

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

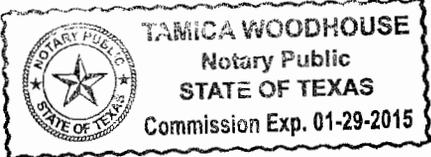
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

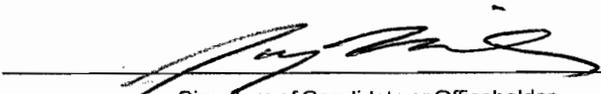
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,013.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to, and subscribed before me, by the said Jay Byron Wiley, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

<u>D. Woodhouse</u>	<u>Tamica Woodhouse</u>	<u>Jay Specialist II</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

7/21/13

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

Jonathan Ross Geserick

6 Contributor address; City; State; Zip Code

1311 Brook Bluff, San Antonio TX 78248

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
contract manager

10 Employer (See Instructions)
AT&T

Date

7/31/13

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

Amy Ciarochi

Contributor address; City; State; Zip Code

101 Willowwod Lane, Ovilla TX 75154

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
manager

Employer (See Instructions)
American Heart Association

Date

7/31/13

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

Kerry O'Brien

Contributor address; City; State; Zip Code

1011 Westlake Drive, Austin TX 78746

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
O'Brien Law P.C.

Date

7/31/13

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

Karen & Peter Wehman

Contributor address; City; State; Zip Code

229 Char Oak Drive, Columbia SC 29212

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date

8/1/13

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

Darren Grubb

Contributor address; City; State; Zip Code

127 W. 72nd #3.R, New York, NY 10023

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
chief of staff

Employer (See Instructions)
Bloomberg LP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

8/1/13

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

Lavin Gartland

6 Contributor address; City; State; Zip Code

2049 Cottage Lane, Atlanta GA 30318

7 Amount of contribution (\$)

\$25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
assistant commissioner

10 Employer (See Instructions)
State of Georgia

Date

8/1/13

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

Richard L. Meyer

Contributor address; City; State; Zip Code

2504 Royal Lytham Drive, Austin, TX 78747

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date

8/3/13

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

Charles M. Jordan

Contributor address; City; State; Zip Code

1917 Sandy Lake Drive, Friendswood, TX 77546

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
Daughtry & Jordan P.C.

Date

8/3/13

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

William D. Caldwell

Contributor address; City; State; Zip Code

1305 W. 34th Street, Ste. 210, Austin, TX 78705

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
physician

Employer (See Instructions)
self

Date

8/3/13

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

Michael Phillips

Contributor address; City; State; Zip Code

1406 Wathen Avenue, Austin, TX 78703

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
physician

Employer (See Instructions)
self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

8/3/13

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

Linda & Jesse Tijerina

6 Contributor address; City; State; Zip Code

2011 Williamsburg Court North, League City, TX 77573

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
best efforts

10 Employer (See Instructions)
best efforts

Date

8/5/13

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

Reggie S. Gibbs

Contributor address; City; State; Zip Code

1201 Washington Blvd, Apt. 320, Stamford, CT 06902

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
insurance manager

Employer (See Instructions)
Starr Compares

Date

8/6/13

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

Ellen & Caleb Troxclair

Contributor address; City; State; Zip Code

8510 Tyhurst Drive, Austin, TX 78749

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
executive staff

Employer (See Instructions)
Texas Railroad Commission

Date

8/7/13

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

Kelly & Jered Bryan

Contributor address; City; State; Zip Code

312 Entrada Way, Round Rock, TX 78681

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
sales

Employer (See Instructions)
Dell

Date

8/8/13

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

Angela Crummett

Contributor address; City; State; Zip Code

1205 Sealy, Galveston, TX 77550

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

8/9/13

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

Cynthia & Dr. Louis Costa

6 Contributor address; City; State; Zip Code

909 Parrot Creek Way, Charleston, SC 29412

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
best efforts

10 Employer (See Instructions)
best efforts

Date

8/9/13

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

Mary & Charles Wiley

Contributor address; City; State; Zip Code

7001 Weis Drive, Galveston, TX 77551

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date

8/9/13

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

Jacqueline Rae

Contributor address; City; State; Zip Code

522 Hancock, Apt. 224, Corpus Christi, TX 78404

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
assistant district attorney

Employer (See Instructions)
Nueces County

Date

8/9/13

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

Leslie & Bill Davenport

Contributor address; City; State; Zip Code

1412 Wathen Avenue, Austin, TX 78703

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
realtor

Employer (See Instructions)
Gottesman Residential

Date

8/10/13

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

Trisha Farine

Contributor address; City; State; Zip Code

2382 Sabal Park Lane, League City, TX 77573

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
Daughtry & Jordan P.C.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

