

# 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: **15**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

**Tara Wilson**

**OFFICE USE ONLY**

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**PO BOX 8772 FW TX 76124**

**CSO REC'D  
APR 29 '22 PM 1:27**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(469) 587-9492**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

**Lee Henderson**

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

CITY;

STATE;

ZIP CODE

**1428 Virginia Place Fort Worth TX 76107**

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(817) 896-4900**

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 / 08 / 22**

THROUGH

Month Day Year  
**04 / 29 / 22**

11 ELECTION

ELECTION DATE

Month Day Year

**05 / 07 / 22**

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

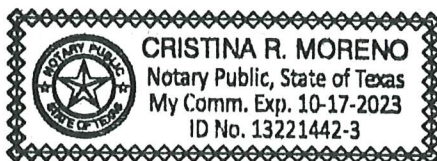
15 C/OH NAME <i>Tara M. Wilson</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>6815.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>12,233.48</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5,086.50</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2350.00</i>

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

*Tara M. Wilson*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Tara M. Wilson* this the *29th* day of *April*, 20*22*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Tara M. Wilson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>68115<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>2350<sup>00</sup></i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>12,233<sup>46</sup></i>
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: <b>5</b>
2 FILER NAME <b>Tara M. Wilson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Iris Garcia</b>	7 Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4720 Granger Trl. FW TX 76137</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Heather Buen</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>9078 River Falls Dr. FW TX 76118</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Famon Romero</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>PO BOX 1461 FW TX 76101</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Chamberlain</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1840 Rugged Trl. Midlothian TX</b>		
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

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2 FILER NAME <i>Tara M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Hughes</i>	7 Amount of contribution (\$) <i>150<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>3408 View St. FW TX 76103</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma Garcia-Lopez</i>	Amount of contribution (\$) <i>25<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5350 Fossil Creek Blvd #37 FW TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Domingo Garcia</i>	Amount of contribution (\$) <i>\$ 1,000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1111 W. Mockingbird Ln. Dallas, TX 75247</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lady Session-Chance</i>	Amount of contribution (\$) <i>25<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5900 Yolanda Dr. FW TX 76112</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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joaquin Garcia</i>	7 Amount of contribution (\$) <i>25<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>2925 St. David Dr. Dallas TX 75233</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erika Ramos</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>5204 El Campo Ave. FW TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Crystal Bayden</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3816 Redwood Creek Ln. FW TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kendrick Vela</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1800 Broadway St. #1132 San Antonio TX 78125</i>		
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

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2 FILER NAME <i>Tara M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Regina Montoya</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>5230 Lobello Dr. Dallas TX 75229</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/15/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brendan Roche</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>533 Elm St. Mansfield MA 02048</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nicole Collier</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>308 Oakmont Ln FW TX 76112</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marilyn Davis</i>	Amount of contribution (\$) <i>25<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2320 Glencrest Dr. FW TX 76119</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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Hughes</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>3408 View St. FW TX 76603</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/20/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harold Vasquez</i>	Amount of contribution (\$) <i>25<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4233 Enchanted Pockern Keller, TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scioscia Flowers</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>6731 Trail Cliff Way FW TX 76132</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/23/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nick Alto</i>	Amount of contribution (\$) <i>40<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>346 Nichols St. Norwood MA 02062</i>		
Principal occupation / Job title (See Instructions)		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 M Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/25/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Danh Vuong</i>	7 Amount of contribution (\$) <i>50<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>8012 Jolie Dr. FW TX 76137</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eva Bonilla</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>362 Fach St. FW TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reginald Andrews</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>PO BOX 162182 FW TX 76161</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pita Vinson</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>6216 Dorenshire Terr. FW TX 76112</i>		
Principal occupation / Job title (See Instructions)		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 M. Wilson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ana Martinez</i>	7 Amount of contribution (\$) <i>150<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>2727 Explorader Grand Prairie TX 75091</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Peralta</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3812 Borden Ave. FW TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greater Fort Worth Assoc. Realtors</i>	Amount of contribution (\$) <i>2,500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2650 Parkview Dr. FW TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Latina List.</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>PO BOX 04025 FW TX 76164</i>		
Principal occupation / Job title (See Instructions) <i>State PAC</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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: <b>5</b>	2 FILER NAME <b>Tara M. Wilson</b>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------	---------------------------------------

4 Date <b>4/11/22</b>	5 Payee name <b>Posa's Cafe</b>
--------------------------	------------------------------------

6 Amount (\$) <b>13.25</b>	7 Payee address; <b>8432 Denton Hwy.</b>	City; <b>Watauga</b>	State; <b>TX</b>	Zip Code <b>76148</b>
-------------------------------	---	-------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <b>4/11/22</b>	Payee name <b>Azt Blue</b>
------------------------	-------------------------------

Amount (\$) <b>81.93</b>	Payee address; <b>PO BOX 441146</b>	City; <b>Sommerville</b>	State; <b>IA</b>	Zip Code <b>02144-0031</b>
-----------------------------	--	-----------------------------	---------------------	-------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Transaction Fees</b>	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 <b>4/12/22</b>	Payee name <b>Sunoco</b>
------------------------	-----------------------------

Amount (\$) <b>54.88</b>	Payee address; <b>1251 Woodhaven Blvd.</b>	City; <b>Fert Worth</b>	State; <b>TX</b>	Zip Code <b>76112</b>
-----------------------------	---	----------------------------	---------------------	--------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Travel In District</b>	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Tara M. Wilson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/12/22</i>	<b>5</b> Payee name <i>Campaign Verify</i>	
<b>6</b> Amount (\$) <i>95<sup>00</sup></i>	<b>7</b> Payee address; <i>1215 51st. Street NW PO BOX 3584</i>	City; State; Zip Code <i>Washington DC 20007-9996</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>4/14/22</i>	<b>Payee name</b> <i>Campaign X Collective</i>	
<b>Amount (\$)</b> <i>16,480<sup>00</sup></i>	<b>Payee address;</b> <i>3214 Wynford Dr.</i>	<b>City; State; Zip Code</b> <i>Fairfax VA 22031</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</b> <i>Mail</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
<b>Date</b> <i>4/14/22</i>	<b>Payee name</b> <i>Frost Bank</i>	
<b>Amount (\$)</b> <i>30<sup>00</sup></i>	<b>Payee address;</b> <i>PO BOX 1600</i>	<b>City; State; Zip Code</b> <i>San Antonio TX 78296</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Bank Fee</i>	<b>Description</b>
	<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	3 Filer ID (Ethics Commission Filers)
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4 Date 4/17/22	5 Payee name Progressive Change CC
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6 Amount (\$) 25.00	7 Payee address; 1629 K St. Ste 300NW	City; Washington	State; DC	Zip Code 20006
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Solicitation 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 4/18/22	Payee name Zoom
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Amount (\$) 15.92	Payee address; 55 Almaden Blvd. 4th Floor	City; San Jose	State; CA	Zip Code 95113
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/22	Payee name Kroger
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Amount (\$) 4.31	Payee address; 3300 Texas Sage Trl.	City; FW	State; TX	Zip Code 76177
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Beverage 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 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 M. Wilson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/25/22</i>	5 Payee name <i>QT</i>
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6 Amount (\$) <i>\$101.71</i>	7 Payee address; <i>2321 N. Beach St.</i>	City; <i>Haltom City</i>	State; <i>TX</i>	Zip Code <i>76111</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel In District</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/26/22</i>	Payee name <i>Campaign X Collective</i>
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Amount (\$) <i>\$4,999.73</i>	Payee address; <i>3214 Wynford Dr.</i>	City; <i>Fairfax</i>	State; <i>VA</i>	Zip Code <i>22031</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Mail</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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Date <i>4/26/22</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>30.00</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 Fee</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

**SCHEDULE F1**

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## 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Tara M. Wilson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/28/22</i>	<b>5</b> Payee name <i>Scale To Win</i>	
<b>6</b> Amount (\$) <i>341.13</i>	<b>7</b> Payee address; <i>13742 Harper St.</i>	City; State; Zip Code <i>Santa Ana CA 92703</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Payee name	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Payee name	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Payee name	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		

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