

# 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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI CHRISTOPHER Y. NICKNAME LAST SUFFIX LEE		<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged 2012 JAN 13 PM 12:09 WALLER COUNTY CLERK ELECTIONS DIVISION
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 766 Hempstead, Tx. 77445	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 800-4533		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MYRTLE NICKNAME LAST SUFFIX CARSON		
	7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1735 10 <sup>th</sup> St. Hempstead, Tx. 77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 530-5306		
9 REPORT TYPE	<input checked="" 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 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 12 / 02 / 2011    01 / 15 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 04 / 03 / 2012	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 600.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$1445.13
	4. TOTAL POLITICAL EXPENDITURES	\$1445.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 354.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$1200.00

18 AFFIDAVIT



**KATIE KRENEK**  
Notary Public, State of Texas  
My Commission Expires  
April 22, 2014

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.

Cyly  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHRISTOPHER LEE, this the 13<sup>th</sup> day of January, 20 13, to certify which, witness my hand and seal of office.

<u>Katie Krenek</u>	Katie Krenek	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

CHRISTOPHER Y. LEE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/25/11

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Steve Lee

6 Contributor address; City; State; Zip Code

1931 Beach Ave, Atlantic Beach, FL.  
32233

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/14/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Laura Niebling

Contributor address; City; State; Zip Code

P.O. Box 372 Pebble Beach, Ca.  
93953

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Zongkun Liu

Contributor address; City; State; Zip Code

6161 Savoy Dr. #830, Hou, TX. 77036

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Diana Gallo

Contributor address; City; State; Zip Code

2474 C.R. 14 Canton, N.Y. 13617

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/24/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Steve Lee

Contributor address; City; State; Zip Code

1931 Beach Ave, Atlantic Beach, FL.  
32233

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

CHRISTOPHER Y. LEE

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:    ⇒    ⇒    ⇒    ⇒    ⇒    ⇒

\$

5 Date of loan

12/2/2011

7 Name of lender

Christopher Lee

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$200.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

