# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 37
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR FIRST Mr. Wesley	мі Е.	OFFICE USE ONLY
NAME	NICKNAME LAST Faulkner	SUFFIX	Date Received 2016
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS		OFTY: STATE: ZIP CODE ustin TX 78747	USTIN RE OCT :
Change of Address			· <u> </u>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 512 ) 522 - 8383	EXTENSION	Date Hand-delivered or the Postmarker
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Brian	МІ	Receipt # Amount \$ 72
NAME	NICKNAME LAST	SUFFIX	Oate Processed  Date Imaged
	Loh		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SE		ZIP CODE
TREASURER ADDRESS	12610 Riata Trace Parkway 525	Austin TX	78727
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512 ) 636 - 2984	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment
	July 15 8th day before ele	ction Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	7 / 1 / 16	THROUGH 9 /	29 / 16
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 / 8 / 16	Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	
		City Council Member,	District 2
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Wesley E. Faulkner		15	Filer ID (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	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 THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,692.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 0			
	4. TOTAL POLITICAL EXPENDITURES \$ 3,384.39			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 769.14			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0			
18 AFFIDAVIT  I swear, or affirm, sinder 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.				
ROBERTO ACOSTA  Under Title 15, Election Code.  Notary Public, State of Texas  Comm. Expires 04-21-2019  Notary iD 130198533  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said WESLE FAULKNER, this the 11TH day of 00000000000000000000000000000000000				
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				
A-G-resonant manning and: resonant resistant and manning and mann				

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer I	D (Ethics Commission Filers)
	Wesley E. Faulkner	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,692.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	. SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	DNS \$ 1,922.87
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 900.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	ITIONS \$
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 30.76
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 530.76
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### SCHEDULE A1

Т	he Instruction Guide explains how to complete this form.	Total pages Schedule A1:     11
FILER NAM Wesley E.		3 Filer ID (Ethics Commission Filers)
Date 7/12/16	5 Full name of contributor Julie Gomoll  6 Contributor address; City; State; Zip Code 2811 Hardeman St. Austin TX 78704	7 Amount of contribution (\$) \$20.00
Principal od	ccupation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 7/12/16	Full name of contributor	Amount of contribution (\$) \$20.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date 7/13/16	Full name of contributor	Amount of contribution (\$) \$5.00
	Contributor address; City; State; Zip Code 3208 Mossrock Dr. Austin TX 78757	
Principal oc	cupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 7/13/16	Full name of contributor out-of-state PAC (ID#:) Alayna Wadleigh	Amount of contribution (\$) \$30.00
	Contributor address; City; State; Zip Code 9000 Briardale Dr. Austin TX 78758	
Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

### SCHEDULE A1

7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11
2 FILER NA Wesley E.		3 Filer ID (Ethics Commission Filers)
4 Date 7/13/16	5 Full name of contributor out-of-state PAC (ID#:) Emily Schwenke	7 Amount of contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code 8731 Hollow Bay Ln. Austin TX 77095	
8 Principal o	occupation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 7/13/16	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 501 E Monroe St. Austin TX 78704	
Principal o	ccupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 7/13/16	Full name of contributor out-of-state PAC (ID#:) Ahmad Zaatari	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8818 Travis Hills Dr., Apt. 1132 Austin TX 78735	
Principal o	ccupation / Job title (See Instructions) Employer (See Instruc	tions)
Date 7/13/16	Full name of contributorout-of-state PAC (ID#:) BJ Heinley	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 810 Blanco St. Austin TX 78703	
Principal of	ccupation / Job title (See Instructions) Employer (See Instruc	tions)
-	ATTACH ADDITIONAL CODIES OF THE COLUED IN EACH	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	EEDED

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

### SCHEDULE A1

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM Wesley E. Fa		3 Filer ID (Ethics Commission Filers)
4 Date 7/13/16	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 328 Vista Del Rey Drive El Paso TX 79912	
8 Principal oc	ccupation / Job title (See Instructions)  9 Employer (See Inst	ructions)
Date 7/15/16	Full name of contributor	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 3204 Highland Terrace West Austin TX 78731	
Principal occ	cupation / Job title (See Instructions) Employer (See Inst	ructions)
Date 7/15/16	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 8369 Liberty Walk Drive Round Rock TX 78681	
Principal occ	cupation / Job title (See Instructions) Employer (See Inst	ructions)
Date 7/16/16	Full name of contributor	_) Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 4202 Flagstaff Dr Austin TX 78759	•
Principal occ	cupation / Job title (See Instructions) Employer (See Inst	ructions)
		· · · · · · · · · · · · · · · · · · ·
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	SNEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

Th	e Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 11
2 FILER NAM Wesley E. F.			3 Filer ID (Ethics Commission Filers)
4 Date 7/18/16	5 Full name of contributor	ID#:)	7 Amount of contribution (\$) \$20.00
	6 Contributor address; City; State; 1219 Harvard Avenue Billings MT		
8 Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/20/16	Full name of contributor	D#:)	Amount of contribution (\$) \$50.00
	Contributor address; City; State; 108 E 48th St Austin TX	Zip Code 78751	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/25/16	Full name of contributor	iO#:	Amount of contribution (\$) \$350.00
	Contributor address; City; State; 707 N Emory CV Hutto TX	Zip Code 78634	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/25/16	Jonathan Brewer	ID#:)	Amount of contribution (\$) \$5.00
	Contributor address; City; State; 7511 Sugar Magnolia St Austin TX		
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 11  2 FILER NAME Wesley E. Faulkner  3 Filer ID (Ethics Commission File Mesley E. Faulkner)  4 Date 8/4/16  5 Full name of contributor Out-of-state PAC (ID#: 7 Amount of contribution (\$) \$27.00  6 Contributor address; City; State: Zip Code 17415 Casa Piedra Pl. Round Rock TX 78664  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date 8/5/16  Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) \$50.00  Contributor address: City; State: Zip Code 2503 Willow St Austin TX 78702  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Wesley E. Faulkner  4 Date 8/4/16	
8 Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  See Instructions  9 Employer (See Instructions)  Amount of contribution (\$)  \$50.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	ers)
Date 8/5/16 Full name of contributor out-of-state PAC (ID#:	
8/5/16  Brett Allen  Contributor address; City; State; Zip Code 2503 Willow St Austin TX 78702  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date   Full name of contributor	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date Sull name of contributor Laura Fitton  Contributor address; Amount of contribution (\$)  Contributor address; City: State: Zip Code Amount of contribution (\$)  Contributor address; Milton MA 2186	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Wesley E. F		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/16	5 Full name of contributor	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 2811 Hardeman St, Unit A Austin TX 78704	
Principal occ	pupation / Job title (See Instructions)  9 Employer (See Instructions)	! tions)
Date 8/14/16	Full name of contributor	Amount of contribution (\$) \$40.00
	Contributor address; City; State; Zip Code 18020 Madrone Los Gatos CA 95033	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 8/14/16	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State: Zip Code 916 Okla Blvd Alva OK 73717	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	l tions)
Date 8/14/16	Full name of contributor out-of-state PAC (ID#:)  Vanessa Morgan	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2004 Wilson St Austin TX 78704	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Wesley E. Faulkner 4 Date Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:\_ TiWanna Kenney 8/14/16 \$25.00 6 Contributor address; City; State; Zip Code 14401B Charles Dickens Drive Pflugerville TX 78660 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 8/14/16 Bryan Douglas \$350.00 City; State; Zip Code Contributor address; 78750 12102 Acorn Creek Trl Austin ΤX Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 8/14/16 Peter Christie \$100.00 Contributor address: City: State; Zip Code Austin TX 2006 Pasadena Drive 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 8/14/16 Jessica Havlir \$20.00 State; Zip Code TX 78738 Contributor address: City; Austin 11009 Cherisse Dr. 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.

#### SCHEDULE A1

Th	ne Instruction Gulde explains how to complete this form.	1 Total pages Schedule A1: 11
2 FILER NAM Wesley E. F		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/16	5 Full name of contributor out-of-state PAC (ID#:) Mona-Lisa Brock	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Gode 707 N. Emory Cove Hutto TX 78634	
8 Principal oc	cupation / Job title (See Instructions)  9 Employer (See Instru	ctions)
Date 8/15/16	Full name of contributor out-of-state PAC (ID#:)  Laura Nattinger	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 1416 Braided Rope Austin TX 78727	
Principal occ	cupation / Job title (See Instructions) Employer (See Instru	ctions)
Date 8/15/16	Full name of contributor out-of-state PAC (ID#:)  Loretta Holland	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1707-A Palma Plaza Austin TX 78703	
Principal occ	cupation / Job title (See Instructions) Employer (See Instru	ictions)
Date 8/15/16	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 514 Ladin Lane Lakeway TX 78734	
Principal occ	cupation / Job title (See Instructions) Employer (See Instru	ctions)
-		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

# SCHEDULE A1

The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1: 11
2 FILER NAME Wesley E. Fa	ulkner		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/16	5 Full name of contributor out-of-state_PAC Rob Latsha	: (ID#:)	7 Amount of contribution (\$) \$30.00
	6 Contributor address; City; State 5014 West Frances Place Austin TX	; Zip Code 78731	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc			tions)
Date 8/16/16	Full name of contributor	; (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City; State 418 Sir John Court Franklin TN	; Zip Code 37064	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date 8/21/16	Full name of contributor Dut-of-state PAC Sarah Thomas	: (ID#:)	Amount of contribution (\$) \$10.00
	Contributor address; City; State 5003 Gladeview Dr. Austin TX	; Zip Code 78745	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 9/7/16	Full name of contributor	: (ID#:) :; Zip Code	Amount of contribution (\$) \$20.00
	8511 Stonebridge #1 San Antonio TX	78240	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

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

# SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11
2	FILER NAME Wesley E, Fa		3 Filer ID (Ethics Commission Filers)
4	Date 9/8/16	5 Full name of contributor	7 Amount of contribution (\$) \$30.00
		6 Contributor address; City; State; Zip Code 2017 E 2nd St Austin TX 78702	
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		ctions)
	Date 9/12/16	Full name of contributor     out-of-state PAC (ID#:)  Monique Dieuvil	Amount of contribution (\$) \$5.00
		Contributor address; City; State; Zip Code 2337 SW Archer Road, Gainesville FL 32608 Apt. # 4065	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ctions)
	Date 9/15/16	Full name of contributorout-of-state PAC (ID#:) Nadine Dieuvil	Amount of contribution (\$) \$350.00
		Contributor address; City; State; Zip Code 1175 Manor Court Weston FL 33326	
	Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	Date 9/21/16	Full name of contributor	Amount of contribution (\$) \$50.00
		Contributor address; City; State; Zip Code 432 West Royal Cove Circle Davie FL 33325	
-	Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	<u> </u>	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED.
		Historia and alternative and provide for additional	

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

## SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11
2 FILER NAME Wesley E. F			3 Filer ID (Ethics Commission Filers)
4 Date 9/21/16	5 Full name of contributor	7 Amount of contribution (\$) \$50.00	
	6 Contributor address; City; State; 432 West Royal Cove Circle Davie FL	Zip Code 33325	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 9/22/16	Full name of contributor	(ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State; 15918 S. Barkers Landing Rd. Houston TX	Zip Code 77079	
Principal occu	rpation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollino Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Wesley E. Faulkner 4 Date 5 Payee name 7/12/16 **DonateWay** 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O.Box 301267 ΤX 78703 Austin \$1.30 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Fees Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin. TX, officeholder living expense OF EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name DonateWay 7/12/16 Amount (\$) City; Pavee address: State: Zip Code \$1.30 P.O.Box 301267 78703 Austin TX Category (See Categories listed at the top of this schedule) Description Fees Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name DonateWay 7/13/16 Amount (\$) Zip Code Payee address; City; State; P.O.Box 301267 Austin TX 78703 \$5.30 Category (See Categories listed at the top of this schedule) Description Fees Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Campaign donor website donation processing/handling Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wesley E. Faulkner 4 Date 5 Payee name 7/13/16 **DonateWay** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.56 P.O.Box 301267 Austin TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fees \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/13/16 DonateWay Amount (\$) Payee address; City; Zip Code State; P.O.Box 301267 Austin TX 78703 \$5.30 Category (See Categories listed at the top of this schedule) Description Fees Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **DonateWay** 7/13/16 Amount (\$) Payee address; City; State; Zip Code 78703 \$5.30 P.O.Box 301267 Austin TX Category (See Categories listed at the top of this schedule) Description Fees Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wesley E. Faulkner 19 4 Date 5 Payee name 7/13/16 DonateWay 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O.Box 301267 TX \$1.30 78703 Austin (b) Description 8 (a) Category (See Categories listed at the top of this schedule) \_\_\_ Check if travel outside of Texas. Complete Schedule T. Fees **PURPOSE** Check if Austin. TX, officeholder living expense OF **EXPENDITURE** Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **DonateWay** 7/13/16 Payee address; Amount (\$) City; State; Zip Code \$1.80 P.O.Box 301267 Austin TX 78703 Category (See Categories listed at the top of this schedule) Description ... Check if travel outside of Texas, Complete Schedule T. Fees **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **DonateWay** 7/13/16 Amount (\$) Payee address; City; State; Zip Code Austin TX \$0.56 P.O.Box 301267 78703 Category (See Categories listed at the top of this schedule) Description **Fees** Check If travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPEÑDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	· ·		Vages/Contract Labor	Other (enter a category not listed above)
, and the second	The Instruction Gu	ide explains how to d	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Wesley E. Faulkner			3 Filer ID (Ethics Commission Filers)
4 Date 07/15/16	5 Payee name DonateWay			
07/15/10	Donalevvay			
6 Amount (\$) \$1.30	7 Payee address; City; P.O.Box 301267 Austin	State; Zip Code TX 78703		
8	(a) Category (See Categories listed at t	he top of this schedule)	(b) Description	
PURPOSE	Fees		Check if travel or	utside of Texas, Complete Schedule T.
OF EXPENDITURE			1	n. TX, officeholder living expense ebsite donation processing/handling
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder nar	пе	Office sought	Office held
Date	Payee name			
7/15/16	DonateWay			
Amount (\$) \$2.80	Payee address; City; P.O.Box 301267 Austin	State; Zip Code TX 78703	·	
PURPOSE OF EXPENDITURE	Category (See Categories listed at t Fees	he top of this schedule)	Check if Austin	ntside of Texes. Complete Schedule T.  I. TX. officeholder living expense ebsite donation processing/handling
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nar	ne	Office sought	Office held
Date 7/16/16	Payee name DonateWay			
Amount (\$) \$2.80	Payee address; City; P.O.Box 301267 Austin	State; Zip Code TX 78703		
PURPOSE OF EXPENDITURE	Category (See Categories listed at ti Fees	he top of this schedule)	Check if Austin	nside of Texas, Complete Schedule T. n, TX, officeholder living expense rebsite donation processing/handling
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder na	me	Office sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NEE	EDED

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Ove Polling Exp ense Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
orosi, owar aymon	The Instruction Guide	explains how to c	omplete this form.			
1 Total pages Schedule F1: 19	2 FILER NAME Wesley E. Faulkner			3 Filer ID (Ethics Commission Filers)		
4 Date 7/18/16	5 Payee name DonateWay		÷			
6 Amount (\$) \$1.30		tate; Zip Code FX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin. TX, officeholder living expense  Campaign donor website donation processing/handling fee					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held		
Date 7/20/16	Payee name DonateWay					
Amount (\$) \$2.80	_	tate; Zip Code FX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense  Campaign donor website donation processing/handling fee					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	Office held		
Date 7/25/16	Payee name DonateWay					
Amount (\$) \$17.80	, ,	tate; Zip Code X 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	op of this schedule)	Check if Austin	utside of Texas. Complete Schedule T. n, TX, officeholder living expense website donation processing/handling		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	3	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 19 Wesley E. Faulkner 5 Payee name 4 Date DonateWay 7/25/16 6 Amount (\$) 7 Payee address; Zip Code City; State: P.O.Box 301267 78703 Austin TΧ \$0.56 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees PURPOSE OF Check if Austin, TX, officeholder fiving expense **EXPENDITURE** Campaign donor website donation processing/handling fee Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/4/16 DonateWay Amount (\$) Payee address; Zip Code City; State; P.O.Box 301267 Austin TX 78703 \$1.65 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date DonateWay 8/5/16 Amount (\$) Payee address; City; State; Zip Code \$2.80 P.O.Box 301267 TX 78703 Austin Category (See Categories listed at the top of this schedule) Description Fees ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Wesley E. Faulkner 4 Date 5 Pavee name 8/14/16 **DonateWay** 6 Amount (\$) 7 Payee address; City; State; Zip Code 78703 P.O.Box 301267 Austin TX \$0.56 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Fees PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/14/16 **DonateWay** Amount (\$) Payee address; City; State; Zip Code P.O.Box 301267 Austin TX \$1.30 78703 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Fees PURPOSE OF Check if Austin, TX. officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date 8/14/16 DonateWay Amount (\$) Payee address; City; State; Zip Code 78703 TΧ \$2.80 P.O.Box 301267 Austin Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel to District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Wesley E. Faulkner 19 4 Date 5 Payee name 8/14/16 **DonateWay** 6 Amount (\$) 7 Payee address: City; State; Zip Code \$2.30 P.O.Box 301267 Austin TX 78703 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Campaign donor website donation processing/handling Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/14/16 **DonateWay** Amount (\$) Payee address; City; State; Zip Code P.O.Box 301267 78703 Austin ΤX \$2.80 Category (See Categories listed at the top of this schedule) Description Fees Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Auslin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/14/16 **DonateWay** Amount (\$) Payee address; City; State; Zip Code TX 78703 Austin. \$5.30 P.O.Box 301267 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees OF Li Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense					rhead/Rental Expense Transp pense Travel opense Travel /ages/Contract Labor Other (		olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District her (enter a category not listed above)		
1 Total pages Schedule F1:								3 Filer	ID (Ethics Commission Filers)
4 Date 8/14/16	5 Payee na DonateW		· · · · · · · · · · · · · · · · · · ·					<u>l</u> .	
6 Amount (\$)	7 Payee ad		City:	State;	Zip Co	ode			
\$1.56	P.O.Box	301267	Austin	TX	7870				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if tavel outside of Texas. Complete Schedule T.  Check if Austin. TX, officeholder living expense Campaign donor website donation processing/handling fee					holder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officel	holder nar	пе			Office sought		Office held
Date	Payee na	me							
8/14/16	DonateW	ay							
Amount (\$) \$17.80	Payee ad P.O.Box 3	-	City; Austin	State; TX	Zip Co 7870			,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees  Description  Check if fluxed outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign donor website donation processing/handling fee					nalder living expense			
Complete ONLY if direct expenditure to benefit C/OF		ate / Officel	nolder nar	ne			Office sought		Office held
Date 8/14/16	Payee na DonateWa								
Amount (\$) \$5.30	Payee ad P.O.Box 30		City; Austin	State; TX	Zip Co 7870				
PURPOSE OF EXPENDITURE	Category Fees	(See Categori	ies listed at ti	he lop of th	nis schedul	le)	Check if Aust	tin, TX, officet	s. Complete Schedule T. nolder living expense nation processing/handling
Complete ONLY if direct expenditure to benefit C/OH		te / Officel	holder na	me			Office sought		Office held
	ΑП	ACH ADD	ITIONAL	COPIE	S OF 1	THIS S	CHEDULE AS NE	EDED	1111,000

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wesley E. Faulkner 4 Date 5 Payee name 8/14/16 **DonateWay** 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O.Box 301267 78703 Austin TX \$1.30 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Campaign donor website donation processing/handling Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date DonateWay 8/15/16 Amount (\$) Payee address; City; Zip Code State: \$2.80 P.O.Box 301267 Austin TX 78703 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 8/15/16 **DonateWay** Amount (\$) Pavee address: City; State; Zip Code P.O.Box 301267 Austin TX 78703 \$1.30 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Fees OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Campaign donor website donation processing/handling Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica		Expense Travel Out Of District  Wages/Contract Labor Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Wesley E. Faulkner	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
8/15/16	DonateWay	
6 Amount (\$) \$2.80	7 Payee address; City; State: Zip Code P.O.Box 301267 Austin TX 78703	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXPENDITORE		Campaign donor website donation processing/handling fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/15/16	DonateWay	
Amount (\$) \$5.30	Payee address; City: State; Zip Code P.O.Box 301267 Austin TX 78703	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Fees	Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		Campaign donor website donation processing/handling fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/15/16	DonateWay	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.80	P.O.Box 301267 Austin TX 78703	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Fees	Check if travel outside of Texas. Complete Schedule T.
QF EXPENDITURE		Check if Austin, TX, officeholder living expense
		Campaign donor website donation processing/handling fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Wesley E. Faulkner 4 Date 5 Payee name 8/16/16 DonateWay 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.56 P.O.Box 301267 78703 TX Austin 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Fees Check if Austin. TX, officeholder living expense **EXPENDITURE** Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/21/16 DonateWay Amount (\$) Payee address; City; State; Zip Code \$0.80 P.O.Box 301267 78703 Austin TX Category (See Categories listed at the top of this schedule) Description Fees Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Рауее пате Date 9/7/16 DonateWay Amount (\$) Payee address; City; State; Zip Code 78703 \$1.30 P.O.Box 301267 TX Austin Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees OF Check if Austin, TX, officeholder tiving expense EXPENDITURE Campaign donor website donation processing/handling Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule Ft: 2 FILER NAME Wesley E. Faulkner 4 Date 5 Payee name 9/8/16 **DonateWay** 6 Amount (\$) 7 Payee address: City; State; Zip Code P.O.Box 301267 Austin TX 78703 \$1.80 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees Check if Austin. TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/12/16 DonateWay Amount (\$) Zip Code Payee address; City; State; \$0.56 P.O.Box 301267 78703 Austin Category (See Categories fisted at the top of this schedule) Description Fees Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **DonateWay** 9/15/16 Amount (\$) Payee address; City; State; Zip Code \$17.80 P.O.Box 301267 78703 Austin TX Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign donor website donation processing/handling fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office/holder/Political Committee

Event Expense Feas Food/Beverage Expense Gilft/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Wesley E. Faulkner	3 Filer ID (Ethics Commission Filers)
4 Date 9/21/16	5 Payee name DonateWay	
<b>6</b> Amount (\$) \$2.80	7 Payee address; City; State; Zip Code P.O.Box 301267 Austin TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Campaign donor website donation processing/handling fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 9/21/16	Payee name DonateWay	
Amount (\$) \$2.80	Payee address; City; State; Zip Code P.O.Box 301267 Austin TX 78703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Campaign donor website donation processing/handling fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 9/21/16	Payee name DonateWay	
Amount (\$) \$5.30	Payee address; City; State; Zip Code P.O.Box 301267 Austin TX 78703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee
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

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Wesley E. Faulkner 4 Date 5 Payee name 7/22/16 Alt Creative 6 Amount (\$) 7 Payee address; Zip Code City; State; \$378.88 3571 Far West Blvd. Austin TX 78731 #197 8 (a) Category (See Categories listed at the top of this schedule) (b) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T, **PURPOSE** Advertising Expense OF EXPENDITURE Licheck if Austin, TX, officeholder living expense Logo design for campaign Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/27/16 City of Austin Zip Code Amount (\$) Payee address; City; State; 1111 Rio Grande Street Austin TX 78701 \$1.20 Category (See Categories listed at the top of this schedule) Description Parking meter fees ☐ Check if travel outside of Texas, Complete Schedule T. PURPOSE OF J Check if Austin, TX, officeholder living expense **EXPENDITURE** Parking meter fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/5/16 Twitter, Inc. Zip Code Amount (\$) Payee address; City; State; 1355 Market Street, San 94103 CA \$5.00 Suite 900 Fransisco Category (See Categories listed at the top of this schedule) Description Advertising Expense PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising on Twitter Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Wesley E. Faulkner 4 Date 5 Payee name Facebook, Inc. 8/5/16 7 Payee address; City; State; Zip Code 6 Amount (\$) 1 Hacker Way Menlo ĊÀ 94025 \$25.01 Park (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Completé Schedule T. Advertising Expense **PURPOSE** Check if Austin. TX, officeholder living expense OF EXPENDITURE Advertising on Facebook Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Twitter, Inc. 8/12/16 Amount (\$) Payee address; City; State; Zip Code CA 1355 Market Street, 94103 San \$32.98 Suite 900 Fransisco Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Advertising on Twitter Office held Candidate / Officeholder name Office sought Complete ONLY if direct expanditure to benefit C/OH Payee name Date Allied Shirts 8/16/16 Amount (\$) Payee address; City; State; Zip Code 11525 Stonehollow Dr., Austin TX 78758 \$54.83 Suite A100 Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE Campaign T-Shirt Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Campaign T-Shirt Expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (agency agency and listed above)

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wesley E. Faulkner 4 Date 5 Payee name 8/18/16 Facebook, Inc. 6 Amount (\$) 7 Payee address; Zip Code City; State; 94025 \$51.96 Menlo CA 1 Hacker Way Park (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Advertising Expense **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising on Facebook Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Sticker Mule 8/22/16 Amount (\$) Payee address; City; State; Zip Code New 411 Lafayette Street, \$121.00 NY 10003 York 6th Floor Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Campaign buttons expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name BuildASign.com 8/24/16 Amount (\$) Payee address; City; State; Zip Code 11525a Stonehollow Austin TX 78758 \$563.16 Drive #100 Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Light Check if Austin, TX, officeholder living expense EXPENDITURE Campaign signage expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 19 Wesley E. Faulkner 4 Date 5 Payee name 8/24/16 Facebook, Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code \$252.18 ĊA 94025 1 Hacker Way Menlo Park (a) Category (See Categories listed at the top of this schedule) (b) Description 8 \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Advertising on Facebook Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Alt Creative 8/29/16 Amount (\$) Payee address; City; State; Zip Code Austin TX 3571 Far West Blvd. 78731 \$135.31 #197 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin. TX, officeholder living expense EXPENDITURE Business cards printing Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 8/29/16 Capital City Printing, LLC Amount (\$) Payee address; City; State; Zip Code 3913 Todd Ln., 78744 Austin TX \$48.71 Suite 508 Category (See Categories listed at the top of this schedule) Description \_ Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wesley E. Faulkner 19 4 Date 5 Payee name 9/1/16 Facebook, Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code Menlo 1 Hacker Way CA 94025 \$103.19 Park (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Lichard Check if Austin. TX, officeholder living expense OF EXPENDITURE Advertising on Facebook Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/1/16 Facebook, Inc. Payee address: Amount (\$) State: Zip Code City; 1 Hacker Way Menlo \$2.19 CA 94025 Park Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **PURPOSE** OF Check if Austin. TX, officeholder living expense **EXPENDITURE** Advertising on Facebook Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder fiving expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Relmbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expense Gitt/Awards/Memortals Expense Printing Expense Committee Legal Services Salaries/Wage	nse es/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule F2: 1	2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date	6 Payee name			
7/13/16	Huck Tate			
7 Amount (\$) \$900.00	8 Payee address; City; State; Zip Code 3993 Woodview Vadnais MN 55127 Drive Heights			
9 TYPE OF EXPENDITURE	Political Non-Politic	al		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	n	
PURPOSE	Salaries/Wages/Contract Labor	Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE			f Austin, TX, officeholder living expense	
		Graphics and \	Web Work	
11 Complete ONLY if direct				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF Expenditure	Political Non-Politic	al		
PURPOSÉ	Category (See Categories listed at the top of this schedule)		travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if	f Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

