

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: **19**

3 CANDIDATE / OFFICEHOLDER NAME

MS (MRS) MR MR

FIRST

Tara

MI

M

NICKNAME

LAST

Wilson

SUFFIX

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5404 Boca Agua Dr Apt 110
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 MR

FIRST

Tara

MI

M

NICKNAME

LAST

Wilson

SUFFIX

Receipt #

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

CITY;

STATE;

ZIP CODE

5404 Boca Agua Dr #110
Fort Worth TX 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 587-9492

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

04 / 23 / 2021

THROUGH

Month

Day

Year

07 / 15 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 01 / 21

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Fort Worth City Council District 4

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

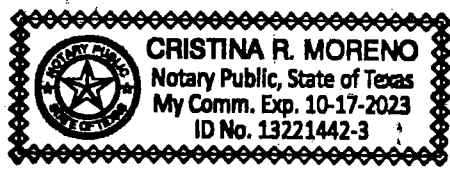
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,947.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,1636.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 974.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

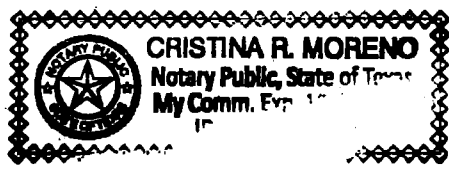
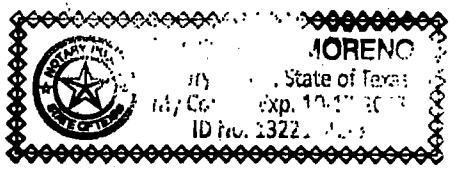
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Tara Wilson
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tara Wilson this the 15th day of July

2021, to certify which, witness my hand and seal of office.

Cristina Moreno
Signature of officer administering oath

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1947.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6636.73
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: 5
2 FILER NAME Tara Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara McMahon	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 1505 Barron Ln. Fort Worth TX 76112	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffany Maldonado	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 719 N. 15th St. Waco TX 76707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Montoya	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 5230 Lobello Dr. Dallas TX 75229	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Johnson	Amount of contribution (\$) \$5.00
	Contributor address; City; State; Zip Code 6521 Massey Ct. North Richland Hills TX 76182	
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: 5
2 FILER NAME <i>Tara Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/23/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura Sanchez</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
	6 Contributor address; City; State; Zip Code <i>2601 La Frontera Blvd # 2432 Austin TX 78681</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/23/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Chisolm</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>8355 Denali Dr. Fort Worth TX 76137</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)

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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: 5
2 FILER NAME Tara Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edy Lon Mayfield	7 Amount of contribution (\$) \$ 24⁰⁰
6 Contributor address; City; State; Zip Code 6140 Avery Dr # 6103 Fort Worth TX 76132		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabrianna Saks	Amount of contribution (\$) \$ 25⁰⁰
Contributor address; City; State; Zip Code 3113 Sandra Dr # c106 Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Vasquez	Amount of contribution (\$) \$ 25⁰⁰
Contributor address; City; State; Zip Code 4233 Enchanted Rock Ln. Keller TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esther Sevier	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code 5113 Meridian Ln. Fort Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5
2 FILER NAME Tara Wilson		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celina Vasquez	7 Amount of contribution (\$) \$ 200⁰⁰
6 Contributor address; City; State; Zip Code 2703 Allen Forest Dr Bryan TX 77803		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafino Victory Fund	Amount of contribution (\$) \$ 1000⁰⁰
Contributor address; City; State; Zip Code 700 14th St, NW Ste 200 Washington DC		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/05/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffany Maldonado	Amount of contribution (\$) \$ 25⁰⁰
Contributor address; City; State; Zip Code 719 N. 15th St Waco TX 76707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Oderberg	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code 6612 Nantucket Ln. Arlington TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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>5</u>
2 FILER NAME <u>Tara Wilson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/07/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Heather Buen</u>	7 Amount of contribution (\$) <u>\$144.00</u>
6 Contributor address; City; State; Zip Code <u>9076 River Falls Dr. Fort Worth TX 76118</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>5/14/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Piper Young</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>3614 Meadowbrook Dr. Fort Worth TX 76103</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Allison Crews</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code <u>2108 Oak Hill Rd. Fort Worth TX 76132</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/25/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eddy Lou Mayfield</u>	Amount of contribution (\$) <u>\$124.00</u>
Contributor address; City; State; Zip Code <u>6140 Avery Dr #16103 Fort Worth TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: **5**

2 FILER NAME

Tara Wilson

3 Filer ID (Ethics Commission Filers)

4 Date

06/21/21

5 Full name of contributor

Alison Crews

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 2500

6 Contributor address;

2109 Oak Hill Rd.

City;

FT Worth

State;

TX

Zip Code

76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

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

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.