1545 Main St. Hempstead, TX. 77445

10 Interest rate

0

11 Maturity date

4/4/2012

12 Principal occupation / Job title (See Instructions)

Law Enforcement

13 Employer (See Instructions)

Harris County

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

12/12/2011

Name of lender

Christopher Lee

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

\$1000.00

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

1545 Main St. Hempstead, TX. 77445

Interest rate

0

Maturity date

4/4/2012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3</b>		2 FILER NAME <b>CHRISTOPHER Y. LEE</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/24/2011</b>		5 Payee name <b>Paypal</b>			
6 Amount (\$) <b>\$7.95</b>		7 Payee address; City; State; Zip Code <b>www.paypal.com</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Fees</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Handling Fee</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/25/11</b>		Payee name <b>Paypal</b>			
Amount (\$) <b>\$2.75</b>		Payee address; City; State; Zip Code <b>www.PayPal.com</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description (If travel outside of Texas, complete Schedule T) <b>Handling Fee</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/13/2011</b>		Payee name <b>Waller County Democrat Party</b>			
Amount (\$) <b>\$750.00</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fee</b>		Description (If travel outside of Texas, complete Schedule T) <b>Candidate Filing Fee</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>01/06/2012</b>		Payee name <b>Waller Rotary Charity, Inc.</b>			
Amount (\$)		Payee address; City; State; Zip Code <b>P.O. Box 1488 Waller, Tx. 77484</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution/Donation by Candidate</b>		Description (If travel outside of Texas, complete Schedule T) <b>Donation</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3</b>	2 FILER NAME <b>CHRISTOPHER Y. LEE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12/9/2011</b>	5 Payee name <b>Vesta Boost Prepaid</b>
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6 Amount (\$) <b>\$60.64</b>	7 Payee address; City; State; Zip Code <b>www.Boost.com</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Office Overhead/Campaign Rental</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>cell phone rental</b>
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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 <b>12-05-2011</b>	Payee name <b>Cabelas</b>
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Amount (\$) <b>\$28.13</b>	Payee address; City; State; Zip Code <b>15570 IN35 Buda, TX 78610</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gifts/Awards/Memorials Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Donation to Assoc.</b>
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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 <b>12/04/2011</b>	Payee name <b>Walmart</b>
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Amount (\$) <b>\$34.73</b>	Payee address; City; State; Zip Code <b>1313 N. Fry Katy, TX 77449</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Overhead/Rental Supplies</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Office Supplies</b>
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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 <b>12/14/2011</b>	Payee name <b>Paypal</b>
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Amount (\$) <b>\$20.50</b>	Payee address; City; State; Zip Code <b>www.PayPal.com</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Handling fee</b>
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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: <b>3</b>	2 FILER NAME <b>CHRISTOPHER Y. LEE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12/02/2011</b>	5 Payee name <b>U.S. Postal Service</b>
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6 Amount (\$) <b>\$ 27.00</b>	7 Payee address; City; State; Zip Code <b>USPS Hempstead, TX 77445</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	<b>Office Overhead/Campaign Rental</b>	<b>P.O. Box Rental</b>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/16/2011</b>	Payee name <b>Denny's</b>
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Amount (\$) <b>\$20.95</b>	Payee address; City; State; Zip Code <b>#7916 Hempstead, Tx. 77445</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<b>Food/Beverage Expense</b>	<b>meeting to discuss campaign issues</b>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/05/2011</b>	Payee name <b>FTD-Just Flowers</b>
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Amount (\$) <b>\$79.22</b>	Payee address; City; State; Zip Code <b>Just Flowers 310-954-0755 Cal.</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<b>Gifts/Awards/Memorials Expense</b>	<b>Flowers for constituent</b>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-9-2011</b>	Payee name <b>Vesta Boost Prepaid</b>
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Amount (\$) <b>\$27.56</b>	Payee address; City; State; Zip Code <b>www.boost.com</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<b>office Overhead/Campaign Rental</b>	<b>cell phone rental</b>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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 I: <b>2</b>	2 FILER NAME <b>CHRISTOPHER Y. LEE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12/06/2011</b>	5 Payee name <b>Amazon</b>
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6 Amount (\$) <b>\$37.50</b>	7 Payee address; City; State; Zip Code <b>www.Amazon.com</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Gifts/Awards/Memorial Expense</b>	(b) Description (See instructions regarding type of information required.) <b>Toy Donation to CPS</b>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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 I: <b>2</b>	2 FILER NAME <b>CHRISTOPHER Y. LEE</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>12-5-2011</b>	5 Payee name <b>AMAZON</b>	
6 Amount (\$) <b>\$25.08</b>	7 Payee address; City; State; Zip Code <b>Amazon.com</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Gifts/Awards/Memorials Expense</b>	(b) Description (See instructions regarding type of information required.) <b>Toy Donation to CPS</b>
Date <b>12-5-2011</b>	Payee name <b>Amazon</b>	
Amount (\$) <b>\$33.92</b>	Payee address; City; State; Zip Code <b>www.Amazon.com</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gifts/Awards/Memorial Expense</b>	Description (See instructions regarding type of information required.) <b>Toy Donation to CPS</b>
Date <b>12-5-2011</b>	Payee name <b>Amazon</b>	
Amount (\$) <b>\$109.21</b>	Payee address; City; State; Zip Code <b>www.Amazon.com</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gifts/Awards/Memorial Expense</b>	Description (See instructions regarding type of information required.) <b>Toy Donation to CPS</b>
Date <b>12/6/2011</b>	Payee name <b>Amazon</b>	
Amount (\$) <b>129.99</b>	Payee address; City; State; Zip Code <b>WWW.Amazon.com</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gifts/Awards/Memorials Expense</b>	Description (See instructions regarding type of information required.) <b>Toy Donation to CPS</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		