CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

de explains how to complete this f	orm.	OUNT # Commission Filers)		5
Mr. Jay		MI		
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in Tiller of the entry of <u>the</u> tree to			Date Received	AUS
		SUFFIX	Ï	
Wilev				L RE
	CITY: STA	TE: ZIP CODE	1	CEIN CH
BBALCO TI O BOX.				<u>⇒ % ≺</u>
12300 Hymeadow Drive #115	5. Austin. TX 78	730	Date Hand-delivered or	
12000 Hymoadow Dillo at 1	, , , , , , , , , , , , , , , , , , , ,		Receipt #	Amount R
REA CODE PHONE NUMBER	EX1	ENSION	Date Processed	
512) 914-8057	_		3	
IS/MRS/MR FIRST		M 1	Date Imaged	
Mrs. Evelyn				
HICKNAME LAST		SUFFIX		
Stone				
		Y; STATE;	ZIP CODE	
6403 Rusty Ridge Drive, Aus		TENSION		
512) 454-6109				
January 15 30th day before	re election R	unoff	15th day after treasurer appropriate (officeholder only	ointment
X July 15 8th day before			Final report (At	ttach C/OH - FR)
fonth Day Year		Month Day	Year	
01 / 01 / 2014	HROUGH	06 / 30 ,	2014	
ELECTIONDATE		inoff X	General	Special
11/ 04/ 2014				
OFFICE HELD (if any)	13 c	FFICE SOUGHT (if know	n)	
		Austin City C	ouncii, District	16
GC	TO PAGE 2			
	PHONE NUMBER 512) 914-8057 STARST FIRST Mrs. Evelyn ICKNAME LAST Stone TREET ADDRESS (NO PO BOX PLEASE): AP 6403 Rusty Ridge Drive, Aus REA CODE PHONE NUMBER 512) 454-6109 January 15 30th day before X July 15 8th day before onth Day Year 01 01 2014 TOTAL COLUMN TELECTION DATE Day Year 11 04 2014 DEFFICE HELD (if any)	12300 Hymeadow Drive #115, Austin, TX 78 REA CODE PHONE NUMBER EXT 512) 914-8057 IS / MRS / MR FIRST Mrs. Evelyn ICKNAME LAST Stone TREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CIT 6403 Rusty Ridge Drive, Austin, TX 78731 REA CODE PHONE NUMBER EX 512) 454-6109 January 15 30th day before election R X July 15 8th day before election R THROUGH On On On Year On On On On Please R ELECTION DATE R Honth: Day Year Primary R ELECTION TYPE R Honth: Day Year Primary R REA CODE PHONE NUMBER R ELECTION TYPE R Honth: Day Year Primary R REA CODE PHONE R THROUGH	12300 Hymeadow Drive #115, Austin, TX 78730 REA CODE PHONE NUMBER EXTENSION 512) 914-8057 S/MRS/MR FIRST MI Mrs. Evelyn ICKNAME LAST SUFFIX Stone TREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: 6403 Rusty Ridge Drive, Austin, TX 78731 REA CODE PHONE NUMBER EXTENSION 512) 454-6109 January 15 30th day before election Runoff X July 15 Bih day before election Exceeded \$500 limit THROUGH OB 30 Onth Day Year THROUGH OB 30 THROUGH OB 30 FIRST MI EXTENSION EXCENDED STATE: Austin City C Austin City C	Ditte Hand-delivered of Date Processed 12300 Hymeadow Drive #115, Austin, TX 78730

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

			··	
14 C/OH NAME Jay	Wiley	1	5 ACCOUNT#	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLICE COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLICE CONTRIBUTIONS ACCEPTED OR POLICE CONTRIBUTIONS ACCEPTED OR POLICE CONTRIBUTIONS ACCEPTED OR POLICE CONTRIBUTIONS ACCEPTED OR POLICE CONTRIBUTION ACCEPTED OR POLI				HOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	_	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,605.00
EXPENDITURE TOTALS	RE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			0
	4. TOTAL	POLITICAL EXPENDITURES	\$	9,672.34
CONTRIBUTION BALANCE	5. TOTAL F OF REP	PAY \$	23,957.66	
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	11,025.00
18 AFFIDAVIT	ANN MARGRETT FO MY COMMISSION E October 17, 20	XPIRES	information requ	uired to be reported by
Sworn to and sub	scribed before	me, by the said Tay Wiley , 20 14, to certify which, witness n Ann Margrett Franklin	ny hand and	, this the seal of office.
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of offic	ceredim histering oath

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	la	y Wiley for Austin City Council			
<u> </u>		T			
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		Fred Andrews		30/11/12dilbit (#)	association (ii approacte)
		6 Contributor address; City; State; Zip Code			
	5/10/14	City, State, 21p Code		\$350	Music for event
		6162 Jumano Lane, Austin, TX 78749			<u>'</u>
		The semant entry recting the forty		(If travel nuteide	f Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See	•	or resear, complete deficación ()
	Musiciar		self		
\models					
	Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
I		Scott Hennig		20	saturpus (ii appround)
l		Contributor address; City; State; Zip Code		}	
	5/10/14			\$250	Music for event
	3/10/14	best efforts		ゆとりい	1
		Mest cutils		(If traval nuteida	 of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See I		or reads, complete ourieonie 1)
	Musicia		self	,	•
	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
ŀ	Date	,	······································	contribution (\$)	description (if applicable)
		Derek Morris			
1	F4644	Contributor address: City; State; Zip Code			1
	5/10/14			\$250	Music for event
Ì		best efforts			1
				(If travel outside	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See I	Instructions)	
	Musicia	<u>n</u>	self		
	Date	Full name of contributor		Amount of	In-kind contribution
		Mike Henretty		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			1
	5/10/14	Contributor address, City, State, Zip Code		\$250	Music for event
	3/10/14			Ψ£-00	initial of event
		best efforts			1.
 	Principal occur	pation / Job title (See Instructions)	Employer (See	**************	of Texas, complete Schedule T)
1	Musicia	·	self	manucions;	
\vdash	HUSICIE		J GCI7	<u> </u>	1
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Jason Blackwell		Control (a)	casciption (ii applicable)
		Contributor address; City; State; Zip Code			1
	E/10/14			\$250	Music for event
	5/10/14	heat afforts			i music for everit
		best efforts		(If travel outside	of Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See		or roxas, complete oblication ()
	Musicia	`	self		
\vdash					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILER NAME Ja Date 6/27/14 Principal occu n/a Date 6/17/14	Instruction Guide explains how to complete this y Wiley for Austin City Council 5 Full name of contributor	50 10 Employer (See	7 Amount of contribution (\$) \$50 (If travel outside	thics Commission Filers) 8
Date 6/27/14 Principal occun/a Date 6/17/14	y Wiley for Austin City Council 5 Full name of contributor out-of-state PAC (ID#: William Albrecht 6 Contributor address; City; State; Zip Code 10102 Eastman Cove, Austin, TX 7875 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Eduardo Alcocer Contributor address; City; State; Zip Code	50 10 Employer (See n/a	7 Amount of contribution (\$) \$50 (If travel outside Instructions)	8 In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occun/a Date 6/17/14 Principal occu	5 Full name of contributorout-of-state PAC (ID#: William Albrecht 6 Contributor address; City; State; Zip Code 10102 Eastman Cove, Austin, TX 7875 pation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#: Eduardo Alcocer Contributor address; City; State; Zip Code	50 10 Employer (See n/a	\$50 (If travel outside Instructions)	description (if applicable)
6/27/14 Principal occu n/a Date 6/17/14	William Albrecht 6 Contributor address; City; State; Zip Code 10102 Eastman Cove, Austin, TX 7875 pation / Job title (See Instructions) Full name of contributor	50 10 Employer (See n/a	\$50 (If travel outside Instructions)	description (if applicable)
Principal occun/a Date 6/17/14 Principal occu	6 Contributor address; City; State; Zip Code 10102 Eastman Cove, Austin, TX 7875 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#	10 Employer (See	(If travel outside Instructions)	In-kind contribution
n/a Date 6/17/14 Principal occu	pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#: Eduardo Alcocer Contributor address; City; State; Zip Code	10 Employer (See	Instructions) Amount of	In-kind contribution
n/a Date 6/17/14 Principal occu	Full name of contributor Out-of-state PAC (ID#:	n/a	Instructions) Amount of	In-kind contribution
6/17/14 Principal occu	Eduardo Alcocer Contributor address; City; State; Zip Code			•
Principal occu	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
Principal occu				
Principal occu	5812 Standing Rock, Austin, TX 7873		\$200	}
		0		,
	1			of Texas, complete Schedule T)
physicia	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (#D#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/17/14	Peter Aman Contributor address; City; State; Zip Code		\$50	
	4400 River Place Boulevard #5, Austi	in, TX 78730	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Karen Armstrong Contributor address; City; State; Zip Code			1
6/30/14	2612 Willow Way		\$100	
	2613 Willow Way		(If travel outside	f of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	· · · · · · · · · · · · · · · · · · ·
nurse		Ob Gyn Gr	oup of Austin	······
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Glenn Bass			
5/10/14	Contributor address; City; State; Zip Code		\$50	•
	3001 Esperanza Crossing #2065, Au	stin, TX 78758	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See		. ,
Justice	of the Peace	Travis Co	unty	

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
	Ja [,]	y Wiley for Austin City Council				
4	Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution	
		Jay Bauer 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)	
	6/17/14	6 Contributor address, Oity, State, Zip Code		\$50		
		7217 Gentian Court, Springfield, VA 2	2152	(If travel outside	of Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See U.S. Dep	· · · · · · · · · · · · · · · · · · ·		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
		Liby & Carl Beck		contribution (\$)	description (if applicable)	
		Contributor address; City; State; Zip Code				
	6/16/14			\$100		
		7716 Basil Drive, Austin, TX 78750		/If travel outside (of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)		
	property	/ management	Carl Becl	and Company	Real Estate	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Liby & Carl Beck		(,		
	0.000.00	Contributor address; City; State; Zip Code				
	6/29/14	·		\$100		
		7716 Basil Drive, Austin, TX 78750		(If terms of activide	of Towns, complete Schodule T\	
_	Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
		y managment	Carl Beck and Company Real Estate			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
		Mike Belton		contribution (\$)	description (if applicable)	
		Contributor address: City; State; Zip Code				
	6/28/14			\$25		
		109 Island Breeze Circle, League Ci	ty, TX 77573			
			Employer (See	•	of Texas, complete Schedule T)	
	transpo	pation / Job title (See Instructions) ortation	Intermarine	•		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Patricia Benavidez		Contribution (3)	description (if applicable)	
	E 100 14 A	Contributor address; City; State; Zip Code		\$50	i I	
	5/29/14	1810 Bayou Vista Drive, Austin, TX 7	77551		of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See		di landa, dollanda della della 17	
	best eff	orts	best effor	ts	<u> </u>	
Τ						
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED		
	lf (contributor is out-of-state PAC, please see instr			requirements.	

Texas Ethics Commission

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
-	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Ja	y Wiley for Austin City Council			
{	Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
(6/27/14	Carla Birk 6 Contributor address: City; State; Zip Code 9209 Villa Norte Drive, Austin, TX 787	726	\$20	
				(If travel outside	of Texas, complete Schedule T)
F	Principal occup student	pation / Job title (See Instructions)	10 Employer (See n/a	Instructions)	
ſ	Date	Full name of contributor)	Amount of	In-kind contribution
		Roger Borgelt		contribution (\$)	description (if applicable
	6/30/14	Contributor address; City; State; Zip Code		\$350	
	0/30/14	106 Laurel Lane, Austin, TX 78705		·	Towns associate Schooling TV
	Principal occur	pation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
	attorney	•	Borgelt L	•	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Eilish & Geoffrey Borlet		contribution (\$)	description (if applicable
Contributor address; City; State; Zip Code 5/26/14			\$100	<u> </u>	
		8901 Westminster Glen Avenue, Aus	itin, TX 78730	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) best efforts			Employer (See Instructions) best efforts		
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
	6/30/14	Contributor address; City; State; Zip Code		\$50	
		3203 Bridle Path, Austin, TX 78703			1
		0200 011001 2011,7120111, 11(10)00		(If travel outside	of Texas, complete Schedule T)
١	Principal occu pediatr	pation / Job title (See Instructions) ician	Employer (See self	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable
		Ryan Brannan			1
	COCHA	Contributor address; City; State; Zip Code		\$25	<u> </u>
	6/25/14	12500 Memorial Park, Austin, TX 78	732		i i
_	Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T
	policy	Farmer and fare management	OOG		
_		· · · · · · · · · · · · · · · · · · ·			

SCHEDULE A

The I	nstruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
EU ED MANE			3 ACCOUNT # (Et	hics Commission Filers)
FILER NAME	Wiley for Austin City Council			
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
6/28/14	Dawn Buckingham 6 Contributor address: City: State: Zip Code 404 Hurst Creek Road, Austin, TX 787		\$100	
	404 Hurat Oroon House, Master, 1997			of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	10 Employer (See Eye Phys	nstructions) sicians of Austi	n
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Jill & Jeremy Burke			! ነ
5/24/14	Contributor address; City; State; Zip Code		\$50	
U. L U U U	16900 Brayton Park Drive, Austin, TX			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See City of A	Instructions) ustin	
Date	Full name of contributor out-of-state PAC (ID#:_ Dolores & Edward Burke		Amount of contribution (\$)	In-kind contribution description (if applicable
Contributor address; City; State; Zip Cod			\$100	1
	11311 Pickfair Drive, Austin, TX 787	50	(If travel outside	of Texas, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See retired	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	W.D. Caldwell Contributor address; City; State: Zip Code		\$250	
	2103 Key West Cove, Austin, TX 78			of Texas, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See		
pediati	ician	Austex Pe		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicab
	Contributor address; City; State; Zip Code		\$200	
6/19/14	919 Congress Avenue, Ste. 1400, A	ustin, TX 78701		e of Texas, complete Schedule
Principal occi	upation / Job title (See Instructions)	Employer (See		
attorne		Cammac	k & Strong	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:			
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
	Ja	y Wiley for Austin City Council					
4	Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	6/16/14	Marc Chase 6 Contributor address; City; State; Zip Code 5714 Merrywing Court, Austin, TX 787	750	\$350	 		
-	Bringing and	and a lab side (Can Instructions)	46 Familion /0		of Texas, complete Schedule T)		
9	best effo	pation / Job title (See Instructions) orts	10 Employer (See best effo				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Roy Coffee		Contribution (\$)	description (is applicable)		
		Contributor address; City; State; Zip Code			 		
	6/13/14			\$350			
l	•	770 5th Street NW, Apt. 1002, Washin	gton, DC 20001				
-				 	of Texas, complete Schedule T)		
	attorney	pation / Job title (See Instructions)	Employer (See Coffee &	Associates			
	Date	Full name of contributor		Amount of	In-kind contribution		
		Tommy Coleman		contribution (\$)	description (if applicable)		
ŀ		Contributor address; City, State; Zip Code		·			
	5/9/14			\$150			
		1108 Lavaca #110-218, Austin, TX 78	701		1		
				1	of Texas, complete Schedule T)		
	attorney	pation / Job title (See Instructions)	Employer (See Republica	Instructions) n Party of Texa	· e		
	Date	Full name of contributor ut-of-state PAC (ID#:		Amount of			
l	Date			contribution (\$)	In-kind contribution description (if applicable)		
		Amy Corbett		·	1		
	6/27/14	Contributor address; City; State; Zip Code		\$100	1		
	W2//14	4005.01	_	\$100			
		1805 Sharon Lane, Austin, TX 78703	3	(If travel nutside	of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See	******	or rexas, complete scriedule 1)		
	accoun	tant/CPA	self	 			
	Date	Full name of contributor out-of-state PAC (iD#:)	Amount of	In-kind contribution		
		Lano Cox		contribution (\$)	description (if applicable)		
		Contributor address: City; State; Zip Code					
	6/28/14			\$250			
	· ·	10012 Brightling Lane, Austin, TX 78	750		I		
					of Texas, complete Schedule T)		
		pation / Job title (See Instructions)	Employer (See	Instructions)			
⊢	SOILWAR	e engineering consultant	self		 		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
		w Willey for Assalla Oite Cosmail	·	`	· ·	
	Ja	y Wiley for Austin City Council				
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
		Angela Crummett			1	
	6/2/14	6 Contributor address; City: State; Zip Code		\$15	1	
		1205 Sealy, Galveston, TX 77550		4.5	1	
		1203 Seaty, daiveston, 12 77550		/If trough puteride	! of Texas, complete Schedule T)	
0	Principal occur	Dation / Job title (See Instructions)	48 Employer /Coo I	<u> </u>	bi rexas, complete scriedule ()	
_	best effo	· · · · · · · · · · · · · · · · · · ·	10 Employer (See I best effo			
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution	
		Brent B. Danninger		contribution (\$)	description (if applicable)	
		Contributor address; City; State; Zip Code			1	
	00044	Communication address, City, State, 21p Code		****	' 1	
	6/20/14	4004 14 44 40 4 4 4 77 70		\$200	1	
		1001 West 17th Street, Austin, TX 787	01	difference) and all	(Towns asserted Cabada T	
	Principal accur	pation / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions) Employer (See retired retired					
	5-1-	Fuil name of contributor out-of-state PAC (ID#	····	A	In himd contains the	
	Date	_ · · · · · · · · · · · · · · · · · · ·		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		David Berry				
		Contributor address; City; State; Zip Code			1	
	5/21/14			\$350	Į l	
		PO Box 29957, Austin, TX 78755	•	(If tenual autoida	of Toyon, complete Schodule TV	
	Principal occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)	
	physicia	•	Austin Perinatal Associates			
			7.40		1	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Sharon Delesandri		(4)	, (
		Contributor address; City; State; Zip Code			1	
	6/5/14			\$25	1	
		7009 Ponter Galveston TY 77551			, 	
		7009 Popiar, Galveston, TX 77551		(If travel outside	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I			
	best eff	orts	best efforts			
	Date	Full name of contributorout-of-state PAC (ID#:	1	Amount of	In-kind contribution	
				contribution (\$)	description (if applicable)	
		Peggy & Lawrence Dill			' 	
		Contributor address; City; State; Zip Code		2400	1	
	6/16/14		;	\$100		
		1512 Flintridge Road, West Lake, TX	78746			
	Delegient	Landing (lab title (Gas land) at land	Emiliaria (O.		of Texas, complete Schedule T)	
	•	pation / Job title (See Instructions)	Employer (See I	•		
	best eff	orts	best effort	<u>S</u>		
		ATTACH ADDITIONAL CODIES O	E TUIC COUEDIN C	AC NEEDED		

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
_		wiley for Austin City Council	:	·	
_			·	7	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	:	Edward Douglass			
	,	6 Contributor address; City; State; Zip Code			
	6/27/14			\$20	
		9721 Big View Drive, Austin, TX 78730)		
				(If travel outside of	of Texas, complete Schedule T)
9		pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
	n/a		100		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Rosemary & Richard Edwards		Continuotion (9)	accompant (a applicant)
		Contributor address; City; State; Zip Code			
	5/10/14	-		\$150	
	W (W) T	6528 Heron Drive, Austin, TX 78759		7.50	
				(If travel outside of	of Texas, complete Schedule T)
	Principal occup self	pation / Job title (See Instructions)	Employer (See self	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
		Craig Enoch		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			1
	6/10/14	Communication address, City, Clarc, Especial		\$100	` I
		2614 Maria Anna Road, Austin, TX 78	₹ 7 03.	***************************************	<u>'</u>
		EOT Haile Mille Hous, Mashing 1877	7, 55	(If travel outside	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
	attorney	1	Enoch Ker	ver PLL	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
		Trisha Farine	•	contribution (\$)	description (if applicable)
		Contributor address: City; State; Zip Code		1	i
	5/12/14	Communication address. City, Clare, Elp Code		\$350]
	W 127 17	0000 Cabal Dark Long Looning Oile	TV 77570		I I
		2382 Sabal Park Lane, League City,	1V 11219	(If travel outside	of Texas, complete Schedule T)
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See		
	attorne		Daughtry 8	k Jordan P.C.	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
		Christopher Field		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			T .
	o lor to	Contributor address, City, State, Zip Code	,	\$50	
	6/25/14	0746 Duman Long Associal TV 70740	.		; [
		2716 Dupree Lane, Austin, TX 78748	1	(If travel outside	of Texas, complete Schedule T)
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See	*************************************	
	•	vy Officer	U.S. Navy		
-					

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SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edute A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
		Wiley for Austin City Council			
	Ja	y Wiley for Austin City Council	•		
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		Ashley Forbes			!
	5/10/14	6 Contributor address; City; State; Zip Code		\$100]
		2616 For West Blud Ste 117 170 Aug	in TV 70704	V	1
		3616 Far West Blvd, Ste. 117-170, Aus	un, 1770/91	(If the color of the late	- Taylor - complete Schodule TV
_					of Texas, complete Schedule T)
9		1	10 Employer (See I TCEQ	nstructions)	
	environn	nental manager	ICEU		
	Date	Full name of contributor		Amount of	In-kind contribution
		Jonathan Geserick		contribution (\$)	description (if applicable)
		Juliathan Geselick			
		Contributor address; City; State; Zip Code			
	6/5/14			\$50	
		1311 Brook Bluff, San Antonio, TX 782	DAQ.	455	,
		1311 DIOOK Bidii, Sali Alitoliid, 17 10	L-T-U	(If travel outside i	for Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See I		or reads, complete conceder ()
		manager	AT&T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	· !	Reggie Gibbs	•	CONTINUATION (4)	description (if applicable)
		Contributor address: City; State; Zip Code			1
	6/16/14	Contributor address. City, State, Zip Code		\$200	
				\$200	1
		1201 Washington Blvd, Apt. 320, Stan	nford, CT 06902		Į.
			,	`	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	•	
	insuranc	e l	Starr Com	panies	
	Date	Full name of contributor		Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Michelle & Jason Gooch			1
		Contributor address; City; State; Zip Code			l
	5/10/14			\$350	1
		2203 Townes Lane, Austin, TX 78703	2		1
		2200 rounce cane, Austin, 12 rore	•	(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See		
	physici	an .	Ob Gyn Gre	oup of Austin	
					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Date	Full name of contributor out-of-state PAC (ID#:	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Laura & Morris Gottesman		darim bandir (4)	description (in applicable)
		Contributor address: City; State; Zip Code			1
		Contributor address, Only, Olate, Elp code		\$100	i
	6/5/14			\$100	1
		1501 Enfield Road, Austin, TX 78703		ļ	İ
L.					of Texas, complete Schedule T)
	•	pation / Job title (See Instructions)	Employer (See		
L	financia	l advisor	Wells Farg	o Advisors	

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SCHEDULE A

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
		w Wiley for Austin City Council			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		Darren Grubb	•		description (in applicable)
	6/28/14	6 Contributor address; City; State; Zip Code		\$350	
		166 West 72nd Street, 9B, New York,	NY 10023		
				(If travel outside	of Texas, complete Schedule T)
9		pation / Job title (See Instructions)	10 Employer (See		
	commun	ications	Bloombe	rg LP	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Holly & Mark Gunn		contribution (\$)	description (if applicable)
					' .
		Contributor address; City; State; Zip Code		4	
	6/30/14			\$100	
		613 Westbrook Drive, West Lake Hills	s, TX 78746		
			F . (2)		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) anesthesiologist			Employer (See I	nstructions) nesthesiology	Accoriation
_	anestnes	· · · · · · · · · · · · · · · · · · ·			1
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Linda Halpern		CONTIDUTION (4)	description (if applicable)
		Contributor address; City; State; Zip Code			
	6/27/14			\$5	1
		9902 Brightling Lane, Austin, TX 787	50		1
	-	door brightning mario, Flacting 174 For		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
	attorney		Texas Atto	rney General	
	Date	Full name of contributor aut-of-state PAC (ID#:		Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Linda Halpern	,		1
	000644	Contributor address; City; State; Zip Code		***	!
	6/28/14			\$95	l
	:	9902 Brightling Lane, Austin, TX 78	750		•
	<u> </u>				of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See	rney General	:
attorney			IEXBS ALLO	riey derierai	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Judy & Tommy Hansen		COMMIDATION (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	EMAMA			\$100	1
	5/14/14	1122 Redfish, Bayou Vista, TX 77563	1	••••	t I
		1 122 neurisii, dayou vista, 1A //303	•	(If travel outside	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See		
	court re	` '	Galveston	•	

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	nstruction Guide explains how to complete this t	form.	1 Total pages Sche	edule A:
The I	nstruction Guide explains now to complete this			him Commission Filoso)
FILER NAME			3 ACCOUNT# (EI	hics Commission Filers)
Jay	Wiley for Austin City Council			8 In-kind contribution
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/29/14	Kara & Robert Hardy 6 Contributor address; City; State; Zip Code		\$1 00	
·	8420 Red Willow Drive, Austin, TX 787	36	(If travel outside o	of Texas, complete Schedule T)
Principal occup	addity 300 title (one mandoment)	10 Employer (See best effo		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
ļ	Jerry Harper Contributor address: City; State; Zip Code		¢50	
6/16/14	11304 Taterwood Drive, Austin, TX 78	750	\$50	
_		Employer (See		of Texas, complete Schedule T)
Principal occup OWNER	pation / Job title (See Instructions)	Employer (See Instructions) Crestview Pharmacy		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
Contributor address; City; State; Zi 6/30/14			\$25	1
	10133 Cassandra, Austin, TX 78717		(If travel outside	of Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions) n/a		
Date	Full name of contributor but-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable
Date	La Nell Haynie		contribution (\$)	description (if applicable)
6/25/14	Contributor address; City; State; Zip Code		\$5	
	1415 South Ash Street, Georgetown			of Texas, complete Schedule T
Principal occu best ef	pation / Job title (See Instructions) forts	Employer (See best effort		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	John Hays Contributor address; City; State: Zip Code		\$250	1
6/19/14	807 Brazos Street, Ste. 500, Austin,			of Texas, complete Schedule T
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
		w Wiley for Austin City Council				
_		y Wiley for Austin City Council			1	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
		Dede Hebert				
		6 Contributor address; City; State; Zip Code			Į.	
	6/26/14	, , , =,		\$25	1	
		4821 Chesney Ridge, Austin, TX 7874	9		ı	
				(If travel outside	of Texas, complète Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
	n/a		n/a			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
Ì		Erika Herndon		contribution (\$)	description (if applicable)	
					, 1	
		Contributor address; City; State; Zip Code			! !	
	5/30/14			\$100	!	
		2501 Keating Lane, Austin, TX 78703		(M. tarrial autoida	of Towns	
	Principal occur) pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
				rts		
	Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution	
	Date			contribution (\$)	description (if applicable)	
		Holly & joel Hinkhouse			1	
	6/23/14	Contributor address; City; State; Zip Code				
	0/23/14			\$250		
		5217 Keene Cove, Austin, TX 78730			1	
_	Diani-st servi		Employer (See		of Texas, complete Schedule T)	
		pation / Job title (See Instructions) manager	Teacher Retirement System of Texas			
				_ 		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Holly & Joel Hinkhouse			I	
		Contributor address; City; State; Zip Code				
	6/30/14			\$100		
		5217 Keene Cove, Austin, TX 78730			1	
	<u> </u>				of Texas, complete Schedule T)	
		pation / Job title (See Instructions)	Employer (See State of Te	•		
	pension	n portfolio manager	State of Te	X43	T	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
İ		Michael Holmes		Commodition (4)	description (ii applicable)	
		Contributor address; City; State; Zip Code				
	6/22/14			\$100	I	
		803 Summit Aven, Spruce Pine, NC 2	28777	{	Ì	
L		, ,		(If travel outside	of Texas, complete Schedule T)	
		pation / Job title (See Instructions)	Employer (See	•		
<u> </u>	<u>Assista</u>	nt District Attorney	State of N	orth Carolina		
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Texas Ethics Commission

SCHEDULE A

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Ja	y Wiley for Austin City Council			
4	Date			7 Amount of	8 In-kind contribution
7	Date	5 Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description (if applicable)
		Joe Hootman			! !
	h	6 Contributor address; City; State; Zip Code			
	6/26/14			\$25	
		11919 Meadowfire, Austin, TX 78758			1
			T"		of Texas, complete Schedule T)
9		pation / Job title (See Instructions)	10 Employer (See Sport Cli		
		of Systems Development	<u> </u>	1	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Terry & Don Horres		COMMON (C)	description (ii applicable)
		Contributor address; City; State; Zip Code		•	
	5/27/14			\$50	
		3220 Pignatelli Crescent, Mt. Pleasar	nt. SC 29466		
				(If travel outside	of Texas, complete Schedule T)
	· · · · · · · · · · · · · · · · · · ·			Instructions)	
	real esta	ite broker	Carolina	One Real Estate	e .
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Celeste Hubert		CONTRIBUTION (\$)	description (ii applicable)
		Contributor address; City; State; Zip Code			1
	6/27/14			\$100	i
		1905 West 34th Street, Austin, TX 78	3703		I
				(If travel outside	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See	•	
	homema	iker	homemak	er	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Ana & Antonio Jaramillo		Continuation (4)	description (ii applicable)
		Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
	6/11/14			\$30	1
		25 6th Avenue North, Texas City, T	X 77590		I
				(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)			Employer (See	Instructions)	
retired			retired		
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
		Paula & Steve Jarvis		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	6/21/14		•	\$700	i
	W21/17	10204 Echoridge Drive, Austin, TX 7	78750	1	1
		TOLOT CONGINGE DITTE, Austril, TA		(If travel outside	l of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	softwar	e engineer	IBM		

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SCHEDULE A

•	The	Instruction Guide explains how to complete this	form.	1 Total pages Schi	edule A:
 2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
_		Wiley for Austin City Council			
				7 Amount of	8 In-kind contribution
4	Date	5 Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
	:	Will C. Jones		I 	
		6 Contributor address; City; State; Zip Code		\$150	!
	5/19/14			\$150	1
		1703 West Avenue, Austin, TX 78701			of Towns complete Schodule T
				<u> </u>	of Texas, complete Schedule T)
9		pation / Job title (See Instructions)	10 Employer (See The Jone	es Law Firm	
	attorney				
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Charles M. Jordan		30.10.200011 (4)	Taxania Karani
		Contributor address; City; State; Zip Code			
		Communication address, City, Conto, 257		\$100	1
	6/5/14	1917 Sandy Lake Drive, Friendswood	TY 77546	ψ100	
		1917 Sandy Lake Drive, Friendswood	i, IX 77340	(If travel outside	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
	attorney		Daughtry	y & Jordan P.C.	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Date			contribution (\$)	description (if applicable)
		Rachel Kania			
	C/40/44	Contributor address; City; State; Zip Code		\$25	1
	5/10/14			# & 3	
		41 Waller Street, #104, Austin, TX 78	(If travel outside of Texas, complete Schedule T)		
			Employer (See		or reads, complete concease 1)
		pation / Job title (See Instructions)	self		
	self			Amount of	In-kind contribution
	Date	Full name of contributor		contribution (\$)	description (if applicable)
		William Knight			<u> </u>
		Contributor address: City; State; Zip Code			
	6/16/14			\$50	†
		3866 Pelham Road, Ft. Worth, TX 7	6116		
					of Texas, complete Schedule T)
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
	attorne	ay	law firm		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
		Stanban Kashala		contribution (\$)	description (it applicable)
		Stephen Koebele Contributor address: City: State: Zip Code		1	•
		Contributor address; City; State; Zip Code	•	\$100	1
	6/10/14	4404 01 4 04 440 404 4	uotin TV 70701	1	1
		1108 Lavaca Street, Ste. 110-484, A	usan, 13 /8/01	(If travel outside	e of Texas, complete Schedule T)
-	Principal occ	upation / Job title (See Instructions)	Employer (See		- <u> </u>
	•		Tex Cou		
\vdash	attorne	-1			
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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Ja	ay Wiley for Austin City Council			
4 Date	5 Full name of contributorout-of-state PAC (tD#:	7 Amount of	8 In-kind contribution	
Joslen Koester			contribution (\$)	description (if applicable)
6/26/14	6 Contributor address; City; State; Zip Code 4401 Canoas Drive, Austin, TX 78730		\$50	1
	4401 Canoas Drive, Austin, 1X 76730		(If travel outside o	I of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions) aker	10 Employer (See homema	Instructions)	o constant of the constant of
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Gregory Kronberg Contributor address; City; State, Zip Code		contribution (\$)	description (if applicable)
6/26/14	Contributor address, City, State, Zip Code		\$50	'
0/20/14	2205 Island Wood Road, Austin, TX 7	8733	\$50	\ {
			·	of Texas, complete Schedule T)
Principal occi best eff	upation / Job title (See Instructions) forts	Employer (See l		
Date	Full name of contributor		Amount of	In-kind contribution description (if applicable)
	Ray Lester		contribution (\$)	description (if applicable)
6/7/14	Contributor address: City; State; Zip Code		\$25	
	12014 Black Angus Drive, Austin, TX	78727	(If travel outside	of Texas, complete Schedule T)
Principal occi retired	upation / Job title (See Instructions)	Employer (See Instructions) retired		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Feldon Lester, Jr. Contributor address; City; State; Zip Code		contribution (#)	description (ii applicable)
6/18/14			\$25	1
	12014 Black Angus Drive, Austin, T			of Texas, complete Schedule T)
Principal occ best e	upation / Job title (See Instructions) fforts	Employer (See best effort :	· ·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Georgia & Charles Livingston Contributor address; City; State; Zip Code		.]	
6/25/14	305 Lake Cliff Trail, Austin, TX 7874	6	\$50	
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
best e	•	best effor		
lf	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inste			requirements.

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A;
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Ja	ay Wiley for Austin City Council	!		
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/27/14	6/27/14 Michelle Lockhoof Contributor address: City: State; Zip Code 11704 Via Grande Drive, Austin, TX 78739			
9 Principal occu	upation / Job title (See Instructions) orts	10 Employer (See best effo	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/14	Contributor address; City; State; Zip Code		\$50	•
	10053 Lachlan Drive, Austin, TX 7871	17	## ******* * *	of Toyas complete Sahadula Ti
Principal occu	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
∪ale □	Matthew Mackowiak		contribution (\$)	description (if applicable)
6/27/14	Contributor address; City; State; Zip Code 800 Brazos Street, Unit 1109, Austin,	TX 78701	\$25	f
Principal occu preside	} upation / Job title (See Instructions) ent	Employer (See Instructions) Potomac Strategy Group		
Date			Amount of	In-kind contribution
6/5/14	Michael Malone Contributor address; City; State; Zip Code 3809 Mattison Avenue, Ft. Worth, T.		contribution (\$)	description (if applicable)
				of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Purple Lan	Instructions) id Management	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/14	Chrissy & Tim Mattox Contributor address: City; State; Zip Code 8001 Big View Drive, Austin, TX 787		\$350	 - -
	<u> </u>			of Texas, complete Schedule T)
•	upation / Job title (See Instructions)	Employer (See	instructions)	
tech ad	dvisor and investor	Self	: AQ MEEDED	
lf	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see insti			requirements.

