

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Erleigh N. Wiley 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.

GENERAL

SPECIFIC

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

COMMITTEE ADDRESS

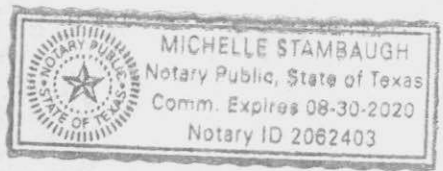
COMMITTEE CAMPAIGN TREASURER NAME

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)	\$	9,876.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	/
	4. TOTAL POLITICAL EXPENDITURES	\$	3,256.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Erleigh N. Wiley, this the 10th day of January, 2020, to certify which, witness my hand and seal of office.

[Signature] Michelle Stambaugh Notary, Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9876.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 220.00
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	\$ 3256.33
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$ 77.23
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 20.54
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:

1 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

Randall B. Isenberg

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

9-3-19

4303 N. Central Exp. Dallas TX 75205

1,000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

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

Keith Bell

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-4-19

P.O. Box 1886 Forney, TX 75126

250.00

Principal occupation / Job title (See Instructions)

State Representative

Employer (See Instructions)

State of Texas

Date

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

Robert R. Smith

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-4-19

500 N. Akard St, Ste 2150, Dallas, TX 75201

150.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

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

J.P. Pickers

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-4-19

P.O. Box 519 Mahanok, TX 75147

200.00

Principal occupation / Job title (See Instructions)

General Manager Car Dealer

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 12

2 FILER NAME

Erkiah N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

J.D. Vess

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

9-5-19

P.O. Box 1885 Mabank, TX 75147

100.00

8 Principal occupation / Job title (See Instructions)

Truck driver

9 Employer (See Instructions)

self

Date

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

K. P. Wheeler

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-6-19

905 W. Ralph Hall Pkwy #101 Rockwall, TX 75082

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

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

Frank A. Perez

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-6-19

9110 Scyene Rd Dallas, TX 75227

250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

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

David Charles Cole

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-7-19

407 Arboretum Rd Richardson, TX 75080

50.00

Principal occupation / Job title (See Instructions)

attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 12

2 FILER NAME

Erleich N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

Bobby C. Stark

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

9-10-19

P.O. Box 911 Kemp, TX 75143

500⁰⁰

8 Principal occupation / Job title (See Instructions)

Bail bondsman

9 Employer (See Instructions)

Aaron Bail Bonds

Date

Full name of contributor

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

Amount of contribution (\$)

Donna K. Gonzales

Contributor address;

City; State; Zip Code

9-11-19

12205 Windy Ln Forney, TX 75126

25⁰⁰

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

Date

Full name of contributor

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

Amount of contribution (\$)

Ted B. Lyons

Contributor address;

City; State; Zip Code

9-12-19

18601 LBJ Fwy Ste 525 Mesquite, TX 75150

500⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

Full name of contributor

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

Amount of contribution (\$)

Suzanne Shumpert

Contributor address;

City; State; Zip Code

9-13-19

302 W. Nash Terrell, TX 75160

100⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Shumper Law Offices

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:

4 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

Mary Lee Sefried

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

9-14-19

12500 Eubanks Rd Combine, TX 75159

100⁰⁰

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

N/A

Date

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

Grant St. Julian

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-19-19

3500 Oak Lawn #205 Dallas, TX 75219

100⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

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

William C. Meili

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-19-19

1005 Village Center Southlake, TX 76092

100⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

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

John D. Mosley

Amount of contribution (\$)

Contributor address; City; State; Zip Code

09-27-19

201 W. Mulberry Kaufman, TX 75142

100⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

David Dearing

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

9-30-19

1922 Shari Ln Garland, TX 75043

500⁰⁰

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

N/A

Date

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

Melissa Spain

Amount of contribution (\$)

Contributor address; City; State; Zip Code

09-30-19

407 Kaufman St Forney, TX 75126

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Shirley Bruner

Amount of contribution (\$)

Contributor address; City; State; Zip Code

09-30-19

7127 FM 3396 Kemp, TX 75143

100⁰⁰

Principal occupation / Job title (See Instructions)

Victim Assistance Coord

Employer (See Instructions)

Kaufman County

Date

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

Ghelton Gibbs

Amount of contribution (\$)

Contributor address; City; State; Zip Code

09-30-19

8311 Maplewood Dr Terrell, TX 75160

100⁰⁰

Principal occupation / Job title (See Instructions)

Prosecutor

Employer (See Instructions)

Kaufman County

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:

6 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

James Dearing

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

09-30-19

15874 Jacks Dr. Terrell, TX 75161

100⁰⁰

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

N/A

Date

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

Marc Moffitt

Amount of contribution (\$)

Contributor address; City; State; Zip Code

09-30-19

235 Robinson Rd Combine, TX 75159

100⁰⁰

Principal occupation / Job title (See Instructions)

Prosecutor

Employer (See Instructions)

Kaufman County

Date

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

Nan Kay

Amount of contribution (\$)

Contributor address; City; State; Zip Code

09-30-19

1421 CR 280 Kaufman, TX 75142

50⁰⁰

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

Date

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

Mary Carter

Amount of contribution (\$)

Contributor address; City; State; Zip Code

09-30-19

P.O. Box 1932 Mahanok, TX 75147

300⁰⁰

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

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:

7 of 12

2 FILER NAME

Erkigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

Ginger Hudghey

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

9/30/19 P.O. Box 672 Kaufman, TX 75142

500⁰⁰

8 Principal occupation / Job title (See Instructions)

loan officer

9 Employer (See Instructions)

Rely On Credit Union

Date

Full name of contributor

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

Chad Johnson

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

9/30/19 134 Chemtree Trail Forney, TX 75126

100⁰⁰

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

Full name of contributor

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

Helen Schensker

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

9/30/19 204 Jessica Ct Forney, TX 75126

200⁰⁰

Principal occupation / Job title (See Instructions)

fleet manager

Employer (See Instructions)

ford Dealership

Date

Full name of contributor

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

Mike Head

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

9/30/19 219 S. Prairieville Athens, TX 75751

100⁰⁰

Principal occupation / Job title (See Instructions)

attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

Jimmy Weaver

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

9-30-19 205 N. Hwy 175 Seagoville, TX 75159

100⁰⁰

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

N/A

Date

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

Charles Maduka

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-30-19 2201 Main St #800 Dallas, TX 75201

200⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

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

Rodney Wray

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-30-19 11036 CR 4028 Kemp, TX 75143

150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Reed Prospere

Amount of contribution (\$)

Contributor address; City; State; Zip Code

10-01-19 8111 Preston #500 Dallas, TX 75225

250⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

James Wynn Breeden, Jr

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

9-13-19

309 Elm Dr Terrell, TX 75160

333.00

8 Principal occupation / Job title (See Instructions)

Rancher

9 Employer (See Instructions)

self

Date

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

David Breeden

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-13-19

P.O. Box 794 Terrell, TX 75160

334.00

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

self

Date

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

Wynne Breeden

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-29-19

P.O. Box 794 Terrell, TX 75160

334.00

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

self

Date

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

Knox Fitzpatrick

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9-29-19

3033 Rosedale Dallas, TX 75205

100.00

Principal occupation / Job title (See Instructions)

attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

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

Kevin Frances

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

9.30.19 P.O. Box 159 Kaufman, TX 75142

500.00

8 Principal occupation / Job title (See Instructions)

Bailbondsmen

9 Employer (See Instructions)

Best Bailbonds

Date

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

William J. Fortner

Amount of contribution (\$)

Contributor address; City; State; Zip Code

10.02.19 4 Climbing Tree Kaufman, TX 75142

100.00

Principal occupation / Job title (See Instructions)

retired physician

Employer (See Instructions)

N/A (self)

Date

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

Dwight Haddock

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6044 East Lovers Lane #7101
Dallas, TX 75206

500.00

Principal occupation / Job title (See Instructions)

self-employed

Employer (See Instructions)

self-employed

Date

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

Carol Aga

Amount of contribution (\$)

Contributor address; City; State; Zip Code

10.07.19 1703 S. Houston St Kaufman, TX 75142

100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

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 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

Katie McBeaman

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

10-15-19 11026 CR 213 Forrey, TX 75126

500.00

8 Principal occupation / Job title (See Instructions)

housewife

9 Employer (See Instructions)

N/A

Date

Full name of contributor

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

Guy Hull, III

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

10-10-19 1029 W Centerville #202 Garland, TX 75041

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

Full name of contributor

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

Rothwell B. Pool

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

10-21-19 408 W. Nash St Terrell, TX 75160

250.00

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Self

Date

Full name of contributor

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

Jeff Weinstein

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

10-25-19 518 E. Tyler St Athens, TX 75751

250.00

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12 of 12

2 FILER NAME

Erleigh N. Wiley

3 Filer ID (Ethics Commission Filers)

4 Date

12-27-19

5 Full name of contributor

Warren N. Abrams

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

10300 N. Central Exp # 203 Dallas, TX 75231

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

Self

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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 1</i>	
2 FILER NAME <i>Erleigh N. Wiley</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8-29-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Homer L. Nowille</i>	8 Amount of Contribution \$ <i>\$220.00</i>	9 In-kind contribution description <i>postage stamps</i>
7 Contributor address; City; State; Zip Code <i>4171 FM 987 Kaufman TX 75142</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>n/a</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 1 of 5	2 FILER NAME Erleigh N Wiley	3 Filer ID (Ethics Commission Filers)
4 Date 7/31/19	5 Payee name Wells Fargo	
6 Amount (\$) 10 ⁰⁰	7 Payee address; City; State; Zip Code 2100 S. Washington Street Kaufman, TX 75142	
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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/30/19	Payee name Wells Fargo
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Amount (\$) 10 ⁰⁰	Payee address; City; State; Zip Code 2100 S. Washington Street Kaufman, TX 75142
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30/19	Payee name K County Republican Women
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Amount (\$) 120 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 1104 Kaufman, TX 75142
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event - tickets donated to political group	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 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: 2 of 5	2 FILER NAME Erleigh N Wiley	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/19	5 Payee name TX Prosecutors Society	
6 Amount (\$) 250 ⁰⁰	7 Payee address; City; State; Zip Code 505 W. 12th Street - Suite 100 Austin, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donations made by candidate/officeholder to non-profit	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30/19	Payee name Kaufman County Republican Women
Amount (\$) 250 ⁰⁰	Payee address; City; State; Zip Code PO Box 1104 Kaufman, TX 75142

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship of event - political group	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/1/19	Payee name Doe Belly's
Amount (\$) 639. ⁰⁰	Payee address; City; State; Zip Code 101 N. Jackson St. Kaufman, TX 75142

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage for Event - Fundraiser	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 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: 305	2 FILER NAME Erleigh N WILEY	3 Filer ID (Ethics Commission Filers)
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4 Date 10/2/19	5 Payee name Ashley Cook
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6 Amount (\$) 400	7 Payee address; City; State; Zip Code 9591 FM 3094 Scurry, TX 75758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries Wages / Contract Labor - did mail out invitation, worked event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/19	Payee name American Express
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Amount (\$) 500	Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment; Event Expenses - include invitations, return letters, signage for car	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/19	Payee name United States Post Office
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Amount (\$) 13.75	Payee address; City; State; Zip Code 2331 S. Washington St. Kaufman, TX 75742
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 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: 4 of 5	2 FILER NAME Erleigh N Wiley	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/19	5 Payee name TX State Bar Foundation	
6 Amount (\$) 250.	7 Payee address; City; State; Zip Code 515 Congress Avenue Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donations Made by Officeholder	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/18/19	Payee name TX Health Resources, Foundation
Amount (\$) 350.00	Payee address; City; State; Zip Code 612 E. Lamar Blvd. Suite 300 Arlington, TX 76011

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations Made by Officeholders	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11/26/19	Payee name United States Post Office
Amount (\$) 9.81	Payee address; City; State; Zip Code 2331 S. Washington St. Kaufman, TX 75142

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 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: 5 of 5	2 FILER NAME Erleigh N. Wiley	3 Filer ID (Ethics Commission Filers)
4 Date 12-11-19	5 Payee name Tammy Pargoud, Director	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code Reach Child Placement Foundation 1825 Northridge Dr, Terrell, TX 75160	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation made by officeholders	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-30-19	Payee name United States Post Office		
Amount (\$) 50.00	Payee address; City; State; Zip Code 2331 S. Washington St Kaufman, TX 75142		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) postage	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

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	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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 2	2 FILER NAME Erleigh N. Wiley	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8-13-19	6 Payee name Hobby Lobby	
7 Amount (\$) 33.99	8 Payee address; City; State; Zip Code 590 American Way, Terrell, TX 75140	
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) Event 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
	11 Complete ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name Erleigh N. Wiley	Office sought Dist. Atty.
Date 9-10-19	Payee name Wal-Mart	
Amount (\$) 15.74	Payee address; City; State; Zip Code 300 Kings Fort Pkwy, Kaufman, TX 75142	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name Erleigh N. Wiley	Office held Dist Atty

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 of 2	2 FILER NAME Erleigh N. Wiley	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 9-11-19	6 Payee name U.S. Post Office
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7 Amount (\$) 27.50	8 Payee address; City; State; Zip Code 2231 S. Washington St Kaufman, TX 75142
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Erleigh N. Wiley	Office sought	Office held Dist Atty
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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Complete ONLY 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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1 of 1	2 FILER NAME Erleigh N. Wiley	3 Filer ID (Ethics Commission Filers)
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4 Date 9-10-19	5 Payee name Hobby Lobby
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6 Amount (\$) 20.54 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 590 American Way, Terrell, TX 75160
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Erleigh N. Wiley	Office sought	Office held Dist Atty
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Date	Payee name
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Amount (\$) <input 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)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 (\$) <input 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)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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