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 **Tara Wilson** 3 Filer ID (Ethics Commission Filers) **N/A**

4 Date **4/23/21** 5 Payee name **Sunoco**

6 Amount (\$) **36.03** 7 Payee address; **1251 Woodhaven Blvd** City: **Fort Worth** State: **TX** Zip Code: **76112**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Travel in District** (b) Description **Campaign Travel**
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **4/26/21** Payee name **FedEx Kinko's**

Amount (\$) **\$12.16** Payee address; **901 Houston St.** City: **Fort Worth** State: **TX** Zip Code: **76102**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing Expense** Description **Campaign Materials**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **4/26/21** Payee name **Ride Share 2Vote**

Amount (\$) **\$100.00** Payee address; **3323 Dathan** City: **Dallas** State: **TX** Zip Code: **75229**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Transportation Expense** Description
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Tara Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/21	5 Payee name Albertson's	
6 Amount (\$) \$38.39	7 Payee address; 850 E Loop 820	City; State; Zip Code Furt Worth TX 76112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Volunteer Food
	<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 4/26/21	Payee name Sunoco	
Amount (\$) \$37.29	Payee address; 1251 Woodhaven Blvd.	City; State; Zip Code Furt Worth TX 76112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Campaign Travel
	<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 4/26/21	Payee name Rosie's Cafe	
Amount (\$) 8.61	Payee address; 8432 Denton Hwy	City; State; Zip Code Watauga TX 76148
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Volunteer Food
	<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 Tara Wilson	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/21	5 Payee name Quickway #9	
6 Amount (\$) \$37.00	7 Payee address; 6665 Pandol Mill Rd. Fort Worth	City; State; Zip Code TX 76112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Campaign Travel
	<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 05/01/21	Payee name RaceTrac	
Amount (\$) \$43.62	Payee address; 620 E Bemis St Fort Worth	City; State; Zip Code TX 76110
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Campaign Travel
	<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 05/01/21	Payee name Southern Classic Factory Fort Worth	
Amount (\$) \$78.48	Payee address; 6751 Bridge St. Fort Worth	City; State; Zip Code TX 76112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Event
	<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 Tara Wilson	3 Filer ID (Ethics Commission Filers)
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4 Date 05/01/21	5 Payee name Domino's Pizza
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6 Amount (\$) \$32.42	7 Payee address; 6612 Brentwood Stair Rd.	City; Fort Worth	State; TX	Zip Code 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food Expense
	(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 5/04/21	Payee name Heather Boun
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Amount (\$) \$1,200.00	Payee address; 9078 River Falls Dr.	City; Fort Worth	State; TX	Zip Code 76118
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consultant	Description Data Consultant
	<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 05/04/21	Payee name Tara Wilson
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Amount (\$) \$2500.00	Payee address; 5404 Boca Arma Dr #110	City; Fort Worth	State; TX	Zip Code 76112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Reimbursement	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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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>05/06/21</i>	5 Payee name <i>Google</i>	
6 Amount (\$) <i>89.51</i>	7 Payee address; <i>1600 Amphitheatre Pkwy.</i>	City; State; Zip Code <i>Mountain View CA 94043</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office expense / campaign email</i>	(b) Description <i>Communication</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>05/16/21</i>	Payee name <i>Progressive Change CC</i>	
Amount (\$) <i>25.00</i>	Payee address; <i>1629 K St. Ste. 304 N.W.</i>	City; State; Zip Code <i>Washington DC 20006</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office expense / solicitation</i>	Description <i>Email / solicitation</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/17/21</i>	Payee name <i>Peoples 4 Mayor</i>	
Amount (\$) <i>\$250.00</i>	Payee address; <i>2908 River Hollow Ct.</i>	City; State; Zip Code <i>Fort Worth TX 76116</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Contribution</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>Deborah Peoples</i>	Office sought Office held <i>Fort Worth Mayor TC DP Chair</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)
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4 Date <i>05/17/21</i>	5 Payee name <i>CallTime AT</i>
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6 Amount (\$) <i>\$ 265⁰⁰</i>	7 Payee address; <i>411 W. 7th St.</i>	City; <i>Los Angeles</i>	State; <i>CA</i>	Zip Code <i>90017</i>
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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	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/18/21</i>	Payee name <i>Diana Saleh</i>
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Amount (\$) <i>\$ 100⁰⁰</i>	Payee address; <i>P.O. BOX 182537</i>	City; <i>Arlington</i>	State; <i>TX</i>	Zip Code <i>76018</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Contribution</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>Diana Saleh</i>	Office sought <i>Arlington City Council District 3</i>	Office held <i>N/A</i>
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Date <i>06/06/21</i>	Payee name <i>Progressive Change CC</i>
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Amount (\$) <i>\$ 25⁰⁰</i>	Payee address; <i>1629 K St. ^{8th} 300 NW</i>	City; <i>Washington, DC</i>	State;	Zip Code <i>20006</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation Expense/office</i>	Description <i>Email Solicitation</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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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>06/06/21</i>	5 Payee name <i>Google</i>	
6 Amount (\$) <i>\$ 49.54</i>	7 Payee address; <i>1600 Amphitheatre Pkwy.</i>	City; State; Zip Code <i>Mountain View CA 94043</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	(b) Description <i>Campaign Email</i>
	<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>6/16/21</i>	Payee name <i>Call Time AI</i>	
Amount (\$) <i>\$ 265.00</i>	Payee address; <i>411 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>6/18/21</i>	Payee name <i>U.S.P.S.</i>	
Amount (\$) <i>\$ 7.95</i>	Payee address; <i>400 N. Retha St.</i>	City; State; Zip Code <i>Ft Worth TX 76111</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consultant Expense</i>	Description <i>Mail Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tara Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06/19/21</i>	5 Payee name <i>Act Blue</i>	
6 Amount (\$) <i>\$44.24</i>	7 Payee address; <i>Po Box 441146</i>	City; State; Zip Code <i>Somerville MA 02144-031</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>07/01/21</i>	Payee name <i>Michael Dooley</i>	
Amount (\$) <i>\$1000.00</i>	Payee address; <i>246 Lenox St.</i>	City; State; Zip Code <i>Norwood MA 02062</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Campaign Consultant</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>07/14/21</i>	Payee name <i>Barbara Clark - Rakupi</i>	
Amount (\$) <i>\$349.00</i>	Payee address; <i>1501 Satiny Rd.</i>	City; State; Zip Code <i>FORT WORTH TX 76116</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Fundraising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