Texas Ethics Commission

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Ja [,]	y Wiley for Austin City Council			
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
•	410	Out-or-state PAC (IDM		contribution (\$)	description (if applicable)
		Brian McCall			
	5/14/14	6 Contributor address; City: State; Zip Code		\$200	;
	₩ 1-17 1-7	628 Rosewood, Boerne, TX 78006		4200	
				(If travel outside	l of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	,
	best effo	orts	best effo	rts	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Celeste & Pat McGuinness		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code]
	5/10/14			\$500	
		19310 Old Lampasas Trail, Austin, T)	(78750		
<u> </u>			en e	•	of Texas, complete Schedule T)
	CEO	pation / Job title (See Instructions)	Employer (See I Fiester To	Instructions) Bchnologies	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Richard L. Meyer		Sommer (4)	accomption (is applicable)
		Contributor address, City; State; Zip Code			
	5/28/14			\$100	
		2504 Royal Lytham, Austin, TX 78747	7		<u> </u>
	Principal accur	pation / Job title (See Instructions)	Employer (See	'	of Texas, complete Schedule T)
	USAF re	·	retired		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
		Sam Mirrop		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	6/27/14	Sommono Sources. Only, State, Zip Obde		\$50	
	*····	1322 Thaddeus Cove, Austin, TX 78	746		!
		IVER INCOME OF AUDUIT, IX IV		(If travel outside	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See	-	
pediatrician			Pediatric A	ssociates of Au	រទមក
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Christina & Timothy Moore			= = = = = (i appround)
		Contributor address; City; State; Zip Code			
	6/5/14			\$250	1
		6632 Ruxton Lane, Austin, TX 78749			
ļ	Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	COO	parameter and topo mondonology	Drake Ind	•	·
					

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Texas Ethics Commission

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	.ia	y Wiley for Austin City Council			
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	,	7 Amount of	8 In-kind contribution
7		Out-ot-state PAC (ID#:		contribution (\$)	description (if applicable)
		Michael Morrison			1 1
	6/18/14	6 Contributor address; City; State; Zip Code	•	\$100)
	U/ IQ/ I4	4211 Canage Drive Austin TV 70700		4 100]
		4211 Canoas Drive, Austin, TX 78730		(If traval autside	of Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See 1		or roxas, complete occiequie 1)
	engineer			nd Nichols, Inc.	•
	Date	Full name of contributor Out-of-state PAC (ID#:	,	Amount of	In-kind contribution
	• •	, _		contribution (\$)	description (if applicable)
		Kerry O'Brien			ı
		Contributor address; City; State; Zip Code		A	
	5/29/14	4044 14-11 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$150	
		1011 Westlake Drive, Austin, TX 7874	16	(If travel autoids	of Toxas, complete Schodula Ti
	Principal occur	pation / Job title (See Instructions)	Employer (See i	,	of Texas, complete Schedule T)
	attorney	,	O'Brien L	· ·	
	Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	•	Wanda O'Leary	_	contribution (\$)	description (if applicable)
					I
	6/28/14	Contributor address; City; State; Zip Code		\$10	1
		6800 austin Center Blvd, #850, Austi	n TY 78721	Ψ,υ	1
		Jour austin Center Divu, #030, Austr	11, TA 10/31	(If travel outside	of Texas, complete Schedule T)
-	Principal occuj	pation / Job title (See Instructions)	Employer (See I		· · · · · · · · · · · · · · · · · · ·
	best effo	orts	best effort	8	
	Date	Full name of contributor 🔲 aut-of-state PAC (ID#:_		Amount of	In-kind contribution
		Elizabeth & Doug Opalka		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	6/5/14			\$200	1
		3303 Oakmont Boulevard, Austin, 7	TX 78703		1
		2000 Galanent Desirtary Mattilly 1		'	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See	Instructions)	
sales		Progenity			
	Date	Full name of contributor out-of-slate PAC (ID#:_)	Amount of	In-kind contribution
		Melody Otto		contribution (\$)	description (if applicable)
		Contributor address: City; State; Zip Code			[
	5/10/14			\$50	I
Ì	194 1 T	7701 Riatta Blvd, #126, Austin, TX 7	873 5	İ	ĺ
		,		(If travel outside	of Texas, complete Schedule T)
	•	pation / Job title (See Instructions)	Employer (See	•	
\vdash	attorne	Y	Clayton R	amirez, PLLC	
1		ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	

Texas Ethics Commission

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
	Ja	y Wiley for Austin City Council				
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
		Menters Bases III		contribution (\$)	description (if applicable)	
		William Peacock III 6 Contributor address: City: State: Zip Code				
	6/22/14	Obliniates database, Oky, Class, Elpopea		\$50		
		1516 West 9th Street, Austin, TX 7870	3			
				· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
9	policy	pation / Job title (See Instructions)	10 Employer (See I	instructions)		
	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution	
		Jean Pickett		contribution (\$)	description (if applicable)	
					1	
	6/30/14	Contributor address; City; State; Zip Code		& EA	1 	
	0/30/14	12810 Hunters Chase Drive, Austin, 1	X 78729	\$50	l 	
				(If travel outside o	i of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Date	Full name of contributor out-of-state PAC (iD#:)	Amount of	In-kind contribution	
		Mark Pulliam		contribution (\$)	description (if applicable)	
	0/07/44	Contributor address; City; State; Zip Code				
	6/27/14			\$100		
		7713 Basil Drive, Austin, TX 78750		(If tenuel autoide	of Toyon, complete Schoolule Ti	
	Principal occur	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
	retired		r√a			
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
		Lori & David Raad		contribution (\$)	description (if applicable)	
		Contributor address: City; State; Zip Code			1	
	5/29/14			\$700	· ·	
		212 Golden Willow Court, Easley, S	C 28462		ļ	
<u> </u>	Principal occur	pation / Job title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)	
	distiller	· · · · · · · · · · · · · · · · · · ·		enty Distillery		
	Date	Full name of contributor . [] out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Matt Rester		Sortinoution (9)	2030 Ipriori (ii applicable)	
		Contributor address: City; State; Zip Code				
	5/10/14			\$30		
		10410 Treasure Island Drive, Austin,	TX 78730	() f buncont accepted	of Toyon, complete Schedule Ti	
-	Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
L	comme	rcial real estate	Asterra Pr	operties		
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P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
	,la	y Wiley for Austin City Council				
4	Date	5 Full name of contributorout-of-state PAC (ID#:	\ \	7 Amount of	8 In-kind contribution	
	5010	Out-or-state PAC (IU#:		contribution (\$)	description (if applicable)	
		Mona & Jeff Ridgeway			' 	
	6/23/14	6 Contributor address; City; State; Zip Code		\$700	 	
	0/23/14	EDIC Contle Ducano Torrego Avetin 1	FV 70704	\$700	1	
		5816 Gentle Breeze Terrace, Austin, 1	IA 70731	(If travel outside	of Texas, complete Schedule T)	
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See		or respect delimples delicable (
	physicia	•	Mednax	·-•		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
		Kathleen & Steven Rodriguez		contribution (\$)	description (if applicable)	
	- H O H A	Contributor address; City; State; Zip Code		¢050) 	
	5/10/14	2602 Dyramid Drivo Austin TV 7979	4	\$250	! !	
		2603 Pyramid Drive, Austin, TX 78734	•	(If travel outside of	{ of Texas, complete Schedule T)	
		pation / Job title (See Instructions)		See Instructions)		
	physicia	n/business manager	Texan Ur	gent Care		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Reid Rousselot		COMMISSION (\$)	(ii applicable)	
		Contributor address, City; State; Zip Code			+	
	5/11/14			\$350	1	
		5800 Highland Hills Drive, Austin, TX	78731			
_	Data al cel	A Lab Alda (Cara Laborations)	Employee (0s-		of Texas, complete Schedule T)	
		pation / Job title (See Instructions) capitalist	Employer (See	msauctions)		
Ħ	Date	Full name of contributor		Amount of	In-kind contribution	
	Date			contribution (\$)	description (if applicable)	
		Marina & Richard Runde			! 	
	6/26/14	Contributor address, City, State; Zip Code		\$700	l ŧ	
	W2W14	ATAO Danie Alexandra TV TATO	•	Ψίου	}	
		2708 Pecos Street, Austin, TX 7870	3	(If travel outside	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
real estate			Quick & Co	ompany		
	Date	Full name of contributor out-ot-state PAC (ID#:_		Amount of	In-kind contribution	
		Matt Sadler		contribution (\$)	description (if applicable)	
		Contributor address: City; State; Zip Code			1 .	
	6/22/14			\$250	1	
		2121 Vail Avenue, Charlotte, NC 282	:07			
L		, , , , , , , , , , , , , , , , , , ,			of Texas, complete Schedule T)	
	•	pation / Job title (See Instructions)	Employer (See			
<u> </u>	best eff	Orts	best effor	<u>ts</u>		
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Tex	as Ethics Com	mission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
			ONTRIBUTIO PLEDGES O		NS		SCHEDULE A
	The	Instruction	Guide explains how to	complete this	form.	1 Total pages Scho	edule A:
2	FILER NAME					3. ACCOUNT # (E	thics Commission Filers)
	Ja		Austin City Counci				
4	Date	5 Full nam	e of contributorout	-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	5/10/14	6 Contribu	•	ate; Zip Code	TV 70704	\$50	
		3001	South Congress Av	e, L404, AUS	iin, 18 767U4	/If travel outside r	f Texas, complete Schedule T)
9	Principal occur	pation / Job ti	tle (See Instructions)		10 Employer (See	<u> </u>	of Taxas, compete concodic 7)
	,	actitioner	, , , , , , , , , , , , , , , , , , ,			up of Austin	
	Date	Full nam	e of contributor	t-of-state PAC (ID#;		Amount of	In-kind contribution
		JoAni	na & Timothy Self			contribution (\$)	description (if applicable)
				ate; Zip Code			
Ì	6/2/14	Contribu	nor address, only, or	ato, Elp Cooc		\$500	
	0/2/14	8412	Denali Parkway, #4,	Austin TX	78726	4500	<u> </u>
		07.2		Adotti, IX		(If travel outside o	of Texas, complete Schedule T)
	Principal occup self	pation / Job ti	tle (See Instructions)		Employer (See AMTS	Instructions)	
	Date	Full nam	ne of contributor 🔲 🛚 🔾	it-of-state PAC (ID#:_		Amount of	In-kind contribution
		Karer	a & Daniel Sieckows	ki		contribution (\$)	description (if applicable)
		Contribu	itor address; City; St	ate; Zip Code			<u> </u>
	5/10/14		·			\$200	
		1010	3 Kleffer Court, Aus	tin, TX 7875	0		1
						· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	Principal occup retired	pation / Job ti	itle (See Instructions)		Employer (See	Instructions)	
	Date	Full nam	ne of contributor 🔲 🗈	rt-of-state PAC (ID#:_		Amount of	In-kind contribution
		Bett	y & James Skaggs			contribution (\$)	description (if applicable)
			7	ate; Zip Code			1
	6/30/14	1				\$700	
		470	0 Toreador Drive, A	ustin, TX 78	746		
L.							of Texas, complete Schedule T)
	Principal occu real est	-	itle (See Instructions)		Employer (See Quick & Co		
		1			Quion a c		le hied contribution
	Date	Full nan	ne of contributor 🔲 ou	it-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Bria	n Smith				1
		Contribu	utor address; City; S	ate; Zip Code	•	0.00	
	6/6/14					\$100	
1		9905	Charthouse Cove,	Austin, TX 7	78730	(If travel autoids	of Tayas, complete Schedule T\
	Principal occu	pation / Job t	itle (See Instructions)		Employer (See		of Texas, complete Schedule T)
	-	al advisor			1	et Partners	
					·····	-	
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	lf (contributor	is out-of-state PAC, pl				requirements.
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Texas Ethics Commission

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

			·····	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Ja	y Wiley for Austin City Council			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Stephanie Sparvero			l
5/10/14	6 Contributor address; City; State; Zip Code		\$100	
	929 Park Avenue #6C, New York, NY	10028	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	Instructions)	
finance		Barclays		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
				!
6/19/14	Contributor address; City; State; Zip Code		\$200	! -
	11214 Windermere Meadows, Austin,	TX 78759		(To see a consider Catandale T)
Principal occu	upation / Job title (See Instructions) nt	(If travel outside of Texas, complete Schedule T) Employer (See Instructions) Empower Texans		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
Duito	Adam Taylor		contribution (\$)	description (if applicable)
6/17/14	Contributor address; City; State; Zip Code		\$50	
	746 Bunkhouse Drive, Charleston, St	C 29414	(If travel outside	of Texas, complete Schedule T)
Principal occu engined	upation / Job title (See Instructions)	Employer (See Instructions) Santee Cooper		
Date	Full name of contributor ut-of-state PAC (1D#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Lisa & David Thomas		Continuation (4)	description (it applicable)
	Contributor address; City; State; Zip Code			
5/10/14			\$40	
	1211 Richcreek Road, Austin, TX 78	3757		1
D	Land () and Aid (Constant of the)	Employer (Sec		of Texas, complete Schedule T)
scienti	upation / Job title (See Instructions)	Employer (See HDR	mstructions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Scott Thompson Contributor address; City; State; Zip Code			l
@INTI4 4	Contributor address; City; State; Zip Code		\$100	
6/27/14	10206 EchoRidge Drive, Austin, TX	78750	1.00	
				of Texas, complete Schedule T)
Principal occi techno	upation / Job title (See Instructions)	Employer (See Epicor	Instructions)	
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SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Ja	y Wiley for Austin City Council			
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
~	Date	Out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
-		Rose Tijerina			
	= 4044	6 Contributor address; City; State; Zip Code		4050	
	5/10/14			\$350	
		2727 Avenue O, Galveston, TX 77550			,
	Principal secur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
3	reitred	salidit 7 305 title (See Histractions)	retired	instructions)	
	Date	Full name of contributor	<u>_</u>	Amount of	In-kind contribution
		Rufina Tijerina		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	5/10/14			\$350	
	W 1W 14	2717 Avenue O, Galveston, TX 77550		Ψ000	
				(If travel outside	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See	Instructions)	
	retired		retired		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Linda & Jesse Tijerina		Contribution (\$)	description (ii applicable)
		Contributor address; City; State; Zip Code			
	5/23/14			\$100	
		2011 Williamsburg Court N., League	City, TX 77573		
			 		of Texas, complete Schedule T)
	best effo	pation / Job title (See Instructions)	Employer (See libest effort	•	
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Lindo & Jacob Tilorino		contribution (\$)	description (if applicable)
		Linda & Jesse Tijerina			,
	6/29/14	Contributor address; City; State; Zip Code		\$600	
	@ L3/ 1-1	2044 Williamshum Court N. Language	Oit. TV TTTO	1	
		2011 Williamsburg Court N., League	e City, 1 x 7/5/3	(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See		
	best eff	orts	best efforts	3	
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
		Ellen & Calen Troxclair		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	5/25/14			\$700	
	W-W 14	8510 Tyhurst, Austin, TX 78749		1	'
		outo tynaton nadmi, th juite		(If travel outside	l of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
l	realtor		self		

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SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Ja.	y Wiley for Austin City Council			
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
•	Date	Out-or-state PAC (IDH:		contribution (\$)	description (if applicable)
		Aristea Tzouloufis			,
	C 10714 4	6 Contributor address; City; State; Zip Code		8400	
	6/27/14	4040 Pilo ince Knob OF No. 10 Co. 11	011 44700	\$100	
		1610 Pilgrims Knob SE, North Cantor	1, OH 44709		(To be assessed to Cohod to T)
0	Bringinal acquir	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
9	fundraise	·	American R		
					In this section with
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		William VanDeGraaf			
		Contributor address; City; State; Zip Code			
	6/27/14			\$50	
		8701 Mendocino Drive, Austin, TX 78	735		
			,		of Texas, complete Schedule T)
	Principal occup physicia	pation / Job title (See Instructions)	Employer (See Capitol A	Instructions) . nesthesiology /	Association
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
		Carolyn & Willie Watts		contribution (\$)	description (if applicable)
		Contributor address: City; State; Zip Code			· ·
	6/28/14	5.,,		\$100	i
		1516 Santolina Court, Pflugerville, T	X 78660	·	:
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	*	
	teacher		NYOS Cha	rter School	
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
		Karen & Peter Wehman		contribution (\$)	description (if applicable)
		Contributor address City; State; Zip Code			
	6/13/14	-		\$100	ł
		229 Char Oak Drive, Columbia, SC	29212		I
					of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See	Instructions)	
_	retired		retired		-
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Autumn & Justin Wenner		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	5/10/14			\$100	1
	- 14 17	2801 Potomac Drive, League City, T	X 77523	Ì	1
		2001 - 010 20110; 200320 011; 17		(If travel outside	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	-
<u> </u>	self		self		

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Texas Ethics Commission

		CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S		SCHEDULE A
	The	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME	<u> </u>		3 ACCOUNT # (E	thics Commission Filers)
	J	ay Wiley for Austin City Council			
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6/29/14	Autumn & Justin Wenner 6 Contributor address; City: State; Zip Code 2801 Potomac Drive, League City, TX	77523	\$600	 - of Texas, complete Schedule T)
9	Principal occi	upation / Job title (See Instructions)	10 Employer (See I	<u> </u>	
	Date	Full name of contributor		Amount of	In-kind contribution
		David Whitehead		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
	5/10/14			\$10	
		PO Box 141873, Austin, TX 78714		!	}
	Principal acc	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
writer		self	risti delloris)		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
		Lillian Wiley		contribution (\$)	description (if applicable)
	5/10/14	Contributor address; City; State; Zip Code 4219 Avenue S 1/2, Galveston, TX 775	550	\$140	1
	•	4213 Avenue 3 1/2, Gaiveston, 1X 1/3		(If travel outside	 of Texas, complete Schedule T)
	Principal occ	upation / Job title (See Instructions)	Employer (See I	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Mary & Charles Wiley	,	contribution (\$)	description (if applicable)
	C /07 /4 A	Contributor address; City; State; Zip Code		\$200	1
	6/27/14	Total Mark Director TV TTT	-4	\$200	
		7001 Weis Drive, Galveston, TX 7755) 1	(If travel outside	of Texas, complete Schedule T)
	Principal occ	upation / Job title (See Instructions)	Employer (See l		, ,
			, remed		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Mary & Charles Wiley			
	E 10 14 4	Contributor address; City; State; Zip Code		\$500	I I
	5/8/14	7001 Weis Drive, Galveston, TX 7755	1	,	 of Texas, complete Schedule T)
	Principal occ retired	upation / Job title (See Instructions)	Employer (See retired		o
	lf	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru			requirements.

P.O. Box 12070

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Ja	y Wiley for Austin City Council			
4	Date	5 Full name of contributor out-of-state PAC (iD#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	5/10/14	Lillian Wiley 6 Contributor address; City; State; Zip Code 4219 Avenue S 1/2, Galveston, TX 775	50	\$210	
		7213 Avenue o 172, delivesion, 12 170	,50	(If travel outside	(of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	6/24/14	Contributor address; City; State; Zip Code		\$50	
	0/44/14	2005 Arthur Lane, Austin, TX 78704		400	· [
					of Texas, complete Schedule T)
	Principal occup professo	pation / Job title (See Instructions)	Employer (See I	•	
	Date	Full name of contributor out-of-state PAC (ID# Mike Wilson		Amount of contribution (\$)	In-kind contribution description (if applicable)
	6/30/14	Contributor address; City: State; Zip Code	"X 78750	\$350	
	Principal occup	pation / Job title (See Instructions) nner	Employer (See Garrett-ih i	<u> </u>	
=	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	6/5/14	Jamie & Tim Wolter Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
		10505 Silk Tail Cove, Austin, TX 787	730	(If travel outside	I of Texas, complete Schedule T)
	Principal occu best ef	pation / Job title (See Instructions) forts	Employer (See best efforts		
	Date	Full name of contributor out-of-siate PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	6/2/14	John Worthen Contributor address; City; State; Zip Code		\$50	! !
		5017 Casa Grande Street, Dickinson	, IA // 333	(If travel outside	of Texas, complete Schedule T)
	Principal occu retired	pation / Job title (See Instructions)	Employer (See retired		
			 _		
	1f (ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst			requirements.

P.O. Box 12070

SCHEDULE A

					·
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
:	la	Wiley for Austin City Council			
		Wiley for Austin City Council			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
		Facility O. John Morett		contribution (\$)	description (if applicable)
		Emily & John Wyatt		1	
	5/10/14	6 Contributor address; City; State; Zip Code		\$100	i
	3/10/14	44400 Onnto Onno Dalor Annto TV TV	.=	\$100	! .
		11400 Santa Cruz Drive, Austin, TX 78	3/59		
					of Texas, complete Schedule T)
9		pation / Job title (See Instructions)	10 Employer (See	·	
	faculty		University o	f Texas	
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
		Craig Yudell		contribution (\$)	description (if applicable)
					' '
		Contributor address; City; State; Zip Code			
	6/17/14			\$350	
		8316 Big View Drive, Austin, TX 7873	0		1
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
	attorney	<u> </u>	self		
	Date	Full name of contributor)	Amount of	In-kind contribution
		Roger Zuchowski		contribution (\$)	description (if applicable)
	İ				1
	6/00/4 4	Contributor address; City; State; Zip Code			1
	6/23/14			\$100	
		616 Asheton Way, Simpsonville, SC	29681		1
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
	account	ant	Revman In	ternational	
	Date	Full name of contributor)	Amount of	In-kind contribution
		Mike O'Dell		contribution (\$)	description (if applicable)
					,
	6/5/14	Contributor address; City; State; Zip Code			1
	G/ G/ 1 -1			\$100	
		10710 Beach Road, Leander, TX 786	541		1
					of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	best eff	orts	best effort	s	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
					* · · · · · · · · · · · · · · · · · · ·
		Contributor address; City; State; Zip Code			1
					1
				<u> </u>	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total page	es Schedule E:
2 FILER NAME	- Andrew Marie V		3 ACCOUN	T # (Ethics Commission Filers)
	iley for Austin City Council			
4	ncy for Additi City Council		I	
	L OF UNITEMIZED LOANS:	⇒	⇒	\$
5 Date of loan	7 Name of lender [out-of-state PAC (ID#:)	9 Loan Amount (\$)
1/3/14	Jay Wiley			\$8,000
6 Is lender a financial		Zip Code		10 Interest rate 0
Institution?	4221 Canoas Drive, Austin, T	X 78730		11 Maturity date
Y (V)				
	on / Job title (See Instructions)	13 Employer (See Instructions)	-	
Attorney		Self		
14 Description of Coll	ateral	15 Check if personal funds were	e deposited i	nto political account
none		X		<u></u>
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code		9 Amount Guaranteed (\$)
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender [out-of-state PAC (ID#:		Loan Amount (\$)
5/7/14	Jay Wiley	•		\$25
ls lender a financial	Lender address; City; State;	Zip Code		Interest rate 0
Institution?	4221 Canoas Drive, Austin, 1	TX 78730		Maturity date
Y (0)				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Attorney		Self	··· · · · · · · · · · · · · · ·	
Description of Colla	ateral	Check if personal funds were	deposited in	nto political account
x none		X		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
lf len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NET		uirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	elete this form.	1 Total pa	iges Schedule E:
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
Jay W	iley for Austin City Council			
4 ТО Т А	L OF UNITEMIZED LOANS:	-	⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
	Jay Wiley			\$3,000
6 Is lender a financial Institution?	·	Zip Code		10 Interest rate
1nstitution? 4221 Canoas Drive, Austin, TX 78730			11 Maturity date	
	on / Job title (See Instructions)	13 Employer (See Instructions)	 	
Attorney	on 7 300 title (see instructions)	Self		
14 Description of Coll	ateral	15 Check if personal funds were	e deposited	1 into political account
none		X	,	•
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat		State: Zip Code 21 Employer (See Instructions)		
Date of loan	Name of lender [out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City: State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were	e deposited	finto political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	Lion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE truction guide for additional re		equirements.

