

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|  |   |  |                                  |
|--|---|--|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form.   |   | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed:<br><b>5</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br><i>Erleigh Norville</i><br>NICKNAME LAST SUFFIX<br><i>Wiley</i>   | OFFICE USE ONLY<br>Date Received<br><br>Date Hand-delivered or Date Postmarked<br><b>2014 JUL 14 PM 2:19</b><br><b>FILED FOR RECORD</b><br><b>KAUFMAN CO. TEXAS</b><br><b>COUNTY CLERK</b><br><b>LAURA A. HUCKES</b> |                                  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address                       | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>P.O. Box 68 Kaufman, TX 75142</i>  |  |                                  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><i>(972) 932-0212</i>   |  |                                  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br><i>Jana S</i><br>NICKNAME LAST SUFFIX<br><i>Byrnes</i>  |  |                                  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>740 Martin Lane, Combine, TX 75159</i>  |  |                                  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><i>(214) 202-3916</i>   |  |                                  |
| 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)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |                                  |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><i>1 / 19 / 11    7 / 14 / 11</i>  |  |                                  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><i>3 / 2014</i>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |                                  |
| 12 OFFICE  | OFFICE HELD (if any)<br><i>Kaufman County Ct. @ Law</i>   | 13 OFFICE SOUGHT (if known)<br><i>Kaufman County Ct. @ Law</i>   |                                  |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.<br><br>Name<br><i>N/A</i><br><br>Address / PO Box; Apt. / Suite #; City; State; Zip Code<br><i>N/A</i>  |  |                                  |
| <b>GO TO PAGE 2</b>  |   |  |                                  |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Erleigh N. Wiley 16 ACCOUNT # (Ethics Commission Filers)

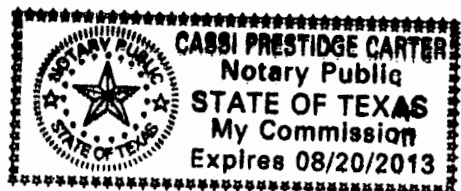
17 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | N/A                                  |
|  |                | COMMITTEE ADDRESS                    |
|  |                | N/A                                  |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | N/A                                  |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |
|  |                | N/A                                  |

|                         |   |             |
|-------------------------|---|-------------|
| 18 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)                                  | \$ - 0 -    |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$          |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ -1314.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 4081.00  |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ - 0 -    |

19 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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Erleigh Wiley, this the 14th day of July, 20 11, to certify which, witness my hand and seal of office.

Cassi Prestidge Carter Cassi Prestidge Carter Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F:                             | <b>2</b> FILER NAME<br>Erleigh N. Wiley   | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br>2/10/11                                     | <b>5</b> Payee name<br>State Bar of Texas   |   |
| <b>6</b> Amount (\$)<br>30.00                                | <b>7</b> Payee address: City: State: Zip Code<br>1414 Colorado<br>Austin, TX 78701                            |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Fees                               | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Expense for State Bar of TX |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held  |
| <b>Date</b><br>2/26/11                                       | <b>Payee name</b><br>David Byrnes, Sheriff Kaufman County   |   |
| <b>Amount (\$)</b><br>200.00                                 | <b>Payee address:</b> City: State: Zip Code<br>Sheriff David Byrnes<br>740 Martin Lane, Combre, TX 75159      |   |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>Category</b> (See categories listed at the top of this schedule)<br>Donation                               | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br>event/fundraiser donation       |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held  |
| <b>Date</b><br>2/28/11                                       | <b>Payee name</b><br>United States Postal Service   |   |
| <b>Amount (\$)</b><br>44.00                                  | <b>Payee address:</b> City: State: Zip Code<br>United States Postal Service - Postmaster<br>Kaufman, TX 75142 |   |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>Category</b> (See categories listed at the top of this schedule)<br>Other- Postage- Expense                | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br>postage expenses                |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held  |
| <b>Date</b><br>3/24/11                                       | <b>Payee name</b><br>Kaufman Christian Help Center  |   |
| <b>Amount (\$)</b><br>100.00                                 | <b>Payee address:</b> City: State: Zip Code<br>Kaufman Christian Help Center<br>Kaufman, TX 75142             |   |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>Category</b> (See categories listed at the top of this schedule)<br>Contribution / Donation                | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br>donate to non-profit            |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED