

# 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

FIRST

MI

NICKNAME

LAST

SUFFIX

**MS**  
**Tara**  
**Maldonado-Wilson**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

**P.O. BOX 24853**  
**Fort Worth TX 76124**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(469) 587-9492**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

**Tara M.**  
**Wilson**

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

CITY;

STATE;

ZIP CODE

**2309 San Jose Dr.**  
**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

Month Day Year

**01 / 16 / 23** THROUGH **04 / 06 / 23**

11 ELECTION

ELECTION DATE

Month Day Year

**05 / 06 / 23**

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 11**

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

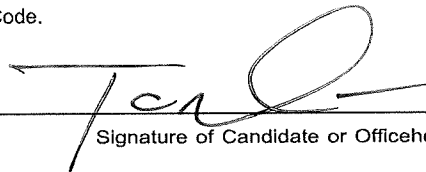
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

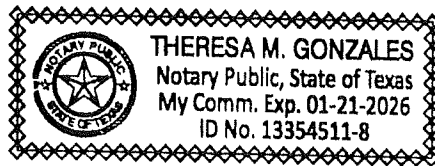
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,633.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9218.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3450.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00

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/SEAL

Sworn to and subscribed before me by Theresa Gonzales this the 7th day of April, 2023, 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 Maldonado-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>10,635.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>_____</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>2000.00</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>3000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9218.70</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>_____</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>_____</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>_____</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>_____</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>_____</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>_____</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>_____</i>

# 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>1</u>
2 FILER NAME <u>Tara Maldonado-Wilson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/25/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Irma Perez</u>	7 Amount of contribution (\$) <u>\$150<sup>00</sup></u>
6 Contributor address; City; State; Zip Code <u>2600 W. 7th Ave Fort Worth TX 76107</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>2/25/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lan Burnham</u>	Amount of contribution (\$) <u>\$250<sup>00</sup></u>
Contributor address; City; State; Zip Code <u>2103 6th Ave Fort Worth TX 76110</u>		
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)

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.

Report ID	Date	Amount	Dover First Name	Last Name	Dover Address	Dover City	Dover State	Dover Zip	Dover County	Dover Occupied	Driver Name	Driver Phone	Employee	County	District	Supervisor	Fundraise Code	Fundraise Cont.	Fundraise Cont. Phone	PI	Paying County	Phone Contact	Phone Contact	Phone Contact	Reserved	Unlisted ID	AB Test Name	AB Version
A03218237	2023-01-18 17		Dover First Name	Last Name	Dover Address	Dover City	Dover State	Dover Zip <td>Dover County</td> <td>Dover Occupied</td> <td>Driver Name</td> <td>Driver Phone</td> <td>Employee <td>County</td> <td>District <td>Supervisor</td> <td>Fundraise Code <td>Fundraise Cont. <td>Fundraise Cont. Phone <td>PI <td>Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td></td></td></td></td></td></td></td>	Dover County	Dover Occupied	Driver Name	Driver Phone	Employee <td>County</td> <td>District <td>Supervisor</td> <td>Fundraise Code <td>Fundraise Cont. <td>Fundraise Cont. Phone <td>PI <td>Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td></td></td></td></td></td></td>	County	District <td>Supervisor</td> <td>Fundraise Code <td>Fundraise Cont. <td>Fundraise Cont. Phone <td>PI <td>Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td></td></td></td></td></td>	Supervisor	Fundraise Code <td>Fundraise Cont. <td>Fundraise Cont. Phone <td>PI <td>Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td></td></td></td></td>	Fundraise Cont. <td>Fundraise Cont. Phone <td>PI <td>Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td></td></td></td>	Fundraise Cont. Phone <td>PI <td>Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td></td></td>	PI <td>Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td></td>	Paying County <td>Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td></td>	Phone Contact <td>Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td></td>	Phone Contact <td>Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td></td>	Phone Contact <td>Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td></td>	Reserved <td>Unlisted ID <td>AB Test Name</td> <td>AB Version</td> </td>	Unlisted ID <td>AB Test Name</td> <td>AB Version</td>	AB Test Name	AB Version
A03218237	2023-01-18 17		11 Melissa		2001 Park Drive #233	Fel Wn	TX	76118	United States		Murray	817264881		United States							United States							
A03218237	2023-01-25 11		100 Bessie		6177 Camp Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-01-25 11		100 Bessie		6177 Camp Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-01-27 16		200 Nevada		1055 N. Central Blvd	Fel Wn	TX	75231	United States		Murray	817264881		United States							United States							
A03218237	2023-01-14 2		100 Nevada		4233 Eastwood Lake Lane	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-01 11		100 Nevada		PO Box 430	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-01 11		200 Ory		10333 Ternwood	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-01 11		200 Ory		3419 Nevada Ct	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-01 11		200 Ory		2408 Chapel	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-01 11		200 Ory		211 Shamrock Trl	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-01 11		150 Nels		348 Nevada Street	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-01 11		500 Calhoun E		1825 N. Central Expressway #11 Dallas	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							
A03218237	2023-02-17 14		200 Lee		202 Foothill Dr	Fel Wn	TX	75244	United States		Murray	817264881		United States							United States							

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B:	
2 FILER NAME <i>Tara Maldonado - WTKan</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <i>2000<sup>00</sup></i>	
5 Date <i>3/31/23</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Peralta</i>	8 Amount of Pledge \$ <i>\$ 750</i>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <i>3812 Burden Ave Fort Worth TX 76110</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <i>4/3/23</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tommy Tisby</i>	Amount of Pledge \$ <i>\$ 1000</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>211 Stallion Dr. Keller TX 76248</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/22/23</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Latina List</i>	Amount of Pledge \$ <i>\$ 250</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>P.O BOX 104025 Fort Worth TX 76164</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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	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>13</b>	2 FILER NAME <b>Tara Maldonado-Wilson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/23</b>	5 Payee name <b>Frost Bank</b>	
6 Amount (\$) <b>27.55</b>	7 Payee address; City; State; Zip Code <b>9001 Airport Fwy #100 North Richland Hills TX 76180</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Banking</b>	(b) Description <b>Checks</b>
	(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 <b>1/30/23</b>	Payee name <b>City of Fort Worth</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>200 Texas St, Fort Worth TX 76102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Filing fee</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
Date <b>2/1/23</b>	Payee name <b>Frost Bank</b>	
Amount (\$) <b>27.55</b>	Payee address; City; State; Zip Code <b>9001 Airport Fwy #100 North Richland Hills TX 76180</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Banking</b>	Description <b>checks</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 <i>Tara Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/23</i>	5 Payee name <i>APH Digital LLC</i>	
6 Amount (\$) <i>500.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>18710 Rogers Glen San Antonio TX 78258</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Social Media</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>2/15/23</i>	Payee name <i>Art Blue</i>	
Amount (\$) <i>2.43</i>	Payee address; City; State; Zip Code <i>366 Summer St. Somerville, MA 02141</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</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
Date <i>2/21/23</i>	Payee name <i>Clifford Sparks</i>	
Amount (\$) <i>75.00</i>	Payee address; City; State; Zip Code <i>2412 Meaders Ave Fort Worth TX 76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>DFW Food Festival</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



# 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>Tam Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>1/31/23</i>	5 Payee name <i>Google Suites</i>
--------------------------	--------------------------------------

6 Amount (\$) <i>77.97</i>	7 Payee address; City; State; Zip Code <i>11600 Amphitheater Pkwy, Mountain View CA 94043</i>
-------------------------------	--

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

Date <i>2/21/23</i>	Payee name <i>Tortilandia</i>
------------------------	----------------------------------

Amount (\$) <i>552.07</i>	Payee address; City; State; Zip Code <i>1112 W. Berry St. Fort Worth TX 76110</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense / food</i>	Description <i>Fundraising</i>
	(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	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: <i>Jay Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>2/21/23</i>	5 Payee name: <i>Clifford Sparks</i>	
6 Amount (\$): <i>150.00</i>	7 Payee address; <i>2412 Meaders Ave.</i>	City; State; Zip Code: <i>Fort Worth TX 76112</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Event Expense</i>	(b) Description: <i>Atlanta Jefferson Community center</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>2/22/23</i>	Payee name: <i>Mailchimp</i>	
Amount (\$): <i>13.86</i>	Payee address; <i>675 Ponce De Leon Ave NE #5000</i>	City; State; Zip Code: <i>Atlanta GA</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Solicitation</i>	Description: <i>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
Date: <i>2/23/23</i>	Payee name: <i>U.S.P.S</i>	
Amount (\$): <i>97.00</i>	Payee address; <i>1475 Handley Dr</i>	City; State; Zip Code: <i>Fort Worth TX 76112</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Rental Expense</i>	Description: <i>P.O. Box</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

# 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>Tam Maldonado - Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/27/23</i>	5 Payee name <i>Bankem Printing</i>	
6 Amount (\$) <i>\$129.90</i>	7 Payee address; <i>2357 S. Collins St.</i>	City; State; Zip Code <i>Arlington TX 76014</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>Push cards</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>02/27/23</i>	Payee name <i>Staples</i>	
Amount (\$) <i>174.54</i>	Payee address; <i>1660 S. University Dr.</i>	City; State; Zip Code <i>Fort Worth TX 76107</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>Envelopes</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>2/27/23</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>\$120.12</i>	Payee address; <i>410 Terry Ave. N.</i>	City; State; Zip Code <i>Seattle WA 98109</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</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 Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/27/23</i>	5 Payee name <i>Campaign Verity</i>	
6 Amount (\$) <i>95.00</i>	7 Payee address; City; State; Zip Code <i>Washington DC</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	(b) Description <i>Phones</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>2/27/23</i>	Payee name <i>Bison Strategies</i>	
Amount (\$) <i>1,254.13</i>	Payee address; City; State; Zip Code <i>P.O. BOX 2062 Oklahoma City OK 73101</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Union</i>	Description <i>Door Hangers</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>2/28/23</i>	Payee name <i>Google Suites</i>	
Amount (\$) <i>76.75</i>	Payee address; City; State; Zip Code <i>1160 Amphitheater Dr Mountain View CA 94043</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	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	
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 Maldonado - Wilson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>3/01/23</i>	5 Payee name <i>Edwards &amp; Patterson</i>
--------------------------	--

6 Amount (\$) <i>2,118.<sup>00</sup></i>	7 Payee address; <i>203 S. Belt Line Rd.</i>	City; <i>Irving</i>	State; <i>TX</i>	Zip Code <i>75060</i>
---	---	------------------------	---------------------	--------------------------

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

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

Date <i>03/01/23</i>	Payee name <i>U.S. P.S</i>
-------------------------	-------------------------------

Amount (\$) <i>63.<sup>00</sup></i>	Payee address; <i>1475 Handley Dr.</i>	City; <i>Fort Worth</i>	State; <i>TX</i>	Zip Code <i>76112</i>
--	---	----------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>solicitation</i>	Description <i>Stamps</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
--	-------------------------------	---------------	-------------

Date <i>3/02/23</i>	Payee name <i>Scale To Win</i>
------------------------	-----------------------------------

Amount (\$) <i>23.38</i>	Payee address; <i>13742 Harper St.</i>	City; <i>Santa Ana</i>	State; <i>CA</i>	Zip Code <i>91361</i>
-----------------------------	---	---------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>solicitation</i>	Description <i>Testing</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 Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/3/23</i>	5 Payee name <i>APH Digital LLC</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>18710 Rogers Hwy San Antonio TX 78238</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Social Media</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>3/6/23</i>	Payee name <i>U.S.P.S.</i>	
Amount (\$) <i>63.00</i>	Payee address; City; State; Zip Code <i>1475 Handley Dr. Fort Worth TX 76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>solicitation</i>	Description <i>stamps</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>3/8/23</i>	Payee name <i>Bankom Printing</i>	
Amount (\$) <i>54.13</i>	Payee address; City; State; Zip Code <i>2357 S. Collins St. Arlington TX 76014</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Push cards</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

# 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	2 FILER NAME <i>Tara Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
------------------------------	--	---------------------------------------

4 Date <i>3/8/23</i>	5 Payee name <i>U.S.P.S.</i>
-------------------------	---------------------------------

6 Amount (\$) <i>126.00</i>	7 Payee address; <i>1475 Hand by P.</i>	City; <i>Ft Worth</i>	State; <i>TX</i>	Zip Code <i>76112</i>
--------------------------------	--	--------------------------	---------------------	--------------------------

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

Date <i>3/9/23</i>	Payee name <i>APH Digital LLC</i>
-----------------------	--------------------------------------

Amount (\$) <i>298.00</i>	Payee address; <i>18710 Rogers Glen</i>	City; <i>San Antonio</i>	State; <i>TX</i>	Zip Code <i>78258</i>
------------------------------	--	-----------------------------	---------------------	--------------------------

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

Date <i>3/10/23</i>	Payee name <i>Goodman Campaigns LLC</i>
------------------------	--

Amount (\$) <i>594.00</i>	Payee address; <i>211 E 7th St 620</i>	City; <i>Austin</i>	State; <i>TX</i>	Zip Code <i>78701</i>
------------------------------	---	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>Text/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 <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 Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/23</i>	5 Payee name <i>Lowes</i>	
6 Amount (\$) <i>337.24</i>	7 Payee address; City; State; Zip Code <i>1111 East chase Pkwy Fort Worth TX 76120</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Sign Stakes</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>3/19/23</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>109.76</i>	Payee address; City; State; Zip Code <i>1151 Bridgewood Dr. Fort Worth TX 76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Sign Stakes/Equipment</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
Date <i>03/21/23</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>10.80</i>	Payee address; City; State; Zip Code <i>1151 Bridgewood Dr. Fort Worth TX 76112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Tie downs</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 Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/20/23</i>	5 Payee name <i>Academy Sports + Outdoors</i>	
6 Amount (\$) <i>10.29</i>	7 Payee address; City; State; Zip Code <i>7441 NE Loop 820 North Richland Hills TX 76180</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/20/23</i>	Payee name <i>Wince Foods</i>	
Amount (\$) <i>45.09</i>	Payee address; City; State; Zip Code <i>5152 Rufe Snow Dr. North Richland Hills TX 76180</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>DFW Food Festival</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>3/22/23</i>	Payee name <i>Mailchimp</i>	
Amount (\$) <i>20.79</i>	Payee address; City; State; Zip Code <i>675 Ponce De Leon Ave NE Atlanta GA #8000</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>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

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 Maldonado - Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/23</i>	5 Payee name <i>APH Digital LLC</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; <i>18710 Rogers Glen</i>	City; State; Zip Code <i>San Antonio TX 78258</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Social Media</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>3/23/23</i>	Payee name <i>Mailchimp</i>	
Amount (\$) <i>47.92</i>	Payee address; <i>675 Ponce De Leon Ave. NE #5000</i>	City; State; Zip Code <i>Atlanta GA</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation</i>	Description <i>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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>3/27/23</i>	Payee name <i>Stormie's Monday</i>	
Amount (\$) <i>31.39</i>	Payee address; <i>3509 E Benz St,</i>	City; State; Zip Code <i>Fort Worth TX 76105</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Volunteer lunch</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 Maldonado-Wilson</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>3/26/23</i>	5 Payee name <i>Home Depot</i>
--------------------------	-----------------------------------

6 Amount (\$) <i>116.59</i>	7 Payee address; <i>1151 Bridgewood Dr.</i>	City; <i>Ft Worth</i>	State; <i>TX</i>	Zip Code <i>76112</i>
--------------------------------	--	--------------------------	---------------------	--------------------------

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

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

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

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

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

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

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

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

Complete <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 Maldonado - Wilson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/23</i>	5 Payee name <i>Google Suites</i>	
6 Amount (\$) <i>76.75</i>	7 Payee address; <i>1600 Amphitheater 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 overhead</i>	(b) Description <i>Campaign email</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>4/4/23</i>	Payee name <i>APT Digital LLC</i>	
Amount (\$) <i>322.50</i>	Payee address; <i>18710 Rogers Blvd</i>	City; State; Zip Code <i>San Antonio TX 78258</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>social media</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>4/4/23</i>	Payee name <i>Scale To Win</i>	
Amount (\$) <i>504.79</i>	Payee address; <i>13742 Harper St,</i>	City; State; Zip Code <i>Santa Ana CA 91361</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Sol. citation</i>	Description <i>Texting</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