

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 # (Ethics Commission Filers)	2 Total pages filed: 12																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">MS / MRS / MR</td> <td style="width:40%;">FIRST Christopher</td> <td style="width:10%;">MI</td> <td style="width:30%;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST Lee</td> <td>SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST Christopher	MI		NICKNAME	LAST Lee	SUFFIX		OFFICE USE ONLY Date Received <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED WALLER COUNTY CLERK ELECTIONS DIVISION 2012 MAY 21 AM 8:36 </div>									
MS / MRS / MR	FIRST Christopher	MI																	
NICKNAME	LAST Lee	SUFFIX																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:25%;">APT / SUITE #;</td> <td style="width:25%;">CITY;</td> <td style="width:25%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5">P.O. Box. 766 Hempstead, TX.</td> </tr> <tr> <td colspan="5" style="text-align: right;">77445</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box. 766 Hempstead, TX.					77445					Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged		
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
P.O. Box. 766 Hempstead, TX.																			
77445																			
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>(832)</td> <td>800-4533</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(832)	800-4533		2012 MAY 21 PH 1:21 WALLER COUNTY CLERK ELECTIONS DIVISION											
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">MS / MRS / MR</td> <td style="width:40%;">FIRST Myrtle</td> <td style="width:10%;">MI</td> <td style="width:30%;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST Carson</td> <td>SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST Myrtle	MI		NICKNAME	LAST Carson	SUFFIX		Date Imaged									
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NICKNAME	LAST Carson	SUFFIX																	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td colspan="5">1735 10th St, Hempstead, Tx. 77445</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1735 10th St, Hempstead, Tx. 77445										
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%;"></td> <td style="width:10%;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>4</td> <td>19</td> <td>2012</td> <td></td> <td></td> <td>5</td> <td>19</td> <td>2012</td> </tr> </table>			Month	Day	Year		THROUGH	Month	Day	Year	4	19	2012			5	19	2012
Month	Day	Year		THROUGH	Month	Day	Year												
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>5 / 29 / 2012</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	5 / 29 / 2012											
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5 / 29 / 2012																			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Waller County Commissioner, Pct. 1																	
GO TO PAGE 2																			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME

Christopher Lee

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$ *0*

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

\$ *450.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,986.64*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

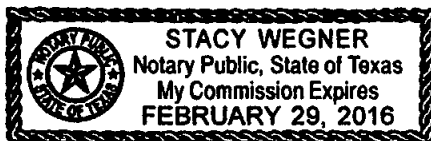
\$ *519.03*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *1,850.00*

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.

CL

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Lee, this the 21 day of May, 20 12, to certify which, witness my hand and seal of office.

Stacy Wegner
Signature of officer administering oath

Stacy Wegner
Printed name of officer administering oath

CSR
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Christopher Lee</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-21-2012</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mark Lee</u>	7 Amount of contribution (\$) <u>\$250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5411 Queensloch Dr Hou, TX. 77096</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-22-2012</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>C.C. Li</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6213 Skyline Dr. #200 Hou, TX. 77057</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9a	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-20-2012	5 Payee name Office Depot
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6 Amount (\$) 11.90	7 Payee address; City; State; Zip Code H67
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead	(b) Description (If travel outside of Texas, complete Schedule T) copy paper
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-21-2012	Payee name Hempstead Seafood Restaurant
-------------------	--

Amount (\$) 78.13	Payee address; City; State; Zip Code U.S. 290, Hempstead, Tx.
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) meeting with constituents
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-21-2012	Payee name Walgreens
-------------------	-------------------------

Amount (\$) 24.78	Payee address; City; State; Zip Code Katy, Tx
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead	Description (If travel outside of Texas, complete Schedule T) video tapes
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-23-2012	Payee name FedEx Office
-------------------	----------------------------

Amount (\$) 10.83	Payee address; City; State; Zip Code Katy, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) copies
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 99a	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-24-2012	5 Payee name China Inn
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6 Amount (\$) 57.47	7 Payee address; City; State; Zip Code Hempstead, Tx.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) feed campaign workers
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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 4-24-2012	Payee name Tx. Democratic Party
--------------------------	---

Amount (\$) 300.00	Payee address; City; State; Zip Code Austin, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations	Description (If travel outside of Texas, complete Schedule T) Fundraiser Donation
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-25-2012	Payee name Walmart Walmart
--------------------------	---

Amount (\$) \$7.50	Payee address; City; State; Zip Code Hempstead, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead	Description (If travel outside of Texas, complete Schedule T) campaign supplies
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-27-2012	Payee name Tx. Democratic Party
--------------------------	---

Amount (\$) 100.00	Payee address; City; State; Zip Code Austin, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations	Description (If travel outside of Texas, complete Schedule T) Fundraiser Donation
------------------------	--	---

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 892	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-28-2012	5 Payee name Austin Parking Meters
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6 Amount (\$) 3.00	7 Payee address; City; State; Zip Code Austin, TX.
-----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Expense	(b) Description (If travel outside of Texas, complete Schedule T) Parking for SD meeting
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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 4-28-2012	Payee name Austin Parking Meters
-------------------	-------------------------------------

Amount (\$) 3.00	Payee address; City; State; Zip Code Austin, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Expense	Description (If travel outside of Texas, complete Schedule T) Parking For SD Meeting
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-28-2012	Payee name Austin Parking Meters
-------------------	-------------------------------------

Amount (\$) 3.00	Payee address; City; State; Zip Code Austin, TX.
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Expense	Description (If travel outside of Texas, complete Schedule T) Parking for SD Meeting
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-29-2012	Payee name Home Depot
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Amount (\$) 13.49	Payee address; City; State; Zip Code Katy, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Campaign Supplies - signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 890	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-29-2012	5 Payee name Lowes
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6 Amount (\$) 18.97	7 Payee address; City; State; Zip Code Katy, TX.
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Supplies - signs
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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 4-30-2012	Payee name Exxon Mobil
-------------------	---------------------------

Amount (\$) 5.10	Payee address; City; State; Zip Code Brookshire, TX
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Campaign Supplies - gas
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-30-2012	Payee name Jack in the Box
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Amount (\$) 12.28	Payee address; City; State; Zip Code Hempstead, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) feed Campaign Workers
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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 5-1-2012	Payee name FedEx Office
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Amount (\$) 34.11	Payee address; City; State; Zip Code Katy, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Campaign Supplies - copies
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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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **5**
2 FILER NAME: **CHRISTOPHER Y. LEE**
3 ACCOUNT # (Ethics Commission Filers)

4 Date: **5-1-2012**
5 Payee name: **U.S. Post Office**

6 Amount (\$): **14.16**
7 Payee address; City; State; Zip Code: **Hempstead, TX.**

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **Office Overhead**
(b) Description (If travel outside of Texas, complete Schedule T): **Postage**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **5-2-2012**
Payee name: **Effort Products**

Amount (\$): **20.42**
Payee address; City; State; Zip Code: **Hempstead, TX.**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Food/Beverage Expense**
Description (If travel outside of Texas, complete Schedule T): **Political Advertising Expense**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **5-2-2012**
Payee name: **Denny's**

Amount (\$): **32.91**
Payee address; City; State; Zip Code: **Hempstead, TX.**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Food/Beverage Expense**
Description (If travel outside of Texas, complete Schedule T): **Feed Campaign Workers**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **5-4-2012**
Payee name: **Walmart**

Amount (\$): **22.65**
Payee address; City; State; Zip Code: **Katy, TX.**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Office Overhead Expense**
Description (If travel outside of Texas, complete Schedule T): **Political Advertising**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
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| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 89	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-4-2012	5 Payee name Kroger
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6 Amount (\$) 16.38	7 Payee address; City; State; Zip Code Katy, Tx.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Political Advertising 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 5-5-2012	Payee name Randalls
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Amount (\$) 58.92	Payee address; City; State; Zip Code Katy, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Political Advertising 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 5-6-2012	Payee name Boost
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Amount (\$) 66.15	Payee address; City; State; Zip Code Oregon
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Phone service
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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 5-9-2012	Payee name Hempstead Seafood
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Amount (\$) 21.29	Payee address; City; State; Zip Code Hempstead, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meet with constituents
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-10-2012	5 Payee name U.S. Post Office
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6 Amount (\$) 22.00	7 Payee address; City; State; Zip Code www.USPS.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) P.O. Box Rental
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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 5-11-2012	Payee name Victory Store
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Amount (\$) 1,577.75	Payee address; City; State; Zip Code Iowa
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description (If travel outside of Texas, complete Schedule T) Political Signs
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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 5-11-2012	Payee name Amazon
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Amount (\$) 9.28	Payee address; City; State; Zip Code Amazon.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office Supplies
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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 5-11-2012	Payee name Amazon
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Amount (\$) 4.79	Payee address; City; State; Zip Code Amazon.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office Supplies
------------------------	--	---

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 90	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-11-2012	5 Payee name China Cottage
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6 Amount (\$) 20.16	7 Payee address; City; State; Zip Code Katy, Tx.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Meeting with Constituent
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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 5-14-2012	Payee name McDonalds
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Amount (\$) 5.94	Payee address; City; State; Zip Code Hempstead, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Feed worker
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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 4-23-2012	Payee name Eileen Birney
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Amount (\$) 20.00	Payee address; City; State; Zip Code Monahville, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Reimbursement for County Map
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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 4-30-2012	Payee name Tx. Democratic Party
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Amount (\$) 31.06	Payee address; City; State; Zip Code Austin, Tx.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Expense	Description (If travel outside of Texas, complete Schedule T) Name Tags
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9	2 FILER NAME CHRISTOPHER Y. LEE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-6-2012	5 Payee name Houston 80/20
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code Houston, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation/Contribution	(b) Description (If travel outside of Texas, complete Schedule T) Fundraiser Donation
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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 5-14-2012	Payee name U.S.P.S.
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Amount (\$) 532.15	Payee address; City; State; Zip Code Hempstead, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Expense	Description (If travel outside of Texas, complete Schedule T) Political Advertising
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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 5-18-2012	Payee name Computer Solutions
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Amount (\$) 214.93	Payee address; City; State; Zip Code Hempstead, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Expense	Description (If travel outside of Texas, complete Schedule T) Political Advertising
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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 5-18-2012	Payee name U.S.P.S.
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Amount (\$) 512.14	Payee address; City; State; Zip Code Hempstead, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Expense	Description (If travel outside of Texas, complete Schedule T) Political Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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