	
Amount (\$) <i>\$ 51.77</i>	Payee address; City; State; Zip Code <i>PO BOX 441140 Somerville MA 02144-0031</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transaction Fees</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>12/09/21</i>	Payee name <i>Act Blue</i>	
Amount (\$) <i>\$ 128.⁵⁴</i>	Payee address; City; State; Zip Code <i>PO BOX 441140 Somerville MA 02144-0031</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transaction Fees</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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/16/21</i>	5 Payee name <i>CallTime AI</i>	
6 Amount (\$) <i>\$265.00</i>	7 Payee address; City; State; Zip Code <i>811 W. 7th St. Los Angeles CA 90017</i>	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/31/21</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>\$15.00</i>	Payee address; City; State; Zip Code <i>PO BOX 1600 San Antonio TX 78296</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank Fees</i>	Description
	(c) <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>01/05/22</i>	Payee name <i>Act Blue</i>	
Amount (\$) <i>27.82</i>	Payee address; City; State; Zip Code <i>PO BOX 441146 Somerville MA 02144-0031</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transaction Fees</i>	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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