N/A

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Tara

M

Wilson

OFFICE USE ONLY

Date Received

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

5404 Boca Aguadr. Fwt TX 76112
#110 WORTH

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

4 REPORT TYPE

Annual

Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year

05 / 02 / 2021 THROUGH 07 / 15 / 2021

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 974.37

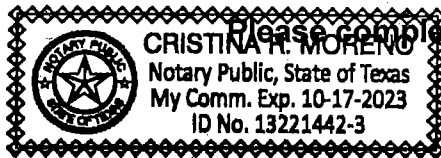
2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ 0

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

Tara Wilson
Signature of Candidate/Officeholder

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tara Wilson this the 15th day of July

2021, to certify which, witness my hand and seal of office.

Cristina Moreno
Signature of officer administering oath

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____.

Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME Tara Wilson	9 Filer ID (Ethics Commission Filers) _____
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10 Date 5/17/21	11 Payee name Peoples 4 Mayor	13 Amount (\$) \$ 250 ⁰⁰
12 Payee address; City; State; Zip Code 2908 River Fort Worth TX 76116 Hollow etc		

14 Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Date 5/18/21	Payee name Diana Saleh	Amount (\$) \$ 100 ⁰⁰
Payee address; City; State; Zip Code P.O. BOX 182537 Arlington TX 76018		

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Date _____	Payee name _____	Amount (\$) _____
Payee address; City; State; Zip Code _____		

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Date _____	Payee name _____	Amount (\$) _____
Payee address; City; State; Zip Code _____		

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED