

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>SARA</i>	MI <i>B</i>	OFFICE USE ONLY RECEIVED <small>Date Received</small> <i>JAN 14 2026</i>		
	NICKNAME	LAST <i>Wilder</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
 <i>Ennis, TX 75119</i>						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(469)</i>	PHONE NUMBER <i>285-4869</i>	EXTENSION			
<small>Date Hand-delivered or Date Postmarked</small>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>M.R.</i>	FIRST <i>Justyn</i>	MI <i>M</i>	Receipt # Amount \$ <small>Date Processed</small> <small>Date Imaged</small>		
	NICKNAME	LAST <i>Wilder</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE: ZIP CODE	
 <i>Ennis TX 75119</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE 	PHONE NUMBER 	EXTENSION			
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>11</i>	Day <i>17</i>	Year <i>2025</i>	THROUGH	Month <i>1</i> Day <i>15</i> Year <i>2026</i>	
11 ELECTION	ELECTION DATE Month Day Year <i>01 / 31 / 2026</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>			13 OFFICE SOUGHT (if known) <i>Mayor Pro Tem</i>		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC				
		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0 1426.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 1426.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		

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.

S. Wilder

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SFAI

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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 Sara Wilder , and my date of birth is 1-14-85

My address is **Ennis TX 75119**

Executed in Ellis (street) County, State of Texas (city) on the 14 (date) day of January, 20 26. (state) (zip code) (country)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21.1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	
21.2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
21.3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
21.4. <input type="checkbox"/> SCHEDULE E: LOANS \$	
21.5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
21.6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
21.7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
21.8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 1426.16	
21.9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 1426.16	
21.10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
21.11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
21.12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2	2 FILER NAME <i>Justin Wilder SARA Wilder</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 1426.16
5 CREDIT CARD ISSUER	Name of financial institution <i>Citi Financial Mastercard</i>		
6 PAYMENT	(a) Amount Charged <i>\$ 106.08</i>	(b) Date Expenditure Charged <i>12/18/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>12/19/2025</i>
7 PAYEE	(a) Payee name <i>Aggraphics Studio Anilene Horan</i>	(b) Payee address; <i>9135 Fm 1181 Ennis TX 75119</i>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>handouts</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 <i>SARA Wilder</i>		Office Sought <i>Mayor Pro Tem</i> Office Held <i>N/A</i>
PAYMENT	(a) Amount Charged <i>\$ 50.04</i>	(b) Date Expenditure Charged <i>12/18/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>1/12/2024</i>
PAYEE	(a) Payee name <i>Heb Ennis</i>	(b) Payee address; <i>101 S. Clay Ennis TX 75119</i>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	(b) Description <i>Fried Pie Ingredients</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>SARA Wilder</i>		Office Sought <i>Mayor Pro Tem</i> Office Held <i>N/A</i>
PAYMENT	(a) Amount Charged <i>\$ 200</i>	(b) Date Expenditure Charged <i>12/20/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>1/12/2020</i>
PAYEE	(a) Payee name <i>Thistle & Sage Kacie Tiner</i>	(b) Payee address; <i>110 W. Knox Ennis TX 75119</i>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>meet + greet</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>SARA Wilder</i>		Office Sought <i>Mayor Pro Tem</i> Office Held <i>N/A</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME Justyn Wilder SARA Wilder		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 110.06 M26.10
5 CREDIT CARD ISSUER	Name of financial institution Citi MasterCard		
6 PAYMENT	(a) Amount Charged \$ 538.54	(b) Date Expenditure Charged 11/19/2025	(c) Date(s) Credit Card Issuer Paid 12/8/2025
7 PAYEE	(a) Payee name Agraphics Studio Arlene Honza	(b) Payee address; 9135 Fm 1181 Ennis TX 75119	City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs (campaign Signs)	(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 SARA Wilder		Office Sought Mayor Pro Tem Office Held N/A
PAYMENT	(a) Amount Charged \$ 460.06	(b) Date Expenditure Charged 11/24/2025	(c) Date(s) Credit Card Issuer Paid 12/8/2025
PAYEE	(a) Payee name Agraphics Studio Arlene Honza	(b) Payee address; 9135 Fm 1181 Ennis TX 75119	City, State, Zip Code
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Signs (large)	(c) <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 SARA Wilder		Office Sought Mayor Pro Tem Office Held N/A
PAYMENT	(a) Amount Charged \$ 71.44	(b) Date Expenditure Charged 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/16/2025
PAYEE	(a) Payee name Agraphics Studio Arlene Honza	(b) Payee address; 9135 Fm 1181 Ennis TX 75119	City, State, Zip Code
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Shirts	(c) <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 SARA Wilder		Office Sought Mayor Pro Tem Office Held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Justyn Wilder Sarah Wilder		
4 Date	5 Payee name		
12/18/2025	Citi Bank Master Card		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
998.60	Citi Cards P.O Box 658201	Dallas TX 75265-8201	
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	CC Payment	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Sarah Wilder	Mayor Pro Tem	N/A
Date	Payee name		
12/16/2025	Citi Bank Master Card		
Amount (\$)	Payee address:	City: State: Zip Code	
41.44	P.O Box 658201	Dallas TX 75265-8201	
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	CC Payment	
	<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
	Sarah Wilder	Mayor Pro Tem	N/A
Date	Payee name		
12/19/2025	Citi Bank Master Card		
Amount (\$)	Payee address:	City: State: Zip Code	
106.06	P.O Box 658201	Dallas TX 75265-8201	
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	CC Payment	
	<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
	Mayor P Sarah Wilder	Mayor Pro Tem	N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME <i>Sara Wilder</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/12/2020</i>	5 Payee name <i>Citi Bank Master Card</i>		
6 Amount (\$) <i>250.00</i>	7 Payee address: <i>Citi Cards PO Box 658201</i>	City: _____ <i>Dallas</i> State: _____ <i>TX</i> Zip Code: _____ <i>75265-8201</i>	
<input type="checkbox"/> Reimbursement from political contributions intended		8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) <i>Event Expense / Food Beverage</i>	(b) Description <i>Meet & Greet Location / Food</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 <i>Sara Wilder</i>		Office sought	Office held
		<i>Major Problem</i>	<i>N/A</i>
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended		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		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended		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		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Sara Wilder

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

S. Wilder

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

S. Wilder

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

RECEIVED

JAN 14 2026

Date Hand-delivered or Date Postmarked
CITY SECRETARY

Receipt #	Amount \$
-----------	-----------

Date Processed

Date Imaged

Filer name SARA Wilder	Filer ID #
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1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Rev Jan. 15 report due on 1-15-26.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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 Sara Wilder, and my date of birth is 1-14-85.

My address is _____ (street) Ennis (city) TX (state) 75119 (zip code) US (country)

Executed in Ellis County, State of Texas, on the 14 day of Jan., 20 26.

S. Wilder

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**