8/12/13

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

William Knight

6 Contributor address; City; State; Zip Code

3866 Pelham Road, Fort Worth, TX 76116

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
attorney

10 Employer (See Instructions)
best efforts

Date

8/12/13

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

Susan & Albert Arena

Contributor address; City; State; Zip Code

10010 Park Woods Lane, Burke, VA 22015

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
director of import compliance

Employer (See Instructions)
Leidos

Date

8/14/13

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

Jacob Wehman

Contributor address; City; State; Zip Code

801 True Street, Columbia, SC 29209

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
dentist

Employer (See Instructions)
self

Date

8/14/13

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

Diana & Eddie Barr

Contributor address; City; State; Zip Code

41 Adler Circle, Galveston, TX 77551

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

Date

8/16/13

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

Dorothy & John Worthen

Contributor address; City; State; Zip Code

5017 Casa Grande, Dickinson, TX 77539

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

8/17/13

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

Amy Corbett

6 Contributor address; City; State; Zip Code

1805 Sharon Lane, Austin, TX 78703

7 Amount of contribution (\$)

\$50

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
best efforts

10 Employer (See Instructions)
best efforts

Date

8/18/13

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

Beth & Michael Holmes

Contributor address; City; State; Zip Code

PO Box 615, Spruce Pine, NC 28777

Amount of contribution (\$)

\$200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
best efforts

Date

8/19/13

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

Timothy G. Moore

Contributor address; City; State; Zip Code

6632 Ruxton Lane, Austin, TX 78749

Amount of contribution (\$)

\$200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
COO

Employer (See Instructions)
Drake Industries

Date

8/19/13

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

Gerry Dickinson

Contributor address; City; State; Zip Code

1049 Elm Avenue, Columbia, SC 29205

Amount of contribution (\$)

\$35

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
state government

Employer (See Instructions)
South Carolina

Date

8/19/13

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

Liz Opalka

Contributor address; City; State; Zip Code

3303 Oakmont Blvd, Austin, TX 78703

Amount of contribution (\$)

\$200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
sales

Employer (See Instructions)
Progenity

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

8/22/13

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

Stephanie Ashworth

6 Contributor address; City; State; Zip Code

3713 Eastledge Drive, Austin, TX 78703

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
best efforts

10 Employer (See Instructions)
best efforts

Date

8/23/13

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

Terry & Don Horres

Contributor address; City; State; Zip Code

3220 Pignatelli Crescent, Mt. Pleasant, SC 29466

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
broker

Employer (See Instructions)
Carolina One Realty

Date

8/24/13

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

Lisa Thomas

Contributor address; City; State; Zip Code

1211 Richcreek Road, Austin, TX 78757

Amount of contribution (\$)

\$40

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
registered nurse

Employer (See Instructions)
Ob Gyn Group of Austin

Date

8/26/13

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

Rosemary & Richard Edwards

Contributor address; City; State; Zip Code

6828 Heron Drive, Austin, TX 78759

Amount of contribution (\$)

\$150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
self employed

Employer (See Instructions)
self employed

Date

8/28/13

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

Robert Perez

Contributor address; City; State; Zip Code

5708 Lafitte, Galveston, TX 77551

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

9/1/13

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

Erin Sadler

6 Contributor address; City; State; Zip Code

7716 Rathlin Court, Charlotte, NC 28270

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
best efforts

10 Employer (See Instructions)
best efforts

Date

9/9/13

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

Lynne Berdofe

Contributor address; City; State; Zip Code

9120 Edwardson Lane, Austin, TX 78749

Amount of contribution (\$)