# ent Expense Expense Confice Overhead/Rental Expense Dolling Expense Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead Polling Expense Printing Expense	•	Soficitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/	Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains	now to compi	ete this form.	
1 Total pages Schedule F4: 2	2 FILER NAME Wesley E. Faulkner			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CRED	ITCARD	\$ 30.76
5 Date	6 Payee name			
7/10/16	Namecheap, Inc.			
7 Amount (\$)	8 Payee address; City; State; 2	Zip Code		
\$19.72	11400 W. Olympic Los CA S Blvd., Suite 200 Angeles	90064		
9 TYPE OF EXPENDITURE	<b>✓</b> Political	Non-Political	!	
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	ាក
PURPOSE	Advertising Expense		Check if	travel outside of Texas. Complete Schedule T.
OF	Advertising Expense			·
EXPENDITURE				f Austin, TX, officeholder living expense osite domain name registration and
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought	Office held
Date	Payee name			
7/14/16	Namecheap, Inc.			
Amount (\$)	Payee address; City; State;	Zip Code		
\$9.84	1	90064		
ψ3.54	Blvd., Suite 200 Angeles			
TYPE OF EXPENDITURE	Political	Non-Politica	ul	
	Category (See Categories listed at the top of this	schedule)	Description	on
PURPOSE		auto,		travel outside of Texas. Complete Schedule T.
OF	Advertising Expense		Check	f Austin. TX, officeholder fiving expense
EXPENDITURE				
			Campaign web	osite domain name registration
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought	Office held
			<del> </del>	
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NE	EDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District		
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
	The Instruction Guide explain	s how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
2	Wesley E. Faulkner		, ,		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 30.76		
5 Date	6 Payee name				
7/7/16	City of Austin				
7 Amount (\$)	8 Payee address; City; State;				
\$1.20	1111 Rio Grande Street Austin TX	78701			
\$1.20					
9 TYPE OF Expenditure	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	on		
PURPOSE	Parking meter fees	Chackii	travel outside of Texas. Complete Schedule T.		
OF			·		
EXPENDITURE		—	if Austin, TX, officeholder living expense		
		Parking mete	r tee		
11 Complete ONLY If direct	Canadidate / Office balden neces	Office	Office hatel		
expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payon address: City State	Zin Coda	<del>.</del>		
Amount (\$) Payee address; City; State; Zip Code					
TYPE OF		→			
EXPENDITURE	Political	Non-Political			
	Catagony (Con Datasación Batadaskia)	s schedule) Descriptio	an .		
	Category (See Categories listed at the top of this		travel outside of Texas. Complete Schedule T.		
PURPOSE OF			,		
EXPENDITURE		Check	if Austin. TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
onpullation to belief to order					
		······································			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
AT IACH ADDITIONAL COLICS OF THIS SCHEDULE AS MEEDED					

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Accounting/Banking Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/Donations Made By **Travel Out Of District** Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Wesley E. Faulkner 4 Date 5 Payee name Citigroup, Inc. 8/4/16 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 790046 St. Louis MO 63179 \$30.76 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Credit Card Payment Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7/25/16 City of Austin City Clerk Payee address; Amount (\$) City; State; Zip Code 1111 Rio Grande Street Austin TX 78701 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE Ballot Fees** Check if travel outside of Texas. Complete Schedule 7. **OF** EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED