	TE / OFFICEHOLDER N 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:
3 CANDIDATE /	MS/MRS (MR) FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST		Date Received 2015
	Wiley		JAN .
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	12300 Hymeadow		1 6
change of address	Austin, TX 78	750	Receipt # Amount -
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 914-8057	EXTENSION	Date Processed
CAMPAIGN TREASURER NAME	MS MB /MR FIRST Evelyn NICKNAME LAST	MI	Date Imaged
	Stone		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#; 6403 Rusty Rid; Austin, Tx 78		ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 454-6109	extension	
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Atlach C/OH - FR)
0 PERIOD	Morth Day Year THROUGH	Month Day	Year
COVERED	10/26/14 THROUGH	12/31/	777
	ID AG 14 ELECTION DATE Day Year Primery II / 0 4 / 1 4		General Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jay	w:ley 1	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	OMMITTEE TYPE COMMITTEE NAME		
	GENERAL .			
	SPECIFIC	COMMITTEE ADDRESS		
_		COMMITTEE CAMPAIGN TREASURER NAME	·	
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 W 1	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 925	
EXPENDITURE TOTALS	3. TOTAL F	SIZED \$ O		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,790.61	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	PAY \$ C	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 35,17a. 98	
18 AFFIDAVIT				
No	THOMAS A. GRAI stary Public, State My Commission E November 19, 2	is true and correct and includes all of Texas me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
		Signature of Cand	didate or Officeholder	
AFFIX NOTARY STAM		ia. pila		
Sworn to and subs	•	me, by the said <u>Jay Wiley</u> 20 <u>15</u> , to certify which, witness n	ny hand and seat of office.	
They is	Brayle	Thomas A. Growser	notary public	
Signature of officer admi	inlstering oath	Printed name of officer administering oath	Title of officer administering oath	

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Jay Wiley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/27	6 Contributor address; City; State; Zip Code 9001 Ryoaks Cove		\$100	
	Austin, TX 787	' /	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor	Terry	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/28	6836 Austin Conte	~ #°276	#100	
	Austin, TX 78			of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Foster Gray Contributor address; City; State Zip Code	· · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/98	11512 Tin Cup Di	rive	#25	
	Austin, TX 78		•	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#:_ Stanta Cant Contributor address; City; State; Zip Code	خ	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29	4400 Combria L Austin TX 78	٠ ٩ - ٥	#/OO	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or reads, comprete scriedule 17
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/29	Contributor address; City; State; Zip Code 3101 R: Pplins C.		# 50	description (if applicable)
		733		of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

Texas Etnics Con	imission P.O. Box (2070 Austin, 1988	S 707 11-2070	(312)403-3600	(100 1-000-735-2909
_	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Jay Wiley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/29	Adam Flagg 6 Contributor address; City; State; Zip Code 2400 Shine Rid		#150	! -
<u> </u>	Austin, TX 78			of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of contribution (\$)	In-kind contribution description (If applicable)
10/29	Contributor address; City; State; Zip Code PO Box 10897		#50	
	Austin TX 78	766	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3	5817 Wilcob Roa	0, Ste. 4	#35O	
	Austin, Tx 78	721	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job tille (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; Cily; State; Zip Code			
				<u> </u>
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
				<u> </u>
Date	Full name of contributor out-of-state PAC (ID#;		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 -
			(if travel outside a	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See)		The state of the s
lf a	ATTACH ADDITIONAL COPIES OF			requirements

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundral		Transportation Equipment & Relate	ed Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By	DC EXPOSIDO
Event Expense	Polling Expense	Travel Out Of Distr	ict	Candidate/Officeholder/Politica	I Committee
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a category not liste	d above)
1 000	The Instruction Guide		· · · · · · · · · · · · · · · · · · ·	• • •	
1 Total pages Schedule F:	2 FILER NAME	explains now to c	- Institute in the	3 ACCOUNT # (Ethics Comm	niesion Filers)
1 Total pages concade 1.				2 7000071 # (221100 007111	
4 Date	Jay W: le	7		····	
10/28	Mad M:; 7 Payee address; City; Sta				
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code		·····	
#45.46	Scottsdale,	AZ			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	``	(If travel outside of Texas, complete Sched	•
OF EXPENDITURE	د اد م	1	Ema: 1	ひょうけいねしけい	0 🖴
EXPENDITURE	Adventising	•	Check if A	ustin, TX, officeholder living expense	
9 Complete ONLY If direct	Candidate / Officeholder name		Office sough	t Office h	eld
expenditure to benefit C/C	DH .				
Date	Payee name				
10/28	USPS				
Amount (\$)		ate; Zip Code	*		
N	_				
#1,589. ⁹⁸	Austin, Tx	ς			·
PURPOSE	Category (See categories listed at the top	of this schedule)		(If travel outside of Texas, complete Sched	•
OF EXPENDITURE	Postage			ustin, TX, officeholder living expense	t
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t Office he	eld
		······································			
Date	Payee name	1			
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Amount (\$)	Payee address; City; Sta	ite; Zip Code			
#	234 Olde 00	iks Dri	` v C		
#150	Georgetown,	ナ マ フ	8633		
	Category (See categories listed at the top			(If travel outside of Texas, complete Sched	lule T)
PURPOSE OF				Placement	•
EXPENDITURE	Contract La	P0~	☐ Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office he	eld
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10/30	Paragon P	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· - · - ;- · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; Sta	ite; Zip Code	,		
#2 22 90	10423 Mck	alla P	lace		
#3,331. ⁹⁰	Austin Ta	78	759		
	Category (See categories listed at the top			(If travel outside of Texas, complete Scheo	tule T)
PURPOSE	(our caregorian nateu or life to		203G (ptiQ11	·	,
OF	0 . 1 .	1	<u> </u>	1 Pieces	
EXPENDITURE	Printing		Check if A	uslin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	<u> </u>	Office sough	t Office he	eld
expenditure to benefit C/0	ЭН	·			
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	

P.O. Box 12070

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	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	<u> </u>	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		, Loan Repayment/Reir	nhursement
Accounting/Banking	Legal Services	Solicitation/Fundra		· •	nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	toring Expenses	Contributions/Donatio	•
Event Expense	Polling Expense	Travel Out Of Dist	rict		older/Political Committee
Fees	Printing Expense	Office Overhead/R		OTHER (enter a cate	
1 200	•		•	,	, ,,
	The Instruction Guide	explains now to	complete this to	om.	
1 Total pages Schedule F:	2 FILER NAME Jay W:ley			3 ACCOUNT#	(Ethics Commission Filers)
4 Date	Jay Wiley 5 Payee name	-			
10/31	Panago Pri	ating.			
6 Amount (\$)	7 Payee address, City; Sta	ite; Zip Code			
# 4	10423 McK.	.11~ 121	~66		
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	1 ' ' _ '	(If travel outside of Texas, o	
OF EXPENDITURE			ma	: 1 Piece	
EXPENDITURE	Printing		Check if	Austin, TX, officeholder livi	
	<u></u>				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt	Office held
Date	Payee name				
10/21	Da I Datas	S.A			
10/31	Paul Peter: Payee address; City; Sta	ריטי			
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
** * * * *	1106 Olive	Street			
#650					
_	Category (See categories listed at the top	<u> </u>	70 a		
PURPOSE	Category (See categories listed at the top	of this schedule)		(If travel outside of Texas, o	
OF		1	Was	es for 3	.+. <i>££</i>
EXPENDITURE	Contract La	₽0 ~		Austin, TX, officehalder livi	
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Complete <u>ONLY</u> If direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht	Office held
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OF EXPENDITURE	Adventising		· —	Austin, TX, officeholder livi	
EG ENDITORE					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	ht	Office held
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01100000	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
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OF EXPENDITURE	Adventising			Auslin, TX, officeholder livi	_
		-			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ht	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advantaine Cuness	Gift/Awards/Memorials Expense		•	/ Loan Repayment/R	almhuraamant
Advertising Expense		Salaries/Wages/Co			
Accounting/Banking	Legal Services	Solicitation/Fundra	iising Expense		ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donat	
Event Expense	Polling Expense	Travel Out Of Dis			eholder/Political Committee
Fees	Printing Expense	Office Overhead/F	Rental Expense	OTHER (enter a ca	tegory not listed above)
	The Instruction Guid	e explains how to	complete this fo	ım.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
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	Jay Willy				
4 Date	5 Payee name	,			
11/4	n n	. 1.			
	120000	ate; Zip Code			
6 Amount (\$)	7 Payee address; City; S	ate; Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule T)
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EXPENDITURE	Printing		l <u>-</u>		
	121.21.27		Check if	Austin, TX, officeholder	living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
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Date	Payee name				
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Amount (\$)		tate; Zip Code			
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Date	Payee name				
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Amount (\$)	Payee address; City; S	ate; Zip Code			
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#950	3				
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	Category (See categories listed at the to	n of this schedule)	Description	(If travel outside of Texas	s. complete Schedule T)
PURPOSE		Jonatoloj			
OF	Contract L	-600		5- WO.	<u></u>
EXPENDITURE	00011-01	- O O P	Check if	Auslin, TX, officeholder	living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/O					
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Date	Pavee name			·· · · · · · · · · · · · · · · · · · ·	
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#650		-			
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PURPOSE	Category (See categories listed at the to	p or this schedule)		(If travel outside of Texa	
OF	Contract L	- h	Wa	ses for	~ S+~f'+
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Complete ONLY if direct	Candidate / Officeholder name	•	Office sough	ot .	Office held
expenditure to benefit C/0	OH .				1
					
	ATTACH ADDITIONAL (COPIES OF THIS	SCHEDULE AS	NEEDED	

POLITICAL EX	PENDITURES
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P.O. Box 12070

	EXPENDITURE	CATEGORIES	EOP BOY 8/a	,	
• d#:-! F			•	•	(Dainhuman)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment	
Accounting/Banking	Legal Services	Solicitation/Fundra	lising Expense		uipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District		Contributions/Don	
Évent Expense	Polling Expense	Travel Out Of Dist			ceholder/Political Committee
Fees	Printing Expense	Office Overhead/R	Rental Expense	OTHER (enter a c	category not listed above)
	The Instruction Guide	explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILED NAME		· · · · · · · · · · · · · · · · · · ·	2 ACCOUN	T # (Ethics Commission Filers)
1 Total pages Schedule F.	2 FILER NAME			3 ACCOUN	1 # (Ethics Continuesion Files)
	Jey Wiley 5 Payee name	,		ł	
4 Date	5 Pavee name	· · · ·			•
l -	- ·				
11/28	mad mim	i			
6 Amount (\$)	7 Payee address; City; Sta	te: Zip Code		· ·	
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#45.47		4 3			
"43.	Scottsdale,	/+ <			
	(a) Category (See categories listed at the top		(h) Description	. (If traval extends of Tex	(as, complete Schedule T)
8 PURPOSE OF	(a) Category (see categories listed at the tup	of title scriedole)	, , ,	•	
EXPENDITURE			E-mai	こしっひこっ	ナノ: b しけにロツ
EXPENDITORE	Advertising		Check if	Austin, TX, officeholds	er living expense
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9 Complete ONLY if direct	Candidate / Officeholder name		Office soug	ht	Office held
expenditure to benefit C/C)H				
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Amount (\$)	Payee address; City; Sta	ite; Zip Code			
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OF EXPENDITURE	Advertisin	•		Auetin TY affachate	arliuing avnonce
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expenditure to benefit C/	ОН				
					
	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS	NEEDED	
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P.O. Box 12070

	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/Co Solicitation/Fundral Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense ict ental Expense	OTHER (enter a catego	ent & Related Expense s Made By der/Political Committee
· · · · · · · · · · · · · · · · · · ·	The Instruction Guide	explains how to d	omplete this for		
1 Total pages Schedule F:	Jay Wile,	.		3 ACCOUNT # (6	thics Commission Filers)
4 Date 10/27	5 Payee name Pay Pal	7			
6 Amount (\$)		ate; Zip Code			
∄3. 2°	Son Jose	,			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)		il Iravei cutside of Texas, co	
OF EXPENDITURE	Fundraising			ustin, TX, officeholder livin	·
9 Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name PH	•	Office sought		Office held
Date	Payee name				
10/28	Pay Pal				
Amount (\$)	Payee address; City; St	late; Zip Code			
#3,20	San Jose,	cA			
PURPOSE	Category (See categories listed at the to	p of this schedule)		if travel outside of Texas, co	
OF EXPENDITURE	Fundraisin			istin, TX, officeholder livin	F∢ ⟨ g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sought		Office held
Date	Payee name				
10/28	Pay Pal				
Amount (\$)	Payee address; City; St.	ate; Zip Code		······	
#1.03	Son Jose,	CA			
PURPOSE OF	Category (See categories listed at the top	p of this schedule)		If travel outside of Texas, co	_
EXPENDITURE	Fundraisi-	~ \	Check if Au	ıstin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
10/28	Pay Pal				
Amount (\$)	Payee address; City; St	ate; Zip Code			
#3.20	San Jose,	cA			
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	•	If travel outside of Texas, co	mpiete Schedule T)
EXPENDITURE	Fundraisin	_	_	ıstin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	7	Office sought		Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS N	IEEDED	

			 		
	EXPENDITURE C	ATEGORIES FOR	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense	Legal Services	Salaries/Wages/Contrac Solicitation/Fundraising I Travel in District	Expense Trai Con	n Repayment/Reimbursement nsportation Equipment & Related to stributions/Donations Made By	•
Event Expense	· .	Travel Out Of District		Candidate/Officeholder/Political C	
Fees	Printing Expense The Instruction Guide e	Office Overhead/Rental	-	HER (enter a category not listed a	above)
1 Total pages Schedule F:	2 FILER NAME	April 11011 to comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 ACCOUNT # (Ethics Commiss	sion Filers)
	Jey Wiley	<u> </u>		(,
^{4 Date} /0/ _ລ ዓ	5 Payee name Pay Pal				
6 Amount (\$)	7 Payee address; City; State	e; Zip Code			•
#1.75	San Jose,	c A			
8 PURPOSE OF	(a) Calegory (See categories listed at the top of	f this schedul a) (b)		vel outside of Texas, complete Schedule	τ)
EXPENDITURE	E 1	li .		notion Fed	•
	Fundraisin)		, TX, officeholder living expense	
9 Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name ~		Office sought	Office held	· · · · · · · · · · · · · · · · · · ·
Date	Payee name				
10/29	Pay Pal				
Amount (\$)	Payee address; City; State	e; Zip Code			
#4,65	San Jose,	c A			
PURPOSE	Category (See categories listed at the top of	l this schedule)		vel outside of Texas, complete Schedule	•
OF EXPENDITURE	Fundraising		_	TX, officeholder living expense	•
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name OH	(Office sought	Office held	
Date	Payee name				
10/29	P-y P-1				
Amount (\$)	Payee address; City; State	e; Zip Code	<u> </u>		
到1.75	Sen Jose,	CA			
PURPOSE	Category (See categories listed at the top of	(this schedule)		vel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Fundraisin		_	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	5 6	Office sought	Office held	l
Date	Payee name				
	, dydd nainid				
Amount (\$)	Payee address; City; State	; Zlp Code			
PURPOSE	Category (See categories listed at the top of	f (his schedule)	Description (if tra	ivel outside of Texas, complete Schedule	т)
OF EXPENDITURE				TV afficient to the second	
	Condidate / Office holder a		<u> </u>	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundr	•
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	Contributions/Donations Made By strict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/	
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Jay Wiley	
4 Date	5 Payee name	
12/3	Local Voice Sol	utions
6 Amount (\$)	7 Payee address; City; State; Zip Code	
# 510	3700 Thompson	street
political contributions intended	Austin TX 7	8702
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Il fravel outside of Texes, complete Schedule T)
OF EXPENDITURE	Consulting	Data Management
	Constitutions	Check if Austin, TX, officeholder living expense
Date	Payee name	
12/8	Bob Hall	
Amount (\$)	Payee address; City; State; Zip Code	
4270	2101 FM 972	
Reimbursement from political contributions intended	Georgetown, TX	78626
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	_	5:5m storage
EXPENDITURE	Contract Labor	<u> </u>
		Check if Austin, TX, officeholder living expense
Date	Payee name	
12/29	Thomas Graphic Payee address; City; State; Zip Code	. s
Amount (\$)		
A COOL	9501 N. IH 35	
Reimbursement from political contributions intended	Austin, TX 787	53
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
` *	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		Cherk if Austin TV officeholder Suine avenue
		Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

P.O. Box 12070

(512) 463-5800

	DES	SIGNATION 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 N	·	2 ACCOUNT # (Ethics Commission Filers)			
		Jay Wiley				
3	SIGNA					
	report a	do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a eport 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.				
		Signatu	re of Candidate / Officeholder			
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder				
	A.	CAMPAIGN FUNDS				
	Cnec	k only one: I do not have unexpended contributions or unexpended interest or income earned from p	olitical contributions			
		The morning all papers and a contribution of an expended interest of income against from p	onigogi objittipationa.			
		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				
	Chec	k anly one:				
	×	I do not retain assets purchased with political contributions or interest or other income from	om political contributions.			
		I do retain assets purchased with political contributions or interest or other income from pol I may not convert assets purchased with political contributions or interest or other income fruse. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	rom political contributions to personal			
			Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	r filing the last required report as an			
		Si	gnature of Officeholder			

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

Office of the City Clerk, 20.36

AUSTIN CITY CLERK RECEIVED

2015 JAN 9 AM 10 11

Revised by the Ethics Review Commission 10/16/2012

Page 1 of 2

BANK RECONCILIATION

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

name of candidate, officenoide	r or campaign committee:	Tay Wiley
	ther financial institution account tated. For each additional institut	
The name of the financial institu	ution: Bank of A siness Checking	merica
Type of account: Bu	siness Checking	
The beginning balance:	8,000,00	
The ending balance:	of for checks issued on that accourt	
Date	Payee	Amount
NIA		
Enter the following information by the contributor's financial ins	for checks received as contribution:	ns and deposited but dishonored
		ns and deposited but dishonored Amount
by the contributor's financial ins	stitution:	
by the contributor's financial ins	stitution:	
by the contributor's financial ins	stitution:	

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		