\$30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
nurse practitioner

Employer (See Instructions)
Ob Gyn Group of Austin

Date

9/11/13

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

Sharon Delesandri

Contributor address; City; State; Zip Code

7009 Poplar, Galveston, TX 77551

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
best efforts

Employer (See Instructions)
best efforts

Date

9/12/13

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

Sara Clanton

Contributor address; City; State; Zip Code

2810 Brookmist Drive, Dickinson, TX 77539

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
assistant principal

Employer (See Instructions)
Galveston ISD

Date

9/16/13

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

Laura & Roger Zuchowski

Contributor address; City; State; Zip Code

616 Asheton Way, Simpsonville, SC 29681

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
cost accountant

Employer (See Instructions)
Revman International

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

8110

4 Date

9/16/13

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

Greg Sindelar

6 Contributor address; City; State; Zip Code

9000 Sommerland Way, Austin, TX 78749

7 Amount of contribution (\$)

\$25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Director of Operations

10 Employer (See Instructions)

Texas Public Policy Foundation

Date

9/17/13

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

Jay Bauer

Contributor address; City; State; Zip Code

7216 Gentian Court, Springfield, VA 22152

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

U.S. Dept. of Justice

Date

9/17/13

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

Ana & Tony Jaramillo

Contributor address; City; State; Zip Code

25 6th Avenue N, Texas City, TX 77590

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9/19/13

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

Michelle Lockhoof

Contributor address; City; State; Zip Code

11704 Via Grande Drive, Austin, TX 78739

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

best efforts

Employer (See Instructions)

best efforts

Date

9/20/13

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

Glenn Bass

Contributor address; City; State; Zip Code

3001 Esperanza Crossing, #2065, Austin, TX 78758

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Justice of the Peace

Employer (See Instructions)

Travis County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Jay Wiley		3 ACCOUNT # (Ethics Commission Filers) 8110	
4 Date 9/21/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle & Jason Gooch	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2507 Hartford Road, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions) Ob Gyn Group of Austin	
Date 9/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Coffee	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 770 5th Street NW, Apt. 1002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Coffee & Associates	
Date 9/24/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Workman for Texas	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4415 R.O. Drive, Spicewood, TX 78669		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) political campaign		Employer (See Instructions) political campaign	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Jay Wiley

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 15,000.00

5 Date of loan

6/25/13

7 Name of lender

Jay Wiley

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$15,000.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

4221 Canoas Drive, Austin, TX 78730

10 Interest rate

0%

11 Maturity date

12 Principal occupation / Job title (See Instructions)

attorney

13 Employer (See Instructions)

self

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Jonathan Ross Geserick
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Amount (\$) \$100	Payee address; City; State; Zip Code 1311 Brook Bluff, San Antonio TX 78248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Amy Clarochi
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Amount (\$) \$50	Payee address; City; State; Zip Code 101 Willowood Lane, Ovilla, TX 75154
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Kerry O'Brien
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Amount (\$) \$100	Payee address; City; State; Zip Code 1011 Westlake Drive, Austin, TX 78746
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/11/13	5 Payee name Karen & Peter Wehman	
6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 229 Char Oak Drive, Columbia, SC 29212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Darren Grubb	
Amount (\$) \$250	Payee address; City; State; Zip Code 127 W. 72nd #3.R, New York, NY 10023	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Lavin Gartland	
Amount (\$) \$25	Payee address; City; State; Zip Code 2049 Cottage Lane, Atlanta, GA 30318	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Richard L. Meyer	
Amount (\$) \$100	Payee address; City; State; Zip Code 2504 Royal Lytham Drive, Austin, TX 78747	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Charles M. Jordan
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6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 1917 Sandy Lake Drive, Friendswood, TX 77546
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name William D. Caldwell
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Amount (\$) \$250	Payee address; City; State; Zip Code 1305 W. 34th Street, Ste. 210, Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Michael Phillips
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Amount (\$) \$200	Payee address; City; State; Zip Code 1406 Wathen Avenue, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Linda & Jesse Tijerina
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Amount (\$) \$100	Payee address; City; State; Zip Code 2011 Williamsburg Court North, League City, TX 77573
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/11/13	5 Payee name Reggie S. Gibbs	
6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 1201 Washington Blvd, Apt. 320, Stamford, CT 06902	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Ellen & Caleb Troxclair	
Amount (\$) \$250	Payee address; City; State; Zip Code 8510 Tyhurst Drive, Austin, TX 78749	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Kelly & Jered Bryan	
Amount (\$) \$50	Payee address; City; State; Zip Code 312 Entrada Way, Round Rock, 78681	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Angela Crummett	
Amount (\$) \$25	Payee address; City; State; Zip Code 1205 Sealy, Galveston, TX 77550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Cynthia & Dr. Louis Costa
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6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 909 Parrot Creek Way, Charleston, SC 29412
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Mary & Charles Wiley
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Amount (\$) \$500	Payee address; City; State; Zip Code 7001 Weis Drive, Galveston, TX 77551
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Jacqueline Rae
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Amount (\$) \$25	Payee address; City; State; Zip Code 522 Hancock, Apt. 224, Corpus Christi, TX 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Leslie & Bill Davenport
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Amount (\$) \$50	Payee address; City; State; Zip Code 1412 Wathen Avenue, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Trisha Farine
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6 Amount (\$) \$200	7 Payee address; City; State; Zip Code 2382 Sabal Park Lane, League City, TX 77573
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name William Knight
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Amount (\$) \$50	Payee address; City; State; Zip Code 3866 Pelham Road, Fort Worth, TX 76116
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Susan & Albert Arena
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Amount (\$) \$50	Payee address; City; State; Zip Code 10010 Park Woods Lane, Burke, VA 22015
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Jacob Wehman
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Amount (\$) \$100	Payee address; City; State; Zip Code 801 True Street, Columbia, SC 29209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Diana & Eddie Barr
----------------------------------	--

