

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

37

OFFICE USE ONLY

Date Received

2016 OCT 11 PM 4:54
 RECEIVED
 AUSTIN CITY CLERK

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Wesley

E.

NICKNAME

LAST

SUFFIX

Faulkner

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7500 Redrick Dr.

Austin

TX

78747

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

522 - 8383

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Brian

NICKNAME

LAST

SUFFIX

Loh

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

12610 Riata Trace Parkway

525

Austin

TX

78727

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

636 - 2984

9 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 (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

7

1

16

THROUGH

9

29

16

11 ELECTION

ELECTION DATE

Month

Day

Year

11

8

16

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

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

\$ 0

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

\$ 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
OF REPORTING PERIOD

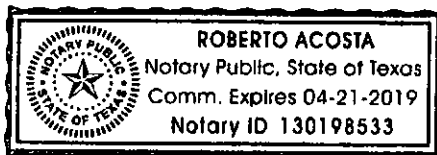
\$ 769.14

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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said WESLEY FAULKNER, this the 11TH day of OCTOBER, 20 16, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

ROBERTO ACOSTA

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

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

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

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
7/12/16**5** Full name of contributor ☐ out-of-state PAC (ID#:
Julie Gomoll**7** Amount of contribution (\$)
\$20.00**6** Contributor address; City; State; Zip Code
2811 Hardeman St. Austin TX 78704**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
7/12/16Full name of contributor ☐ out-of-state PAC (ID#:
John JohansenAmount of contribution (\$)
\$20.00Contributor address; City; State; Zip Code
2108 Phlox Ct Round Rock TX 78665

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/13/16Full name of contributor ☐ out-of-state PAC (ID#:
Yvonne YoungAmount of contribution (\$)
\$5.00Contributor address; City; State; Zip Code
3208 Mossrock Dr. Austin TX 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/13/16Full name of contributor ☐ out-of-state PAC (ID#:
Alayna WadleighAmount of contribution (\$)
\$30.00Contributor address; City; State; Zip Code
9000 Briardale Dr. Austin TX 78758

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.**

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
7/13/16**5** Full name of contributor
Emily Schwenke☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$20.00**6** Contributor address; City; State; Zip Code
8731 Hollow Bay Ln. Austin TX 77095**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
7/13/16Full name of contributor
Joel Rasmussen☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
501 E Monroe St. Austin TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/13/16Full name of contributor
Ahmad Zaatari☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
8818 Travis Hills Dr., Apt. 1132 Austin TX 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/13/16Full name of contributor
BJ Heinley☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$25.00Contributor address; City; State; Zip Code
810 Blanco St. Austin TX 78703

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.**

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
7/13/16**5** Full name of contributor
Stanislaus Ting☐ 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 occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
7/15/16Full name of contributor
Hugh Forrest☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$20.00Contributor address; City; State; Zip Code
3204 Highland Terrace West Austin TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/15/16Full name of contributor
Richard Baker☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
8369 Liberty Walk Drive Round Rock TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/16/16Full name of contributor
Gregory Cribbs☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
4202 Flagstaff Dr Austin TX 78759

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.

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
7/18/16**5** Full name of contributor
Julie Beicken☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$20.00**6** Contributor address; City; State; Zip Code
1219 Harvard Avenue Billings MT 59102**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
7/20/16Full name of contributor
Pete Gilcrease☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
108 E 48th St Austin TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/25/16Full name of contributor
Suze Theus☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$350.00Contributor address; City; State; Zip Code
707 N Emory CV Hutto TX 78634

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/25/16Full name of contributor
Jonathan Brewer☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$5.00Contributor address; City; State; Zip Code
7511 Sugar Magnolia St Austin TX 78757

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.**

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
8/4/16**5** Full name of contributor
Alexandra Cizmar☐ 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
8/5/16Full name of contributor
Brett Allen☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
2503 Willow St Austin TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/14/16Full name of contributor
Jennifer Moore☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$5.00Contributor address; City; State; Zip Code
4509 Tamarack Tr Austin TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/14/16Full name of contributor
Laura Fitton☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$20.00Contributor address; City; State; Zip Code
67 Maple Street Milton MA 2186

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.

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
8/14/16**5** Full name of contributor
Julie Gomoll☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$50.00**6** Contributor address; City; State; Zip Code
2811 Hardeman St, Unit A Austin TX 78704**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
8/14/16Full name of contributor
Dorice Piraino☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$40.00Contributor address; City; State; Zip Code
18020 Madrone Los Gatos CA 95033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/14/16Full name of contributor
Becky McCray☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
916 Okla Blvd Alva OK 73717

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/14/16Full name of contributor
Vanessa Morgan☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
2004 Wilson St Austin TX 78704

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.

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
8/14/16**5** Full name of contributor
TiWanna Kenney☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$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)Date
8/14/16Full name of contributor
Bryan Douglas☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$350.00Contributor address; City; State; Zip Code
12102 Acorn Creek Trl Austin TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/14/16Full name of contributor
Peter Christie☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
2006 Pasadena Drive Austin TX 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/14/16Full name of contributor
Jessica Havlir☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$20.00Contributor address; City; State; Zip Code
11009 Cherisse Dr. Austin TX 78738

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.

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
8/15/16**5** Full name of contributor
Mona-Lisa Brock ☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$50.00**6** Contributor address; City; State; Zip Code
707 N. Emory Cove Hutto TX 78634**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
8/15/16Full name of contributor
Laura Nattinger ☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$20.00Contributor address; City; State; Zip Code
1416 Braided Rope Austin TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/15/16Full name of contributor
Loretta Holland ☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
1707-A Palma Plaza Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/15/16Full name of contributor
Savy Buoy ☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
514 Ladin Lane Lakeway TX 78734

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.**

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
8/15/16**5** Full name of contributor
Rob Latsha☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$30.00**6** Contributor address; City; State; Zip Code
5014 West Frances Place Austin TX 78731**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
8/16/16Full name of contributor
Tom Demaree☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$25.00Contributor address; City; State; Zip Code
418 Sir John Court Franklin TN 37064

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/21/16Full name of contributor
Sarah Thomas☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$10.00Contributor address; City; State; Zip Code
5003 Gladeview Dr. Austin TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/7/16Full name of contributor
Maria Gricelda Garcia☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$20.00Contributor address; City; State; Zip Code
8511 Stonebridge #1 San Antonio TX 78240

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.**

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
9/8/16**5** Full name of contributor
Riley Spiller☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$30.00**6** Contributor address; City; State; Zip Code
2017 E 2nd St Austin TX 78702**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/12/16Full name of contributor
Monique Dieuvil☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$5.00Contributor address; City; State; Zip Code
2337 SW Archer Road, Gainesville FL 32608
Apt. # 4065

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/15/16Full name of contributor
Nadine Dieuvil☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$350.00Contributor address; City; State; Zip Code
1175 Manor Court Weston FL 33326

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/21/16Full name of contributor
Alain Nicolas-David☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
432 West Royal Cove Circle Davie FL 33325

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.**

MONETARY POLITICAL CONTRIBUTIONS**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 Filers)**4** Date
9/21/16**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Marcelle Nicolas-David, Sr.**7** Amount of contribution (\$)
\$50.00**6** Contributor address; City; State; Zip Code
432 West Royal Cove Circle Davie FL 33325**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/22/16Full name of contributor ☐ out-of-state PAC (ID#: _____)
John LohAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
15918 S. Barkers Landing Rd. Houston TX 77079

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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 Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 7/12/16		5 Payee name DonateWay			
6 Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 7/12/16		Payee name DonateWay			
Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 7/13/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 7/13/16		5 Payee name DonateWay			
6 Amount (\$) \$1.56		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/13/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 7/13/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 7/13/16		5 Payee name DonateWay			
6 Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/13/16		Payee name DonateWay			
Amount (\$) \$1.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 7/13/16		Payee name DonateWay			
Amount (\$) \$0.56		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 07/15/16		5 Payee name DonateWay			
6 Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/15/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 7/16/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 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		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 7/20/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 7/25/16		Payee name DonateWay			
Amount (\$) \$17.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 7/25/16		5 Payee name DonateWay			
6 Amount (\$) \$0.56		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 8/4/16		Payee name DonateWay			
Amount (\$) \$1.65		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 8/5/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/16		5 Payee name DonateWay			
6 Amount (\$) \$0.56		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/16		Payee name DonateWay			
Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 8/14/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19	2 FILER NAME Wesley E. Faulkner	3 Filer ID (Ethics Commission Filers)
4 Date 8/14/16	5 Payee name DonateWay	
6 Amount (\$) \$2.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 8/14/16	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 8/14/16	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/16		5 Payee name DonateWay			
6 Amount (\$) \$1.56		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/16		Payee name DonateWay			
Amount (\$) \$17.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 8/14/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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 Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/16		5 Payee name DonateWay			
6 Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/15/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 8/15/16		Payee name DonateWay			
Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/16		5 Payee name DonateWay			
6 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/15/16		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 8/15/16		Payee name DonateWay			
Amount (\$) \$1.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/16/16		5 Payee name DonateWay			
6 Amount (\$) \$1.56		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/21/16		Payee name DonateWay			
Amount (\$) \$0.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 9/7/16		Payee name DonateWay			
Amount (\$) \$1.30		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 9/8/16		5 Payee name DonateWay			
6 Amount (\$) \$1.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/16		Payee name DonateWay			
Amount (\$) \$0.56		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Date 9/15/16		Payee name DonateWay			
Amount (\$) \$17.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 9/21/16		5 Payee name DonateWay			
6 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign donor website donation processing/handling fee	
9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 7/22/16		5 Payee name Alt Creative			
6 Amount (\$) \$378.88		7 Payee address; City; State; Zip Code 3571 Far West Blvd. Austin TX 78731 #197			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo design for campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/27/16		Payee name City of Austin			
Amount (\$) \$1.20		Payee address; City; State; Zip Code 1111 Rio Grande Street Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Parking meter fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking meter fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/5/16		Payee name Twitter, Inc.			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 1355 Market Street, San CA 94103 Suite 900 Fransisco			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising on Twitter	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/5/16		5 Payee name Facebook, Inc.			
6 Amount (\$) \$25.01		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo CA 94025 Park			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising on Facebook	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/12/16		Payee name Twitter, Inc.			
Amount (\$) \$32.98		Payee address; City; State; Zip Code 1355 Market Street, San CA 94103 Suite 900 Francisco			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising on Twitter	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/16/16		Payee name Allied Shirts			
Amount (\$) \$54.83		Payee address; City; State; Zip Code 11525 Stonehollow Dr., Austin TX 78758 Suite A100			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign T-Shirt Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T-Shirt Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/18/16		5 Payee name Facebook, Inc.			
6 Amount (\$) \$51.96		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo CA 94025 Park			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising on Facebook	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/22/16		Payee name Sticker Mule			
Amount (\$) \$121.00		Payee address; City; State; Zip Code 411 Lafayette Street, New York NY 10003 6th Floor			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign buttons expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/24/16		Payee name BuildASign.com			
Amount (\$) \$563.16		Payee address; City; State; Zip Code 11525a Stonehollow Austin TX 78758 Drive #100			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign signage expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19		2 FILER NAME Wesley E. Faulkner		3 Filer ID (Ethics Commission Filers)	
4 Date 8/24/16		5 Payee name Facebook, Inc.			
6 Amount (\$) \$252.18		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo CA 94025 Park			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising on Facebook	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/29/16		Payee name Alt Creative			
Amount (\$) \$135.31		Payee address; City; State; Zip Code 3571 Far West Blvd. Austin TX 78731 #197			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/29/16		Payee name Capital City Printing, LLC			
Amount (\$) \$48.71		Payee address; City; State; Zip Code 3913 Todd Ln., Austin TX 78744 Suite 508			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Fees
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/Fundraising 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: 19	2 FILER NAME Wesley E. Faulkner	3 Filer ID (Ethics Commission Filers)
4 Date 9/1/16	5 Payee name Facebook, Inc.	
6 Amount (\$) \$103.19	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo CA 94025 Park	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising on Facebook
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 9/1/16	Payee name Facebook, Inc.	
Amount (\$) \$2.19	Payee address; City; State; Zip Code 1 Hacker Way Menlo CA 94025 Park	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising on Facebook
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
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/Fundraising 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 F2: 1	2 FILER NAME Wesley E. Faulkner	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 7/13/16	6 Payee name Huck Tate
--------------------------	----------------------------------

7 Amount (\$) \$900.00	8 Payee address; City; State; Zip Code 3993 Woodview Drive Vadnais MN 55127 Heights
----------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphics and Web Work
----------------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

--	--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
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/Fundraising 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 F4:
2

2 FILER NAME
Wesley E. Faulkner

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 30.76

5 Date
7/10/16

6 Payee name
Namecheap, Inc.

7 Amount (\$)
\$19.72

8 Payee address; City; State; Zip Code
11400 W. Olympic Los CA 90064
Blvd., Suite 200 Angeles

9 TYPE OF
EXPENDITURE

☒ Political

☐ Non-Political

10 PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Campaign website domain name registration and
hosting fees

11 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
7/14/16

Payee name
Namecheap, Inc.

Amount (\$)
\$9.84

Payee address; City; State; Zip Code
11400 W. Olympic Los CA 90064
Blvd., Suite 200 Angeles

TYPE OF
EXPENDITURE

☒ Political

☐ Non-Political

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Campaign website domain name registration

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
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/Fundraising 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 F4: 2	2 FILER NAME Wesley E. Faulkner	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 30.76
--	----------

5 Date 7/7/16	6 Payee name City of Austin
-------------------------	---------------------------------------

7 Amount (\$) \$1.20	8 Payee address; City; State; Zip Code 1111 Rio Grande Street Austin TX 78701
--------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Parking meter fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking meter fee
-------------------------------------	---	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
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/Fundraising 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 G: 1	2 FILER NAME Wesley E. Faulkner	3 Filer ID (Ethics Commission Filers)
4 Date 8/4/16	5 Payee name Citigroup, Inc.	
6 Amount (\$) \$30.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 790046 St. Louis MO 63179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 7/25/16	Payee name City of Austin City Clerk	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1111 Rio Grande Street Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ballot Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED