

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">18</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mrs.      Erleigh      N. ----- NICKNAME      LAST      SUFFIX Wiley	OFFICE USE ONLY FILED FOR RECORD LAURA A. HUGHES COUNTY CLERK 2022 FEB 22 PM 1:41 DAUFMAN CO TEXAS DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mrs.      Janas ----- NICKNAME      LAST      SUFFIX Byrnes		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 740 Martin Ln.      Combine Tx      75159		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 202-3916		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 01 / 21 / 22      THROUGH      02 / 19 / 22		
11 ELECTION	ELECTION DATE Month      Day      Year 03 / 01 / 22	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Criminal District Attorney	13 OFFICE SOUGHT (if known) Criminal District Attorney	
14 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	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

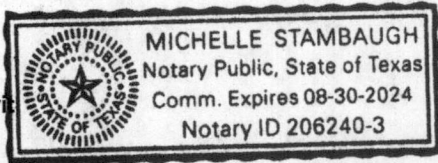
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Erleigh N. Wiley</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>330.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16,417.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,593.86</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>76,184.81</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

*Erleigh N. Wiley*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Erleigh N. Wiley this the 22<sup>nd</sup> day of February.

20 22, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Erleigh N. Wiley</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,451.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,030.00
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	\$ 17,593.86
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 480.29
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 5</b>
2 FILER NAME <b>Erleigh N. Wiley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01-19-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Montgomery Bennett</b>	7 Amount of contribution (\$) <b>2,000.00</b>
6 Contributor address; City; State; Zip Code <b>1485 Dallas Pkwy Ste. 1100 Dallas, TX 75254</b>		
8 Principal occupation / Job title (See Instructions) <b>CEO</b>		9 Employer (See Instructions) <b>Ashford, Inc.</b>
Date <b>01-19-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick Harrison</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 803 Forney, TX 75120</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>01-20-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Casey Risinger</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>551 FM 548 Terrell, TX 75160</b>		
Principal occupation / Job title (See Instructions) <b>Veterinarian</b>		Employer (See Instructions) <b>Self</b>
Date <b>01-21-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Dearing</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>28329 FM 429N Terrell, TX 75160</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 5</b>
2 FILER NAME <b>Erleigh N. Wiley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01-23-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marianne Briggs</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 1265 Terrell, TX 75160</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>01-24-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Dearing</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>15874 Jacobs Dr. Terrell, TX 75160</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>01-24-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Deel</b>	Amount of contribution (\$) <b>2,000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 309 Kaufman, TX 75142</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>01-25-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Greenslade</b>	Amount of contribution (\$) <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>1042 Ashley Way, Ste. 100 Tyler, TX 75703</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Biggs &amp; Greenslade, PC</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 5</b>
2 FILER NAME <b>Erleigh N. Wiley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01-25-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sean McKenna</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>2200 Ross Ave, Ste 4800 Dallas, TX 75201</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Spencer Fane LLP</b>
Date <b>01-29-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Crow</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>10761 FM 429 Kaufman, TX 75142</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>01-31-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Von Carl Thomas</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1114 E 1st North St Kaufman, TX 75142</b>		
Principal occupation / Job title (See Instructions) <b>Pastor</b>		Employer (See Instructions) <b>Hopewell Baptist Church</b>
Date <b>02-02-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken Leonard</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4115 FM 513 Lone Oak, TX 75453</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 5</b>
2 FILER NAME <b>Erleigh N. Wiley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02-04-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Weiland</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>8712 Lakemont Dr. Dallas, TX 75209</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Squire Patton Boggs</b>
Date <b>02-08-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J.C. Jackson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>508 West End St Terrell, TX 75160</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>02-10-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deandra Grant</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>2804 LaCompte Dr. Dallas, TX 75227</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>02-11-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick Lamon</b>	Amount of contribution (\$) <b>2,000.00</b>
Contributor address; City; State; Zip Code <b>13183 SH 120 Cameron, OK 74932</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Ricks Food Mart</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 5</b>
2 FILER NAME <b>Erleigh N. Wiley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02-12-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Samir Bhatt</b>	7 Amount of contribution (\$) <b>501.00</b>
6 Contributor address; City; State; Zip Code <b>7811 Park Ave Terrell, TX 75160</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions) <b>Seven Days Drive</b>
Date <b>02-12-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Johnson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>304 Chinaberry Trail Forney, TX 75126</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 1</b>	
2 FILER NAME <b>Erleigh N. Wiley</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>02-06-22</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pierre Wilson</b>	8 Amount of Contribution \$ <b>400.00</b>	9 In-kind contribution description <b>video production for advertising</b>
7 Contributor address; City; State; Zip Code <b>P.O. Box 2093 Terrell, TX 75160</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Construction</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Pete's Construction</b>	
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 <b>02-16-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenard Burley</b>	Amount of Contribution \$ <b>1236.00</b>	In-kind contribution description <b>Signs</b>
Contributor address; City; State; Zip Code <b>553 CR 4100 Crandall, TX 75114</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Business Owner</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>K.B. Janitorial Services</b>	
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 7	2 FILER NAME Erleigh N. Wiley	3 Filer ID (Ethics Commission Filers)
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4 Date 01-21-22	5 Payee name Apple.com
--------------------	---------------------------

6 Amount (\$) 2.99	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014
-----------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other: Tech Support	(b) Description media support
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01-24-22	Payee name Wells Fargo Bank
------------------	--------------------------------

Amount (\$) 30.00	Payee address; City; State; Zip Code 2100 S. Washington St. Kaufman, TX 75142
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking / Fees	Description wire transfer fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01-24-22	Payee name Silverstar Strategies LLC (Hunter Green)
------------------	--

Amount (\$) 10,000.00	Payee address; City; State; Zip Code 250 Yellowstone Rd Cleveland, TX 77328
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting 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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: <b>2 of 7</b>	2 FILER NAME <b>Erleigh N. Wiley</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01-26-22</b>	5 Payee name <b>Denny's</b>	
6 Amount (\$) <b>31.00</b>	7 Payee address, City; State; Zip Code <b>2200 S. Washington St Kaufman, TX 75142</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	(b) Description <b>breakfast w/consultant</b>
	(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 <b>01-28-22</b>	Payee name <b>Eno's Pizza Tavern</b>	
Amount (\$) <b>50.50</b>	Payee address, City; State; Zip Code <b>215 Bois D'Arc St Forney, TX 75126</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>campaign planning w/ volunteers</b>
	<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 <b>01-28-22</b>	Payee name <b>Shari's Berries</b>	
Amount (\$) <b>77.92</b>	Payee address, City; State; Zip Code <b>One Old Country Rd, Ste. 500, Carle Place, NY 11514</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Gift Expense</b>	Description <b>Volunteer gifts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 3 of 7	<b>2</b> FILER NAME Erleigh N. Wiley	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01-31-22	<b>5</b> Payee name Pot O'Gold Multi-Cinema Productions, Inc.	
<b>6</b> Amount (\$) 1,869.00	<b>7</b> Payee address; City; State; Zip Code 1639 Bearskin Ln Jacksonville, FL 32225	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description campaign advertisements during movie previews
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 02-01-22	Payee name Daley Professional Web Solutions		
Amount (\$) 29.00	Payee address; City; State; Zip Code 211 Cardinal Dr. Montgomery, NY 12549		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description web page	
	<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 02-02-22	Payee name Dorino's Pizza		
Amount (\$) 57.88	Payee address; City; State; Zip Code 1102 Ranch Rd. Ste. 216 Forney, TX 75126		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description food for volunteers	
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 4 of 7	<b>2</b> FILER NAME Erleigh N. Wiley	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02-02-22	<b>5</b> Payee name Raise the Money, Inc.	
<b>6</b> Amount (\$) 262.90	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 26466 Little Rock, AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description svc charge for online donations
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02-03-22	Payee name Apple.com	
Amount (\$) 12.98	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other: Tech Support	Description Media Support
	<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 02-04-22	Payee name Apple.com	
Amount (\$) 10.81	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other: Tech Support	Description Media Support
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 7	2 FILER NAME Erleigh N. Wiley	3 Filer ID (Ethics Commission Filers)
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4 Date 02-08-22	5 Payee name Media One, LLC
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6 Amount (\$) 387.00	7 Payee address; 1316 S. 3rd	City; Mabank, TX	State; TX	Zip Code 75141
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description newspaper ad - The Monitor
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02-10-22	Payee name Van Zandt Newspapers LLC.
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Amount (\$) 780.00	Payee address; P.O. Box 319	City; Wills Point, TX	State; TX	Zip Code 75169
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description newspaper ad - Terrell Tribune
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02-10-22	Payee name Latham Bakery
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Amount (\$) 57.34	Payee address; 101 N. Jackson St.	City; Kaufman, TX	State; TX	Zip Code 75142
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description food/coffee for volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 6 of 7	<b>2</b> FILER NAME Erleigh N. Wiley	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02-10-22	<b>5</b> Payee name Raise the Money, Inc.	
<b>6</b> Amount (\$) 24.75	<b>7</b> Payee address; City; State; Zip Code P.O. Box 264660 Little Rock, AR 72221	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description svc charge for online donations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 02-14-22	Payee name The Kaufman Herald	City; State; Zip Code
Amount (\$) 1735.00	Payee address; P.O. Box 460 Kaufman, TX 75142	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description newspaper ad- Kaufman Herald
	<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 02-14-22	Payee name Antonio Barber	City; State; Zip Code
Amount (\$) 800.00	Payee address; 6905 Robin Rd Dallas, TX 75209	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description Catering for event
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 7 of 7	<b>2</b> FILER NAME Erleigh N. Wiley	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02-16-22	<b>5</b> Payee name Amazon Marketplace	
<b>6</b> Amount (\$) 40.95	<b>7</b> Payee address; City; State; Zip Code 440 Terry Ave. N. Seattle, WA 98109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift Expense	<b>(b)</b> Description Volunteer gift
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 02-18-22	Payee name Van Zandt Newspapers LLC	City; State; Zip Code
Amount (\$) 726.50	Payee address; P.O. Box 319 Mills Point, TX 75169	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description political ad
	<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 02-18-22	Payee name Bird's Printing & Copies	City; State; Zip Code
Amount (\$) 607.28	Payee address; 208 S. East St Arlington, TX 76010	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description push cards
	<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

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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 2		2 FILER NAME Erleigh N. Wiley		3 Filer ID (Ethics Commission Filers)	
4 Date 01-20-22		5 Payee name Kaufman Chamber of Commerce			
6 Amount (\$) 30.40		7 Payee address: 607 E. Fair St		City Kaufman, TX	State Zip Code 75142
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Event Expense		(b) Description (See instructions regarding type of information required.) banquet ticket		
	Date 01-28-22	Payee name Chelsey Sauer			
Amount (\$) 150.00		Payee address: 9241 S. Evans St		City Scurry, TX	State Zip Code 75158
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation Expense		Description (See instructions regarding type of information required.) donated item for SR FFA Auction		
	Date 02-03-22	Payee name Terrell Chamber of Commerce			
Amount (\$) 20.00		Payee address: 1314 W. Moore Ave		City Terrell, TX	State Zip Code 75160
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Event Expense		Description (See instructions regarding type of information required.) ticket for event		
	Date 02-07-22	Payee name Scurry Rosser Parents & Friends FFA			
Amount (\$) 150.00		Payee address: 8321 TX-34		City Scurry, TX	State Zip Code 75158
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation Expense		Description (See instructions regarding type of information required.) donation		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>2 of 2</b>	<b>2</b> FILER NAME <b>Erleigh N. Wiley</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02-10-22</b>	<b>5</b> Payee name <b>Kaufman County Leadership (Kaufman Chamber)</b>	
<b>6</b> Amount (\$) <b>123.89</b>	<b>7</b> Payee address; City State Zip Code <b>601 E. Fair St Kaufman, TX 75142</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) <b>Event Expense</b>	<b>(b)</b> Description (See instructions regarding type of information required.) <b>tickets for event (KCCAC &amp; Lone Star (asa))</b>
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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