6 Amount (\$) \$200	7 Payee address; City; State; Zip Code 41 Adler Circle, Galveston, TX 77551
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Dorothy & John Worthen
-------------------------	---

Amount (\$) \$50	Payee address; City; State; Zip Code 5017 Casa Grande, Dickinson, TX 77539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Amy Corbett
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Amount (\$) \$50	Payee address; City; State; Zip Code 1805 Sharon Lane, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Beth & Michael Holmes
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Amount (\$) \$200	Payee address; City; State; Zip Code Po Box 615, Spruce Pine, NC 28777
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Timothy G. Moore
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6 Amount (\$) \$200	7 Payee address; City; State; Zip Code 6632 Ruxton Lane, Austin, TX 78749
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Gerry Dickinson
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Amount (\$) \$35	Payee address; City; State; Zip Code 1049 Elm Avenue, Columbia, SC 29205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Liz Opalka
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Amount (\$) \$200	Payee address; City; State; Zip Code 3303 Oakmont Blvd, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Stephanie Ashworth
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Amount (\$) \$50	Payee address; City; State; Zip Code 3713 Eastledge Drive, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Terry & Don Horres
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6 Amount (\$) \$50	7 Payee address; City; State; Zip Code 3220 Pignatelli Crescent, Mt. Pleasant, SC 294466
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Lisa Thomas
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Amount (\$) \$40	Payee address; City; State; Zip Code 1211 Richcreek Road, Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Rosemary & Richard Edwards
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Amount (\$) \$150	Payee address; City; State; Zip Code 6828 Heron Drive, Austin, TX 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Robert Perez
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Amount (\$) \$50	Payee address; City; State; Zip Code 5708 Lafitte, Galveston, TX 77551
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/11/13	5 Payee name Erin Sadler	
6 Amount (\$) \$250	7 Payee address; City; State; Zip Code 7716 Rathlin Court, Charlotte, NC 28270	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Lynne Berdofe	
Amount (\$) \$30	Payee address; City; State; Zip Code 9120 Edwardson Lane, Austin, TX 78749	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Sharon Delesandri	
Amount (\$) \$20	Payee address; City; State; Zip Code 7009 Poplar, Galveston, TX 77551	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/13	Payee name Sara Clanton	
Amount (\$) \$25	Payee address; City; State; Zip Code 2810 Brookmist Drive, Dickinson, TX 77539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Laura & Roger Zuchowski
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6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 616 Asheton Way, Simpsonville, SC 29681
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Greg Sindelar
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Amount (\$) \$25	Payee address; City; State; Zip Code 9000 Sommerland Way, Austin, TX 78749
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Jay Bauer
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Amount (\$) \$50	Payee address; City; State; Zip Code 7216 Gentian Court, Springfield, VA 22152
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name Ana & Tony Jaramillo
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Amount (\$) \$25	Payee address; City; State; Zip Code 25 6th Avenue N, Texas City, TX 77590
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation Refund	Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Jay Wiley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/11/13		5 Payee name Michelle Lockhoof			
6 Amount (\$) \$50		7 Payee address; City; State; Zip Code 11704 Via Grande Drive, Austin, TX 78739			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation Refund		(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/13		Payee name Glenn Bass			
Amount (\$) \$100		Payee address; City; State; Zip Code 3001 Esperanza Crossing, #2065, Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation Refund		Description (If travel outside of Texas, complete Schedule T) Donation Refund	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/13		Payee name Michelle & Jason Gooch			
Amount (\$) \$200		Payee address; City; State; Zip Code 2507 Hartford Road, Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation Refund		Description (If travel outside of Texas, complete Schedule T) Donation Refund	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/13		Payee name Roy Coffee			
Amount (\$) \$500		Payee address; City; State; Zip Code 770 5th Street NW, Apt. 1002, Washington, DC 20002			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation Refund		Description (If travel outside of Texas, complete Schedule T) Donation Refund	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/13	5 Payee name Workman For Texas
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6 Amount (\$) \$250	7 Payee address; City; State; Zip Code 4415 R.O. Drive, Spicewood, TX 78669
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation Refund	(b) Description (If travel outside of Texas, complete Schedule T) Donation Refund
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/08/13	Payee name Jay Wiley
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Amount (\$) \$7,456.65	Payee address; City; State; Zip Code 4221 Canoas Drive, Austin, TX 78730
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	Description (If travel outside of Texas, complete Schedule T) Acct Balance Transfer Back to Personal Acct
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Jay Wiley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/13/13		5 Payee name J Bell Photography			
6 Amount (\$) \$518.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Austin, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) contract labor		(b) Description (If travel outside of Texas, complete Schedule T) photography	
Date 7/22/13		Payee name Office Max			
Amount (\$) \$64.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 907 West 5th Street, Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office supplies		Description (If travel outside of Texas, complete Schedule T) stock paper	
Date 7/22/13		Payee name U.S. Post Office			
Amount (\$) \$138.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3201 Bee Cave Road, Ste. 120, Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) postage		Description (If travel outside of Texas, complete Schedule T) postage	
Date 7/25/13		Payee name Office Max			
Amount (\$) \$55.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10001 Research Blvd, Austin, TX 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office supplies		Description (If travel outside of Texas, complete Schedule T) stock paper	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/29/13	5 Payee name U.S. Post Office
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6 Amount (\$) \$92.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code McNeil Station, Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) postage	(b) Description (If travel outside of Texas, complete Schedule T) postage
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Date 8/2/13	Payee name U.S. Post Office
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Amount (\$) \$230.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code McNeil Station, Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) postage	Description (If travel outside of Texas, complete Schedule T) postage
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Date 8/2/13	Payee name Bank of America
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Amount (\$) \$115.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) banking fees	Description (If travel outside of Texas, complete Schedule T) banking fees
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Date 8/9/13	Payee name Minuteman Press
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Amount (\$) \$38.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1221 West 6th Street, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing	Description (If travel outside of Texas, complete Schedule T) printing
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/12/13	5 Payee name Office Max
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6 Amount (\$) \$29.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 907 West 5th Street, Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office supplies	(b) Description (If travel outside of Texas, complete Schedule T) stock paper
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Date 8/19/13	Payee name Go Daddy.com
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Amount (\$) \$92.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Scottsdale, AZ
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) website domain	Description (If travel outside of Texas, complete Schedule T) website domain
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Date 9/3/13	Payee name Bank of America
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Amount (\$) \$83.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) banking fees	Description (If travel outside of Texas, complete Schedule T) banking fees
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Date 9/3/13	Payee name Nation Builder
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Amount (\$) \$19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Los Angeles, CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) website maintenance	Description (If travel outside of Texas, complete Schedule T) website maintenance
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Jay Wiley	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/3/13	5 Payee name Alison Meador
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6 Amount (\$) \$1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3403 Southhill Circle, Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) consulting fee	(b) Description (If travel outside of Texas, complete Schedule T) fundraising meetings, strategy
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Date 9/16/13	Payee name Steinhauser Strategies
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Amount (\$) \$3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 Lavaca Street, Austin, 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting fees	Description (If travel outside of Texas, complete Schedule T) strategy, website maintenance
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Date 9/23/13	Payee name Minuteman Press
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Amount (\$) \$38.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1221 West 6th Street, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing	Description (If travel outside of Texas, complete Schedule T) printing
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Date 10/2/13	Payee name Bank of America
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Amount (\$) \$71.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) banking fees	Description (If travel outside of Texas, complete Schedule T) banking fees
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Jay Wiley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/3/13		5 Payee name Steinhauser Strategies			
6 Amount (\$) \$525.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 201 Lavaca Street, Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) consulting fee		(b) Description (If travel outside of Texas, complete Schedule T) strategy, web maintenance	
Date 10/4/13		Payee name Sir Speedy Printing			
Amount (\$) \$61.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 211 East 7th Street, Ste. 100, Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) printing		Description (If travel outside of Texas, complete Schedule T) printing	
Date 10/11/13		Payee name Alison Meador			
Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3403 Southill Circle, Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting fee		Description (If travel outside of Texas, complete Schedule T) fundraising strategy	
Date 11/4/13		Payee name Bank of America			
Amount (\$) \$41.00 <input checked="" 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) banking fees		Description (If travel outside of Texas, complete Schedule T) banking fees	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Jay Wiley		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/6/13		5 Payee name Bank of America			
6 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) banking fees		(b) Description (If travel outside of Texas, complete Schedule T) banking fees	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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