

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | |
|--|---|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: <u>5</u> |
|--|---|----------------------------------|

| | | | | |
|---------------------------------|---------------------------|-----------------------|-------------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>(MR)</u> | FIRST <u>Don</u> | MI <u>Jack</u> | OFFICE USE ONLY RECEIVED <div style="border: 2px solid blue; padding: 5px; text-align: center; color: red; font-weight: bold;">MAY 01 2015</div> |
| | NICKNAME | LAST <u>Wilson</u> | SUFFIX | |

| | | | | | |
|--|--------------------------------------|----------------|-------|--------|----------|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE |
| | <u>1410 RONNE DR IRVING TX 75061</u> | | | | |

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|----------------------------------|---|---------------------------------|-----------|---|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE <u>(214)</u> | PHONE NUMBER <u>543-9125</u> | EXTENSION | Date Hand-delivered or Postmarked <u>HD 5/15 4:50 PM</u> |
| | Date Processed <u>Filed by JA 5/7/15</u> | | | |

| | | | | |
|---------------------------|---------------------------|-----------------------|--------|------------------------------------|
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <u>(MR)</u> | FIRST <u>EDNA</u> | MI | Receipt # Amount Date Imaged |
| | NICKNAME | LAST <u>Garcia</u> | SUFFIX | |

| | | | | | |
|--|--|----------------|-------|--------|----------|
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: | STATE: | ZIP CODE |
| | <u>626 OAK Ridge Ln IRVING, TX 75061</u> | | | | |

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|----------------------------|---------------------------|---------------------------------|-----------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <u>(972)</u> | PHONE NUMBER <u>997-3192</u> | EXTENSION |
|----------------------------|---------------------------|---------------------------------|-----------|

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|---------------|-------------------------------------|---|---|--|
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |
| | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) |

| | | | | | | | |
|-------------------|----------|-----------|-------------|---------|----------|-----------|-------------|
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | <u>3</u> | <u>31</u> | <u>2015</u> | | <u>4</u> | <u>29</u> | <u>2015</u> |

| | | | | | | | |
|-------------|-------------------|-----------------|---------------------|----------------------------------|---------------------------------|---|----------------------------------|
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month <u>5</u> | Day <u>9</u> | Year <u>2015</u> | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |

| | |
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| 12 OFFICE OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>IRVING City Council DISTRICT 4</u> |
|-----------------------------------|--|

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

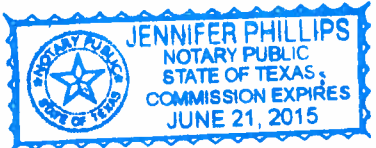
| | |
|---------------------|--|
| 14 C/OH NAME | 15 ACCOUNT # (Ethics Commission Filers) |
|---------------------|--|

| | | |
|---|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

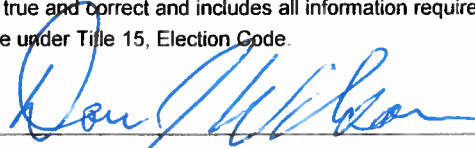
| | | |
|--------------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 18,150.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 435.45 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 251.50 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 AFFIDAVIT


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.



AFFIX NOTARY STAMP / SEAL ABOVE


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Don Wilson, this the 1st day of May, 2015, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Jennifer Phillips
 Printed name of officer administering oath

notary
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 2 | |
| 2 FILER NAME DON JACK WILSON | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 4-14-15 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LUCIA ROTTENBERG | 7 Amount of contribution (\$) 50.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4-14-15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gail Wells | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4-18-15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol Carter | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4-18-15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HOWARD CARTER | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4-2-15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACQUALEA COOLEY | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Don Jack Wilson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-28-15

5 Full name of contributor out-of-state PAC (ID# _____)

Edward & Tiffany Wilson

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-28-15

Full name of contributor out-of-state PAC (ID# _____)

Shawn Wilson

Contributor address; City; State; Zip Code

Amount of contribution (\$)

143500

In-kind contribution description (if applicable)

Website development & Maintenance

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|--|
| 1 Total pages Schedule F: 1 | 2 FILER NAME DON JACK WILSON | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

| | |
|---------------------------|---|
| 4 Date 4-1-2015 | 5 Payee name Primary Colors LLC |
|---------------------------|---|

| | |
|--------------------------------|---|
| 6 Amount (\$) 346.40 | 7 Payee address; City; State; Zip Code 9239 Premier Row DALLAS TX 75247 |
|--------------------------------|---|

| | | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description (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 3-26-15 | Payee name Kroger Fuel |
|------------------------|----------------------------------|

| | |
|-----------------------------|---|
| Amount (\$) 40.05 | Payee address; City; State; Zip Code 501 S. Mac ARTHUR IRVING, TX 75060 |
|-----------------------------|---|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Transportation Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

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

| | |
|------------------------|---|
| Date 4-16-15 | Payee name Primary Colors LLC |
|------------------------|---|

| | |
|-----------------------------|--|
| Amount (\$) 49.00 | Payee address; City; State; Zip Code 9239 Premier Row Dallas, TX 75247 |
|-----------------------------|--|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

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

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

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

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (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