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	Delation Frances	(D1-1 F	
Fees	Printing Expense Office Overhead	·	ER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	6 1000 MT // (51)
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
	Jay Wiley for Austin City Council		
Date	5 Payee name		
5/9/14	Pay Pal	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	7 Payee address; City; State; Zip Code		
\$4.65	San Jose, CA		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online trans	action fee
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/11/14	Pay Pal		
Amount (\$)	Payee address: City; State; Zip Code		
\$10.65	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online tran	saction fee
OF	Fundralsing Candidate / Officeholder name	Office sought	Office held
OF EXPENDITURE Complete ONLY if direct	Fundralsing Candidate / Officeholder name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Fundralsing Candidate / Officeholder name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Chapter of the complete of the	Fundraising Candidate / Officeholder name DH Payee name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C//	Fundraising Candidate / Officeholder name Payee name Pay Pai		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/I Date 5/12/14 Amount (\$) \$10.65	Fundralsing Candidate / Officeholder name DH Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA	Office sought	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF	Fundralsing Candidate / Officeholder name Payee name Pay Pai Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule)	Office sought Description (If trav	Office held vel outside of Texas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE	Fundraising Candidate / Officeholder name Payee name Pay Pai Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundraising	Office sought Description (littration)	Office held vel outside of Texas, complete Schedule T) nsaction fee
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF	Fundralsing Candidate / Officeholder name Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name	Office sought Description (If trav	Office held vel outside of Texas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF EXPENDITURE Complete ONLY if direct	Fundralsing Candidate / Officeholder name Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name	Office sought Description (littration)	Office held vel outside of Texas, complete Schedule T) nsaction fee
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C//	Fundralsing Candidate / Officeholder name Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH	Office sought Description (littration)	Office held vel outside of Texas, complete Schedule T) nsaction fee
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date	Fundralsing Candidate / Officeholder name Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name	Office sought Description (littration)	Office held vel outside of Texas, complete Schedule T) nsaction fee
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14	Fundralsing Candidate / Officeholder name Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Borgelt Law	Description (If train online train Office sought	Office held vel outside of Texas, complete Schedule T) nsaction fee Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$32.50 PURPOSE	Fundralsing Candidate / Officeholder name Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Borgelt Law Payee address; City; State; Zip Code	Description (littration online transport of the sought of	Office held vel outside of Texas, complete Schedule T) nsaction fee Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$10.65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 5/12/14 Amount (\$) \$32.50	Fundralsing Candidate / Officeholder name Pay Pal Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Borgelt Law Payee address; City; State; Zip Code 614 South Capital of Texas Highwa	Office sought Description (If train Office sought Office sought Description (If train Description (If train	Office held vel outside of Texas, complete Schedule T) nsaction fee Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
	Jay Wiley for Austin City Council	<u>. </u>	
Date	5 Payee name		•
5/13/14	Field Photography	<u> </u>	
Amount (\$)	7 Payee address; City; State; Zip Code		
\$203.88	Austin, TX		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	rel outside of Texas, complete Schedule T)
OF EXPENDITURE	Adverstising	Photograph	у
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/14/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.20	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing		saction fee
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/14/14	The Oasis on Lake Travis		
Amount (\$)	Payee address; City; State; Zip Code		
\$5,029.82	6550 Comanche Trail, Austin, TX 76	B 7 32	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Iffra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Klckoff Ar	nouncement
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
	Pay Pal		
5/14/14			
5/14/14 Amount (\$)	Payee address; City; State; Zip Code		
	Payee address; City; State; Zip Code San Jose, CA		
\$0.23 PURPOSE		Description (If tra	vel outside of Texas, complete Schedule T)
Amount (\$) \$0.23	San Jose, CA	Description (If tra	•

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Polling Expense **Printing Expense** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	
otal pages Schedule F	2 FILER NAME	3 ACCOUNT # (Ethics Commission File
	Jay Wiley for Austin City Council	
Date	5 Payee name	
5/15/14	USPS City State Tip Code	
Amount (\$)	7 Payee address: City; State; Zip Code	
\$98.00	2418 Spring Lane, Austin, TX	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising Expense	Postage
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/15/14	Office Max	
Amount (\$)	Payee address: City; State; Zip Code	
\$43.91	907 West 5th Street, Austin, TX 7870) 1
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Other	office supplies
EXPENDITURE	Candidate / Office holder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/		
Date	Payee name	
5/19/14	Minute Man Press	
Amount (\$)	Payee address: City; State; Zip Code	
	· · · · · · · · · · · · · · · · · · ·	
\$5,029.82	1221 West 6th Street, Austin, TX 7	B701
	1221 West 6th Street, Austin, TX 7	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Conditions / Office holder name	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) business cards
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) business cards
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name JOH Payee name	Description (If travel outside of Texas, complete Schedule T) business cards
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 5/19/14	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name //OH Payee name Austin Parking	Description (If travel outside of Texas, complete Schedule T) business cards
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name JOH Payee name	Description (If travel outside of Texas, complete Schedule T) business cards
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 5/19/14	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name //OH Payee name Austin Parking	Description (If travel outside of Texas, complete Schedule T) business cards Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 5/19/14 Amount (\$)	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name //OH Payee name Austin Parking Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T) business cards Office sought Office held Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 5/19/14 Amount (\$) \$1.25	Category (See categories listed at the top of this schedule) Printing Candidate / Officeholder name OH Payee name Austin Parking Payee address; City; State; Zip Code Austin, TX	Description (If travel outside of Texas, complete Schedule T) business cards Office sought Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F:	2 FILER NAME Jay Wiley for Austin City Council	3	ACCOUNT # (Ethics Commission Filers
Date	5 Payee name		
5/19/14	Show Gear Systems		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$500	1017 Foothills Drive, Dripping Springs	s, TX 78620	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel of	outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	sound system	l .
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/21/14	USPS		
Amount (\$)	Payee address: City; State; Zip Code		
\$43.91	10109 Lake Creek Parkway, Austin, 1	гх	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel or	outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		****
5/29/14	Pay Pai		
Amount (\$)	Payee address: City; State; Zip Code		
\$4.65	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel)	outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online trans	action fee
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
6/2/14	Pay Pal		
Amount (\$)	Payee address; City: State; Zip Code		
\$1.75	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
OF	Eunducialne	online trans	action fee
OF EXPENDITURE	Fundraising		

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Éthics Commission Filers
	Jay Wiley for Austin City Council		
Date	5 Payee name		
6/2/14	Pay Pal		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$14.80	San Jose, CA		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	1	vel outside of Texas, complete Schedule T)
EXPENDITURE	Fundraising	online trans	action fee
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6/5/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.03	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online tran	saction fee
Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	J	
6/5/14	Nationbuilder		
Amount (\$)	Payee address; City; State; Zip Code		
414.63	Los Angeles, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	web maint	enance
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
	Pay Pal		
6/5/14			
6/5/14 Amount (\$)	Payee address; City; State; Zip Code		
	Payee address; City; State, Zip Code San Jose, CA		
Amount (\$) \$1.03 PURPOSE		Description (if trav	rel outside of Texas, complete Schedule T)
Amount (\$) \$1.03	San Jose, CA	1	vel outside of Texas, complete Schedule T)

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travet In District

Travel Out Of District Office Overhead/Rental Expense

2 FILER NAME Jay Wiley for Austin City Council 5 Payee name Pay Pal 7 Payee address; City; State; Zip Code San Jose, CA	3 ACCOU	NT # (Ethics Commission Filers
5 Payee name Pay Pal 7 Payee address; City; State; Zip Code		
Pay Pal 7 Payee address; City; State; Zip Code		
7 Payee address; City; State; Zip Code		
San Jose, CA		
(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of To	exas, complete Schedule T)
Fundralsing	online transaction fe	æ
Candidate / Officeholder name	Office sought	Office held
Payee name		
Pay Pal		
Payee address; City; State; Zip Code		
San Jose, CA		
Category (See categories listed at the top of this schedule)	Description (If travel outside of T	exas, complete Schedule T)
Fundralsing	online transaction	fee
Candidate / Officeholder name	Office sought	Office held
Рауее пате		
Pay Pal		· · · · · · · · · · · · · · · · · · ·
Payee address: City; State; Zip Code		
San Jose, CA		
Category (See categories listed at the top of this schedule)	Description (If traval outside of T	exas, complete Schadule T)
Fundraising	online transaction	fee
Candidate / Officeholder name	Office sought	Office held
Payee name		
Pay Pal		
Payee address; City; State; Zip Code		
San Jose, CA		
Category (See categories listed at the lop of this schedule)	Description (If travel outside of 1	exas, complete Schedule T)
Fundraising	online transaction	fee
Candidate / Officeholder name H	Office sought	Office held
<u></u>	SCHEDIII E VO VICEDED	
	Payee name Pay Pal Payee address: City: State: Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name Pay Pal Payee address: City: State: Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name Payee name Pay Pal Payee name Pay Pal Payee address: City: State: Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name H Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name	Candidate / Officeholder name Pay Pal Payee address: City: State: Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name Pay Pal Payee address: City: State: Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name Office sought Description (If travel outside of Top on this schedule) Fundralsing Candidate / Officeholder name Office sought Description (If travel outside of Top on this schedule) Payee name Pay Pal Payee address: City: State: Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Payee name Pay Pal Payee address: City: State: Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name Office sought

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Total pages Schedule F:	2 FILER NAME	3 ACCO	JNT # (Ethics Commission Filers
Date	Jay Wiley for Austin City Council 5 Payee name		
6/17/14	Pay Pal		
Amount (\$)	7 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
• •	, , , , , , , , , , , , , , , , , , , ,		
\$1.75	San Jose, CA		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transaction (ee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		Land Market Communication Comm
6/17/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.75	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	FundraisIng	online transaction	fee
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	. , .	
6/18/14	Pay Pal		
Amount (\$)	Payee address; City; State: Zip Code		
\$3.20	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transaction	n fee
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
6/19/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		•
\$6.10	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transactio	n fee
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

rees	The Instruction Guide explains how to		HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	complete this form.	3 ACCOUNT # (Ethics Commission Filer
Total pages contours.	Jay Wiley for Austin City Council		C ACCOUNT W (Edited Commission Files)
Date	5 Payee name		
6/19/14	Pay Pai		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$7.55	San Jose, CA		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If its	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online trans	saction fee
 Complete <u>ONLY</u> if direct expenditure to benefit C/0 	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6/20/14	USPS		
Amount (\$)	Payee address: City; State; Zip Code		
\$49.00	2883 Highway 71 E. Del Valle, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	Postage	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6/22/14	Pay Pal		
Amount (\$)	Payee address: City; State; Zip Code		
\$1.75	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundraising	online tra	insaction fee
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6/22/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$7.55	San Jose, CA		
PURPOSE	San Jose, CA Category (See categories listed at the top of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)
		1	avel outside of Texas, complete Schedule T)

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to	complete uns form.	
Total pages Schedule F:	2 FILER NAME Jay Wiley for Austin City Council	3 ACCOL	JNT # (Ethics Commission Filers
Date	5 Payee name		
6/22/14	Pay Pal		
Amount (\$)	7 Payee address; City, State, Zip Code		
\$3.20	San Jose, CA		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transaction f	ee
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/23/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.60	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online transaction	fee
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		articular de la 1947
6/23/14	Pay Pal	<u></u>	
Amount (\$)	Payee address: City; State; Zip Code		
\$7.55	San Jose, CA		
\$7.55 PURPOSE	San Jose, CA Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
·	-	Description (If travel outside of	
PURPOSE OF	Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name		
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name	online transaction	n fee
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH	online transaction	n fee
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name	online transaction	n fee
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 6/23/14	Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Pay Pai	online transaction	n fee
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 6/23/14 Amount (\$)	Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Pay Pai Payee address; City: State; Zip Code	online transaction	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 6/23/14 Amount (\$) \$3.20	Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Pay Pal Payee address: City: State; Zip Code San Jose, CA	Office sought	Office held Office held

SCHEDULE F

	EXPENDITURE				
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C			ment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Funda	-		on Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions	s/Donations Made By e/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of Di			
Fees	Printing Expense	Office Overhead			er a category not listed above)
	The Instruction Guide	e explains how to	complete this to		
otal pages Schedule F	2 FILER NAME			3 ACC	COUNT # (Ethics Commission Filers)
	Jay Wiley for Austin Cit	y Council			
Date	5 Payee name				
6/24/14	Pay Pal				
Amount (\$)	7 Payee address; City; S	tate; Zip Code			
\$1.75	San Jose, CA				
PURPOSE	(a) Category (See categories listed at the to	op of this schedule)			e of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising		online t	transactio	n fee
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	е	Office soug	pht	Office held
Date	Payee name				
6/25/14	Pay Pal				
Amount (\$)	Payee address; City; S	State; Zip Code			•
\$0.45	San Jose, CA				
PURPOSE	Category (See categories listed at the t	lop of this schedule)	Descriptio	n (If travel outsid	ie of Texas, complete Schedule T)
			i		
OF EXPENDITURE	Fundraising		online	e transacti	on fee
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder nam	ne	Office sou		Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder nam	ne -			
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date	Candidate / Officeholder nam /OH Payee name	ne			
EXPENDITURE Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder nam /OH Payee name Pay Pai	ne State; Zip Code			
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14	Candidate / Officeholder nam /OH Payee name Pay Pai				
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.88	Candidate / Officeholder nam /OH Payee name Pay Pai Payee address; City; S San Jose, CA	State; Zip Code	Office sou	ght	
EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 6/25/14 Amount (\$) \$0.88 PURPOSE OF	Candidate / Officeholder nam /OH Payee name Pay Pai Payee address; City; S	State; Zip Code	Office sour	ght	Office held de of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.88 PURPOSE	Candidate / Officeholder name Payee name Pay Pai Payee address; City; S San Jose, CA Category (See categories listed at the Fundralsing Candidate / Officeholder name	State; Zip Code top of this schedule)	Office sour	on (Iftraveloutsi	Office held de of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.88 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Pay Pai Payee address; City; S San Jose, CA Category (See categories listed at the Fundralsing Candidate / Officeholder name	State; Zip Code top of this schedule)	Descriptio Office sou	on (Iftraveloutsi	Office held de of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name Pay Pai Payee address: City; S San Jose, CA Category (See categories listed at the Fundralsing Candidate / Officeholder name	State; Zip Code top of this schedule)	Office sour	on (Iftraveloutsi	Office held de of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name Pay Pai Payee address; City; S San Jose, CA Category (See categories listed at the Fundralsing Candidate / Officeholder name Pay Pai	State; Zip Code top of this schedule)	Descriptio Office sou	on (Iftraveloutsi	Office held de of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date	Candidate / Officeholder name Pay Pai Payee address; City; S San Jose, CA Category (See categories listed at the Fundralsing Candidate / Officeholder name COH Payee name Pay Pai	State; Zip Code top of this schedule)	Descriptio Office sou	on (Iftraveloutsi n e transac i	Office held de of Texas, complete Schedule T) tion fee Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 6/25/14 Amount (\$) \$0.88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 6/25/14 Amount (\$)	Candidate / Officeholder name Pay Pai Payee name Pay Pai Payee address: City; S San Jose, CA Category (See categories listed at the Fundralsing Candidate / Officeholder name COH Payee name Pay Pai Payee address; City;	State; Zip Code top of this schedule) ne State; Zip Code	Descriptio Office sou	on (Iftraveloutsi n e transac i	Office held de of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 6/25/14 Amount (\$) \$0.45	Candidate / Officeholder name Pay Pai Payee address; City; S San Jose, CA Category (See categories listed at the Fundralsing Candidate / Officeholder name Pay Pai Payee name Pay Pai Payee address; City; San Jose, CA	State; Zip Code top of this schedule) ne State; Zip Code	Description Office soul	on (Iftraveloutsi n e transac i	Office held de of Texas, complete Schedule T) tion fee Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Loan Repayment/Reimbursement

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to		(enter a category not listed above)
Total pages Schedule F:	2 FILER NAME		ACCOUNT # (Ethics Commission Filers
, total pages assistant i	Jay Wiley for Austin City Council		(4
Date	5 Payee name	I	
6/26/14	Mad Mimi		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$27.00	New York, NY		
B PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel or	utside of Texas, complete Schedule T)
EXPENDITURE	Advertising	email list maintenance	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
6/26/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		1-11
\$1.75	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travelo	utside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online transa	ction fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Рауее пате		
6/26/14	Pay Pal		
Amount (\$)	Payee address: City; State; Zip Code		
\$1.03	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel o	utside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transa	action fee
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		1
6/26/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.60	San Jose, CA		
PURPOSE	Category (See categories listed at the lop of this schedule)	Description (If travel o	outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online trans	action fee
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
-	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII FAS NEEDI	<u></u>
	ATTACTADOTTONAL OUT TOO		

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Date 6/26/14 Amount (\$) \$1.03 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 6/27/14 Amount (\$) Payee name Mad Mile Payee address New York Purpose OF EXPENDITURE Candidate // Payee address Amount (\$) Payee address Category (See Adverti	categories listed at the top of this schedule) sing Officeholder name si; City; State; Zip Code ork, NY	(b) Description (If travel outside of online transaction) Office sought Description (If travel outside of email list mainter) Office sought	Office held Office held
Date 6/26/14 Amount (\$) \$1.03 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address Payee name Candidate / C	s; City; State; Zip Code categories listed at the top of this schedule) ing Officeholder name categories City; State; Zip Code ork, NY categories listed at the top of this schedule)	Office sought Description (If travel outside of email list mainter)	Office held Office held of Texas, complete Schedule T)
G/26/14 Amount (\$) \$1.03 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address Candidate / Payee name G/27/14 Amount (\$) Payee address Payee address Payee address Category (See Payee name Advertification Candidate / Category (See Advertification Candidate / Category (See	categories listed at the top of this schedule) sing Officeholder name miles; City; State; Zip Code ork, NY categories listed at the top of this schedule) Ising	Office sought Description (If travel outside of email list mainter)	Office held Office held of Texas, complete Schedule T)
\$1.03 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Payee name Mad Mile Payee address S15.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate Candidate Candidate Candidate	categories listed at the top of this schedule) sing Officeholder name miles; City; State; Zip Code ork, NY categories listed at the top of this schedule) Ising	Office sought Description (If travel outside c	Office held Office held of Texas, complete Schedule T)
\$1.03 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 6/27/14 Amount (\$) Purpose OF EXPENDITURE Candidate Payee name Mad Mil Payee addres Category (See Advertice Complete ONLY if direct expenditure to benefit C/OH Candidate Payee name Category (See Category (See Category (See Candidate Candidate	categories listed at the top of this schedule) sing Officeholder name miles; City; State; Zip Code ork, NY categories listed at the top of this schedule) Ising	Office sought Description (If travel outside c	Office held Office held of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 6/27/14 Amount (\$) Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate // Payee name Category (See Advertion Category (See	categories listed at the top of this schedule) sing (Officeholder name sis; City; State; Zip Code ork, NY categories listed at the top of this schedule)	Office sought Description (If travel outside c	Office held Office held of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH Date 6/27/14 Amount (\$) Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address Category (See Adverting Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee name Candidate Payee name	officeholder name Cofficeholder name Coffice	Office sought Description (If travel outside c	Office held Office held of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH Date 6/27/14 Amount (\$) Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Payee name Category (See Advertice of the complete ONLY if direct expenditure to benefit C/OH Candidate Candidate	officeholder name Continu	Office sought Description (If travel outside of email list mainter	Office held of Texas, complete Schedule T)
expenditure to benefit C/OH Date Payee name 6/27/14 Mad Mile Amount (\$) Payee addres \$15.90 New You PURPOSE Category (See EXPENDITURE Advertion Complete ONLY if direct expenditure to benefit C/OH Date Payee name	categories listed at the top of this schedule)	Description (If travel outside o	of Texas, complete Schedule T)
6/27/14 Mad Mile Amount (\$) Payee addres \$15.90 New You PURPOSE OF EXPENDITURE Category (See Advertion Complete ONLY if direct expenditure to benefit C/OH Date Payee name	ork, NY categories listed at the top of this schedule)	email list mainter	nance
Amount (\$) Payee address \$15.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Mad Military Category (See Adverting Candidate Complete ONLY if direct expenditure to benefit C/OH Payee name	ork, NY categories listed at the top of this schedule)	email list mainter	nance
\$15.90 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date New You Category (See Adverting Candidate Payee name	ork, NY categories listed at the top of this schedule)	email list mainter	nance
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Category (See Adverting Category) Candidate Payee name	categories listed at the top of this schedule)	email list mainter	nance
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Category (See Adverting Category) Candidate Payee name	categories listed at the top of this schedule)	email list mainter	nance
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payee name	ising	email list mainter	nance
Complete ONLY if direct expenditure to benefit C/OH Date Payee name		<u> </u>	
expenditure to benefit C/OH Date Payee name	/ Officeholder name	Office sought	Office held
6/27/14 Pay Pa			
		<u>.</u> .	
Amount (\$) Payee addres	Signal State; State; Zip Code		
\$0.88 San J	ose, CA		
PURPOSE Category (See	e categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF	raising	online transaction	on fee
	/ Officeholder name	Office sought	Office held
Date Payee name			
6/27/14 Pay P	al		
Amount (\$) Payee addre	ss; City; State; Zip Code		
\$3.20 San J	lose, CA		
PURPOSE Category (Se	e categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
OF	Iraising	online transacti	lon fee
	e / Officeholder name	Office sought	Office held

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

\$3.20 \$an Jose, CA PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address: City; State; Zip Code Candidate / Officeholder name Candidate / Office held Description (if travel outside of Texas, complete Schedule T) Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Description (if travel outside of Texas, complete Schedule T) Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Description (if travel outside of Texas, complete Schedule T) Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office sought Office held Description (if travel outside of Texas, complete Schedule T) Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeholder name Officeh	6/27/14	Pay Pal		
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Date Payee name 6/27/14 Pay Pal Amount (\$) Payee address; City; State; Zip Code \$1.75 San Jose, CA PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	0 1 0 0 1 1 1 1 1 1		Office squaht	Office held
Date Payee name 6/27/14 Pay Pal Amount (\$) Payee address; City; State; Zip Code \$1.75 San Jose, CA Purpose Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			Office sought	Office held
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6/27/14 Pay Pal Amount (\$) Payee address; City; State; Zip Code \$1.75 San Jose, CA PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				
Amount (\$) Payee address; City; State; Zip Code \$1.75 San Jose, CA PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code \$1.75 San Jose, CA PURPOSE OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	6/27/14	Pav Pal		
\$1.75 San Jose, CA PURPOSE Category (See categories listed at the top of this schedule) OF Description (If travel outside of Texas, complete Schedule T)	· · · · · · · · · · · · · · · · · · ·			
PURPOSE Category (See categories listed at the top of this schedule) OF Description (If travel outside of Texas, complete Schedule T)	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE Category (See categories listed at the top of this schedule) OF Description (If travel outside of Texas, complete Schedule T)	. ,	•		
PURPOSE Category (See categories listed at the top of this schedule) OF Description (If travel outside of Texas, complete Schedule T)	A4 ==	0		
PURPOSE Category (See categories listed at the top of this schedule) OF Description (If travel outside of Texas, complete Schedule T)	\$1.75	San Jose, CA		
OF .	Ψσ	ami amal arr		
OF	DUDDOCC	Category (See categories listed at the top of this schedule)	Description (fitzagal puteide	of Texas, complete Schedule T1
EXPENDITURE Fundraising online transaction fee		Category (See categories listed at the top of this schedule)	Description (If travel outside	or rexas, complete Schedule 1)
EVENDITORS I AIMIGIOIIIA		Fundraleina	online transacti	on fee
	EXPENDITURE	rundasing	Vinite u ausacu	VII 100
Complete ONLY if direct	T-11 -11-11 -11-1		r	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held		C	06	Office hold

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Total pages Schedule F:	2 FILER NAME	3 ACC	OUNT # (Ethics Commission Filers
	Jay Wiley for Austin City Council		
Date	5 Payee name	<u> </u>	
6/27/14	Pay Pal		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.03	San Jose, CA		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
EXPENDITURE	Fundraising	online transaction	fee
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Рауее пате		
6/27/14	Pay Pal		
Amount (\$)	Payee address: City; State; Zip Code		
\$0.88	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transactio	n fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Рауее пате		
6/27/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		•
\$1.75	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online transaction	on fee
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
6/27/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.20	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF	Fundraising	online transacti	on fee
EXPENDITURE			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Fees	Printing Expense Office Overhead	Rental Expense OTH	ER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Jay Wiley for Austin City Council		<u> </u>
4 Date	5 Payee name		
6/27/14	Pay Pal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3.20	San Jose, CA		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transa	action fee
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	***************************************	
6/27/14	Pay Pal		
Amount (\$)	Payee address; City: State; Zip Code		
\$1.75	San Jose, CA	•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online trans	saction fee
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
6/27/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$0.45	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online tran	nsaction fee
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
6/28/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code	-	
\$1.03	San Jose, CA		
PURPOSE	Category (See categories listed at the lop of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	online tra	nsaction fee
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

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

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F:	2 FILER NAME Jay Wiley for Austin City Council	3 ACCOUR	NT # (Ethics Commission Filer
Date	5 Payee name		
6/28/14	Pay Pal		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$3.20	San Jose, CA		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of To	exas, complete Schedule T)
EXPENDITURE	Fundraising	online transaction fe	e
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		· • · · • · · · · · · · · · · · · · · ·
6/28/14	Pay Pal		
Amount (\$)	Payee address; City: State; Zip Code		
\$7.55	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of To	exas. complete Schedule T)
OF EXPENDITURE	Fundralsing	online transaction t	ee
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
6/27/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.20	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Fundraising	online transaction	fee
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/28/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$10.45	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online transaction	fee
		0/5	Office held
Complete ONLY if direct expenditure to benefit C		Office sought	Office field

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Printing Expense Office Overhead/	Rental Expense OTHER (e.	nter a category not listed above)
The Instruction Guide explains how to	complete this form.	
2 FILER NAME	3 AC	CCOUNT # (Ethics Commission Filers
Jay Wiley for Austin City Council		
5 Payee name		
Pay Pai		
7 Payee address; City; State; Zip Code		
San Jose, CA		
(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outsi	ide of Texas, complete Schedule T)
Fundralsing	online transaction	on fee
Candidate / Officeholder name OH	Office sought	Office held
Payee name		
Pay Pai		
Payee address: City; State; Zip Code		
San Jose, CA		
Category (See categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
Fundralsing	online transact	ion fee
Candidate / Officeholder name OH	Office sought	Office held
Рауее пате		
Pav Pal		
Payee address; City; State; Zip Code		
San Jose, CA		
Category (See categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
	. .	40 - 4
Fundraising	online transac	tion tee
Fundralsing Candidate / Officeholder name OH	Office sought	Office held
Candidate / Officeholder name		
Candidate / Officeholder name OH		
Candidate / Officeholder name OH Payee name		
Candidate / Officeholder name OH Payee name Pay Pai		
Candidate / Officeholder name OH Payee name Pay Pal Payee address; City; State; Zip Code	Office sought	
Candidate / Officeholder name OH Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA	Office sought	Office held
Candidate / Officeholder name OH Payee name Pay Pai Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule)	Office sought Description (If travel outs	Office held
	The Instruction Guide explains how to 2 FILER NAME Jay Wiley for Austin City Council 5 Payee name Pay Pai 7 Payee address; City; State; Zip Code San Jose, CA (a) Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Pay Pai Payee address: City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundralsing Candidate / Officeholder name OH Payee name Pay Pai Payee address: City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Payee name Pay Pai Payee address: City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule)	The Instruction Guide explains how to complete this form. 2 FILER NAME Jay Wiley for Austin City Council 5 Payee name Pay Pai 7 Payee address; City; State; Zip Code San Jose, CA (a) Category (See categories listed at the top of this schedule) Fundraising Candidate / Officeholder name OH Payee name Pay Pai Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Fundraising Candidate / Officeholder name Office sought OH Payee address; City; State; Zip Code San Jose, CA Candidate / Officeholder name Office sought OH Payee name Pay Pai Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Payee name Pay Pai Payee address; City; State; Zip Code San Jose, CA Category (See categories listed at the top of this schedule) Description (If travel outs of this schedule) Description (If travel outs of this schedule)

SCHEDULE F

Advertising Expense Accounting/Banking

Consulting Expense Event Expense Fees

Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

, 555	The Instruction Guide explains how to	complete this form.	in (cital a calegory not noted above)
1 Total pages Schedule F	2 FILER NAME Jay Wiley for Austin City Council		3 ACCOUNT # (Ethics Commission Filers)
1 Date	5 Payee name		
6/30/14	Pay Pal		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.75	San Jose, CA		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	al outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online transa	action fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
6/30/14	Pay Pal		
Amount (\$)	Payee address: City; State; Zip Code		
\$10.45	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundralsing	online trans	saction fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		1
6/30/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.20	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundraising	online transaction fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		***************************************
Amount (\$)	Payee address; City; State; Zip Code		7001
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

P.O. Box 12070

Solicitation/Fundraising Expense Travel In District Travel Out Of District Polling Expense **Printing Expense** Office Overhead/Rental Expense

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers	
	Jay Wiley for Austin City Council		
Date	5 Payee name		
1/6/14	Nationbuilder		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$19.00			
Reimbursement from political contributions intended	Los Angeles, CA		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising Expense	Web Maintenance	
Date	Payee name		
1/6/14	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$6.81			
Reimbursement from political contributions intended	816 Tirado Street, Austin, TX 78752	2	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Other	Office Supplies	
Date	Payee name		
1/24/14	Minute Man Press		
Amount (\$)	Payee address; City; State; Zip Code		
\$67.29			
Reimbursement from political contributions intended	1221 West 6th Street, Austin, TX 78703		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing	business cards	
Date	Payee name		
1/27/14	The Oasis on Lake Travis		
Amount (\$)	Payee address; City; State; Zip Code		
\$550.00 Reimbursement from political contributions intended	6550 Comanche Trail, Austin, TX 78732		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	Deposit for Kickoff Event	
	<u> </u>	<u>\ </u>	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule G:	2 FILER NAME Jay Wiley for Austin City Council	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
1/17/14	Travis County	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$35.50		
Reimbursement from political contributions intended	5501 Airport Blvd, Austin, TX 78751	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Voter Roll
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		•
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filer	
	Jay Wiley for Austin City Council		
Date	5 Payee name		
2/4/14	Nationbuilder		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$19.00			
Reimbursement from political contributions intended	Los Angeles, CA		
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising Expense	Web Maintenance	
Date	Payee name		
2/4/14	Four Points Chamber of Commerce		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00 Reimbursement from political contributions intended	6816 RM 620 North, Austin, TX 78729		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Other	Membership Fee	
Date	Payee name		
2/5/14	Austin Chamber of Commerce		
Amount (\$)	Payee address; City; State; Zip Code		
\$490.00			
Reimbursement from political contributions intended	535 E. 5th Street, Austin, TX 78701		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Other	Membership Fee	
Date	Payee name		
2/5/14	Northwest Austin Little League		
Amount (\$)	Payee address; City; State; Zip Code		
\$250 Reimbursement from political contributions	3105 Hunt Trail, Austin, TX 78757		
		Description (If travel outside of Texas, complete Schedule T)	
PURPOSE	Category (See categories listed at the top of this schedule)		

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

P.O. Box 12070

Polling Expense **Printing Expense**

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to o	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule G:	Jay Wiley for Austin City Council	3 ACCOUNT # (Ethics Commission Filers	
4 Date	5 Payee name		
2/10/14	Borgelt Law		
6 Amount (\$)	7 Payee address; City: State: Zip Code		
\$650.00 Reimbursement from political contributions intended	614 S. Capital of Texas Highway, Austin, TX 78746		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Legal Services	Review of City Code	
Date	Payee name		
2/26/14	Minute Man Press		
Amount (\$)	Payee address; City; State; Zip Code		
\$94.97 Reimbursement from political contributions intended	1221 West 6th Street, Austin, TX 78703		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing	Business Cards	
Date	Payee name		
3/4/14	Nationbullder		
Amount (\$)	Payee address; City; State; Zip Code		
\$19.00 Reimbursement from political contributions intended	Los Angeles, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	web maintenance	
Date	Payee name		
4/4/14	Nationbuilder		
Amount (\$)	Payee address; City; State; Zip Code		
\$19 Reimbursement from political contributions intended	Los Angeles, CA		
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

4 Date 5	The Instruction Guide explains how to 2 FILER NAME Jay Wiley for Austin City Council 5 Payee name Minute Man Press	3 ACCOUNT # (Ethics Commission Filers
4 Date 5 4/10/14 6 Amount (\$) 7 \$151.00	Jay Wiley for Austin City Council 5 Payee name	3 ACCOUNT # (Ethics Commission Filers
4/10/14 6 Amount (\$) 7 \$151.00	5 Payee name	
4/10/14 6 Amount (\$) 7 \$151.00 Reimbursement from	•	
\$ Amount (\$) 7	Minute Man Press	
\$151.00		
- Reimbursement from	7 Payee address; City; State; Zip Code	
- Reimbursement from	•	,
1 M DOMECA COMMONS	1221 West 6th Street, Austin, TX 787	03
intended	<u> </u>	
8 PURPOSE (a	Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing	Business Cards
Date	Payee name	
4/10/14	Office Max	
Amount (\$)	Payee address; City; State; Zip Code	
\$32.02		
Reimbursement from political contributions	11066 Pecan Park, Cedar Park, TX	
intended	Category (See categories listed at the top of this schedule)	Description (liftravel outside of Texas, complete Schedule T)
PURPOSE OF	Category (see talegories listed at the top of this solicone)	
EXPENDITURE	Other	Office Supplies
Date	Payee name	
4/10/14	Borgelt Law	
Amount (\$)	Payee address; City; State; Zip Code	
\$162.50	, by cood and cook, and cook a	
Reimbursement from	644 C. Canital of Toyon Hung Augstin	TV 70740
x political contributions intended	614 S. Capital of Texas Hwy, Austin	
PURPOSE	Category (See categories listed at the top of this achedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Legal Services	Review of City Code
	Legal Services	
Date	Payee name	
4/29/14	Field Photography	
Amount (\$)	Payee address; City; State; Zip Code	
\$175.00		
Reimbursement from political contributions intended	Austin, TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Deposit of photography

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME Jay Wiley for Austin City Council	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
5/5/14	Nationbuilder		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$19.00 Reimbursement from political contributions intended	Los Angeles, CA		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	web maintenance	
Date	Payee name		
5/5/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.65 Reimbursement from political contributions intended	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundraising Expense	online maintenance fee	
Date	Payee name		
5/7/14	Pay Pal		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.03 Reimbursement from political contributions intended	San Jose, CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundraising Expense	online maintenance fee	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel autside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	