

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>(MR)</b> FIRST MI <b>Jay</b>	<b>OFFICE USE ONLY</b> Date Received <b>2015 JAN 9 AM 10 11</b> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <b>Wiley</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>12300 Hymecadow Drive #115 Austin, TX 78750</b>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 914-8057</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>(MRS)</b> FIRST MI <b>Evelyn</b>		
	NICKNAME LAST SUFFIX <b>Stone</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6403 Rusty Ridge Dr. Austin, TX 78731</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 454-6109</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>10/26/14</b> <b>12/31/14</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11/04/14</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>Austin City Council District 6</b>	

GOTO PAGE 2

AUSTIN CITY CLERK  
RECEIVED

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

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

14 C/OH NAME

Jay Wiley

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 925

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 15,790.<sup>61</sup>CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

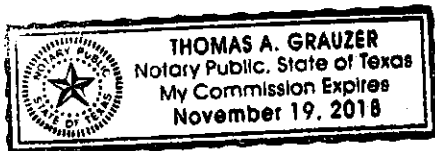
\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 35,172.<sup>98</sup>

18 AFFIDAVIT



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

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jay Wiley, this the 4th day of January, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Jay Wiley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/27</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Albert Martin</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9601 Ryoaks Cove Austin, TX 78717</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Coral Noonan-Terry</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6836 Austin Center #270 Austin, TX 78731</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/28</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Foster Gray</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11512 Tin Cup Drive Austin, TX 78756</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Stephen McCants</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4400 Cumbris Lane Austin, TX 78727</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kevin Witt</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3101 Rippling Creek Ct. Austin, TX 78732</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Jay Wiley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/29</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Adam Flagg</b>	7 Amount of contribution (\$) <b>#150</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2400 Shire Ridge Dr Austin, TX 78732</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Josh Hobbs</b>	Amount of contribution (\$) <b>#50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 10897 Austin, TX 78766</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Austin Police Assn PAC</b>	Amount of contribution (\$) <b>#350</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5817 Wilcab Road, Ste. 4 Austin, TX 78721</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES****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 complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>Jay Wiley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/28</b>		5 Payee name <b>Mad Mimi</b>			
6 Amount (\$) <b>\$45.46</b>		7 Payee address; City; State; Zip Code <b>Scottsdale, AZ</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Email Distribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/28</b>		Payee name <b>USPS</b>			
Amount (\$) <b>\$1,589.98</b>		Payee address; City; State; Zip Code <b>Austin, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Postage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Postage for Mail</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/28</b>		Payee name <b>Charles Carter</b>			
Amount (\$) <b>\$150</b>		Payee address; City; State; Zip Code <b>234 Old Oaks Drive Georgetown, TX 78633</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Sign Placement</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/30</b>		Payee name <b>Paragon Printing</b>			
Amount (\$) <b>\$3,331.90</b>		Payee address; City; State; Zip Code <b>10423 McKalla Place Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing</b>		Description (If travel outside of Texas, complete Schedule T) <b>Mail Pieces</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****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 complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>Jay Wiley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/31</b>		5 Payee name <b>Paragon Printing</b>			
6 Amount (\$) <b>\$2,436.24</b>		7 Payee address, City, State, Zip Code <b>10423 McKellar Place Austin, TX 78758</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Mail Pieces</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/31</b>		Payee name <b>Paul Peterson</b>			
Amount (\$) <b>\$650</b>		Payee address, City, State, Zip Code <b>1106 Olive Street Austin, TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Wages for staff</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/3</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>\$462.51</b>		Payee address, City, State, Zip Code <b>Menlo Park, CA</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Social Media</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/4</b>		Payee name <b>Nation builder</b>			
Amount (\$) <b>\$29</b>		Payee address, City, State, Zip Code <b>Los Angeles, CA</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Website Maintenance</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****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 complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>Jay Wiley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/4</b>		5 Payee name <b>Pargen Printing</b>			
6 Amount (\$) <b>\$3,251.45</b>		7 Payee address; City; State; Zip Code <b>10423 Melcilla Place Austin, TX 78758</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Mail Pieces</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/6</b>		Payee name <b>Conquest Communications</b>			
Amount (\$) <b>\$392.70</b>		Payee address; City; State; Zip Code <b>2812 Emerywood Pkway Richmond, VA 23294</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Live Phone Calls</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/14</b>		Payee name <b>Conviction Digital</b>			
Amount (\$) <b>\$950</b>		Payee address; City; State; Zip Code <b>1005 Congress Ave #430 Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Design Work</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/14</b>		Payee name <b>Paul Peterson</b>			
Amount (\$) <b>\$650</b>		Payee address; City; State; Zip Code <b>1106 Olive Street Austin, TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Wages for Staff</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****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 complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Jay Wiley</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/28</i>		5 Payee name <i>Mad Mimi</i>			
6 Amount (\$) <i>\$45.47</i>		7 Payee address; City; State; Zip Code <i>Scottsdale, AZ</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Email Distribution</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/1</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>\$310.21</i>		Payee address; City; State; Zip Code <i>Menlo Park, CA</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Social Media</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/4</i>		Payee name <i>Nation builder</i>			
Amount (\$) <i>\$29</i>		Payee address; City; State; Zip Code <i>Los Angeles, CA</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Website Maintenance</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12/29</i>		Payee name <i>Mad Mimi</i>			
Amount (\$) <i>\$45.47</i>		Payee address; City; State; Zip Code <i>Scottsdale, AZ</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Email Distribution</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME <i>Jay Wiley</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>10/27</i>		<b>5</b> Payee name <i>Pay Pal</i>			
<b>6</b> Amount (\$) <i>\$3.20</i>		<b>7</b> Payee address; City; State; Zip Code <i>San Jose, CA</i>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Fundraising</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Transaction Fee</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

<b>Date</b> <i>10/28</i>		<b>Payee name</b> <i>Pay Pal</i>			
<b>Amount (\$)</b> <i>\$3.20</i>		<b>Payee address; City; State; Zip Code</b> <i>San Jose, CA</i>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> <i>Fundraising</i>		<b>Description (If travel outside of Texas, complete Schedule T)</b> <i>Transaction Fee</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

<b>Date</b> <i>10/28</i>		<b>Payee name</b> <i>Pay Pal</i>			
<b>Amount (\$)</b> <i>\$1.03</i>		<b>Payee address; City; State; Zip Code</b> <i>San Jose, CA</i>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> <i>Fundraising</i>		<b>Description (If travel outside of Texas, complete Schedule T)</b> <i>Transaction Fee</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

<b>Date</b> <i>10/28</i>		<b>Payee name</b> <i>Pay Pal</i>			
<b>Amount (\$)</b> <i>\$3.20</i>		<b>Payee address; City; State; Zip Code</b> <i>San Jose, CA</i>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> <i>Fundraising</i>		<b>Description (If travel outside of Texas, complete Schedule T)</b> <i>Transaction Fee</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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**POLITICAL EXPENDITURES****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 complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>Jay Wiley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/29</b>		5 Payee name <b>Pay Pal</b>			
6 Amount (\$) <b>\$1.75</b>		7 Payee address; City; State; Zip Code <b>San Jose, CA</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Fundraising</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Transaction Fee</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>10/29</b>		Payee name <b>Pay Pal</b>			
Amount (\$) <b>\$4.65</b>		Payee address; City; State; Zip Code <b>San Jose, CA</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fundraising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Transaction Fee</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>10/29</b>		Payee name <b>Pay Pal</b>			
Amount (\$) <b>\$1.75</b>		Payee address; City; State; Zip Code <b>San Jose, CA</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fundraising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Transaction Fee</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **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

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.

1 Total pages Schedule G:		2 FILER NAME <b>Jay Wiley</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/3</b>		5 Payee name <b>Local Voice Solutions</b>			
6 Amount (\$) <b>\$510</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>3700 Thompson Street Austin, TX 78702</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Consulting</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Data Management</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>12/8</b>		Payee name <b>Bob Hall</b>			
Amount (\$) <b>\$270</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>2101 FM 972 Georgetown, TX 78626</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Sign Storage</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <b>12/29</b>		Payee name <b>Thomas Graphics</b>			
Amount (\$) <b>\$622.44</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>9501 N. IH 35 Austin, TX 78753</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

**1 C/OH NAME**

Jay Wiley

**2 ACCOUNT #** (Ethics Commission Filers)**3 SIGNATURE**

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

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****\*\* Complete A & B below only if you are not an officeholder. \*\*****A. CAMPAIGN FUNDS****Check only one:**

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



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

**B. ASSETS****Check only one:**

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



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

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER****\*\* Complete this section only if you are an officeholder \*\***

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

\_\_\_\_\_  
Signature of Officeholder

AUSTIN CITY CLERK  
RECEIVED

2015 JAN 9 AM 10 11

**BANK RECONCILIATION**

(To be filed by candidate, officeholder or campaign committee with the January 15<sup>th</sup>  
contribution and expenditure report)

Name of candidate, officeholder or campaign committee: Jay Wiley

For each checking, savings or other financial institution account maintained during 20 14, enter  
the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Bank of America

Type of account: Business Checking

The beginning balance: \$8,000.00

The ending balance: Ø

Enter the following information for checks issued on that account that have not cleared by  
December 31:

Date	Payee	Amount
N/A		

Enter the following information for checks received as contributions and deposited but dishonored  
by the contributor's financial institution:

Date of receipt	Contributor	Amount
N/A		

Amount of interest or dividends earned: Ø

SCHEDULE ATX. 4 - attach to form C/OH (C&E)  
Reference 2-2-25, Austin City Code

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
N/A		

A listing of checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount
N/A		